29-11-19

REGIMENTAL DOCUMENTS

NAME Barrett Micheal Spr REGT. NO. 1039266 UNIT 239th Bn H. Q. FILE NO.

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W. 2589
100M-11-18
1772-89-1377

ORIGINAL

239th BATT. C. E. F.
RAILWAY CONSTRUCTION CORPS

ATTESTATION PAPER.

No. 1039266

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Barrett (Barrett.)
1a. What are your Christian names? ..... Michael
1b. What is your present address? ..... Louisburg
2. In what Town, Township or Parish, and in what Country were you born? ..... Louisburg Richmond Co C B
3. What is the name of your next-of kin? ..... Mr Raymond Barrett
4. What is the address of your next-of-kin? ..... 182 Upper Water Street Halifax N.S.
4a. What is the relationship of your next-of-kin? ..... Father
5. What is the date of your birth? 1877 39
6. What is your Trade or Calling? ..... Carpenter
7. Are you married? ..... Single
8. Are you willing to be vaccinated or re-vaccinated and inoculated? ..... Yes
9. Do you now belong to the Active Militia? ..... Yes
10. Have you ever served in any Military Force? ..... No
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? ..... Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? ..... Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

his
Michael Barrett X (Signature of Recruit)
mark

Date Aug 1st 191 6 W. L. Chrysonn Lt (Signature of Witness)
R6

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Michael Barrett, 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.

his
Michael Barrett X (Signature of Recruit)
mark

Date Aug 1st 191 6 W L Chrysonn Lt (Signature of Witness)
R6

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 Sydney this 1 day of Aug 191 6

W L Chrysonn Lt (Signature of Justice)
R6

M. F. W. 23.
600M.—2-16.
H. Q. 1772-39-341.

A Justice of the Peace in and for the County of Cape Breton.

Description of Michael Barrett on Enlistment.

Apparent Age 29 years 4 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5 ft 6½ ins.
Chest measurement — Girth when fully expanded	38 ins.
Chest measurement — Range of expansion	3 ins.
Complexion	Dark
Eyes	Brown
Hair	Dk Brown
Religious denominations — Church of England	
Presbyterian	
Methodist	
Baptist or Congregationalist	
Roman Catholic	Yes
Jewish	
Other denominations (Denomination to be stated.)	

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

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

Tattoo chest, Sailor and girl
Letters underneath—
"M. B"

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 Aug 1st 191 6

Place Sydney NS

W. F. Gan Hanna
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.

Machael Barrett 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.

D. W. Stewart (Signature of Officer)

Date 5th Sept 191 6

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 1039266 (Rank) Sapper.

Name (in full) Michael Barrett enlisted in

the 239th Battalion

CANADIAN EXPEDITIONARY FORCE at Sydney C.B. N.S. on the 1st

day of August 19 16

HE served in Gt Britain France Belgium

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 48 years

Height 5 ft 6½ ins

Complexion Dark

Eyes Brown

Hair Dark Brown

Marks or Scars Nil

M. X. Barrett

Signature of Soldier

G. D. Reed Witness

Date of Discharge

Dispersal Station "C" APR 10 1919 Military District No. 7

J. V. Kenstead Capt

Issuing Officer

O. C. DISPERSAL STATION, ST. JOHN, N. B. FOR O. C. DISTRICT DEPOT #7

Rank

Date APR 10 1919 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.

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

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

CLASS A
WAR SERVICE BADGE
NO. 264423 Issued

1.—That discharge certificate must be carried when wearing uniform.

2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and

3.—That wearing of uniform renders him liable to usual military discipline as if on the strength of a unit.

a·266.

To be made out in duplicate.

ORIGINAL

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins 239th Battalion C. E. F. Railway Construction Corps.

(2) Regimental Number 1039266

(3) Full Name of Soldier Barrett. Michael

(4) Place of Birth Lordoise, Richmond County, Cape Breton, Canada

(5) Are you married, or not ? yes.

(6) If married, state,
(a) Full name of your wife Mrs Josephine Barrett.

(b) Present Postal Address unknown.

(7) Are you a widower ? —

(8) Have you any children ? yes.

If so, give number of boys and girls One Boy.

Also their names and ages Harry Barrett.

M. F. W. 67.

200M.—3-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ? Yes.

If so, state name and address Reme Barrett. Lower Lordmo Richmond County Cape Breton N.S. County.

(10) Is your Mother alive ? No.

If so, state name and address ———

(11) If your Mother is a widow ———

Are you her sole support, or not ?

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

———

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

His son, address same as father.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance ? If not, this must be done.

———

(15) Are you insured ? No.

If so, in what Company ? ———

Have you made arrangements for payment of your Insurance premium ———

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date 4th Sept. 1916.

J. L. Macdonald Major
Officer Commanding.

266

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Barrett *Christian Name* Michael

Examined on 1st day of August 1916 at Sydney N.S.

Approved by W. J. Egan

Birthplace City or Town Ladoise County Richmond Co.

Rank Lieut. M.O.

Apparent age 39 - 4 mo

Trade or occupation Carpenter

Height 5 — Feet 6½ Inches.

Weight 145 Lbs.

Chest measurement Minimum 35 inches. Maximum expansion 3 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks Arm ~~Right.~~ Left.

Number One

When Vaccinated last 15 yrs ago

(*a*) Marks indicating congenital peculiarities or previous disease

(*b*) Slight defects but not sufficient to cause rejection

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

Date	Result	Vaccinations.
15/9/16	+	Wilbur C Lowry Capt M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
19/8/16	A+B. 500 million	Wilbur C Lowry, Capt M.O.
30/8/16	T+P one billion	Wilbur C Lowry Capt M.O.
16/9/16	T+P 1 billion	Wilbur C Lowry Capt M.O.

Enlisted on 1st *day of* Aug 1916 *at* 12 Fus Sydney, C. B.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	239th Batt'n O.R.C.C.	1039266.		
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Knotty Ash	26/2/19	A Janno E M	Mdown 22 Lo

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

M. F. B. 313.

100M.—5-15.
O. 1772-39-439

Surname Barrett Christian Name Richard

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
No.1. N.L.F.A.		23	4	17	29	4	17	Diarrhoea			A25-33 (VW)
No.2. " " " "		29	4	17	7	5	17	"			A38 "
New Zealand rest camp.		7	5	17	13	5	17	"		Reported from base, rejoined unit.	A40 "

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. 1079966 Rank SPR Surname BARRETT

(Given name in full) MICKAEL

Unit or Corps CRTC Birthplace RICHMOND Co. C. BRETON N.S.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 165 lbs. Height 5 ft. 7 in. Colour of Eyes Brown

Nutrition Normal

Pulse 72

Condition of arteries Normal

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

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

None

Opinion as to general health and physical condition Fair

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.

Diarrhoea – In Hospital 23/4/17 → 13/5/17

Probably

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

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at .....(Overseas)

Date 26/2/19 Signed James E Madsworth Lt 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 Michael Barrett

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

THIS SECTION FOR USE IN CANADA—

Examined at St John N B (Canada)

Date 10th April 1919. Signed J Dash Capt CAMC M.O.

MEDICAL BOARD
Certified Correct
APR 10 1919

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 Michael + Barrett

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

ST. JOHN, N. B.

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

Nash. B/D.

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 Michael 2. Surname Barrett

3. Rank Sapper 4. Original Unit 239 Can Bn 5. Reg. No. 1039266

6. Address, in full, to which future payments of gratuity are to be forwarded Bank of Montreal Halifax N.S. Canada

7. ~~Date of enlistment in the~~ C.E.F. 1-8-16 M & SF.

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Mrs Josephine Barrett

9. Relationship of such dependent Wife

10. Address, in full, of such dependent 99 North St- Halifax N.S. Canada

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? No

12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—

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

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department Yes. Bridging Canal Dept: S.S. Stubs - Carpenter

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? No

5434. Wt. /30P. 250,0.0(8). 2/19. 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. one only

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid No

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

21. ~~Have you, during the present war, served in the Imperial Forces?~~

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled No

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

(b) If so, was such reversion in consequence of misconduct or inefficiency?

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

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

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

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: (X) His Mark Witness as to Mark W. Anderson Lieut

Place of Residence: G.P.O. Halifax N.S. Canada

Declared before me at: Liverpool

This 23 day of March 19 19

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.

N. Tillies Major C.M.D.
for O.C. 7 M.D. Camp

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

C.A.D.C. 5009 A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) BARRETT, M.

REGIMENT 3. C. R. T. RANK SPR. No. 1039266.

Date of Examination in England ..... | Date of Examination in France 30-12-18.

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS Nil
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

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

Signature of Dental Officer H. J. Henderson Capt

C.A.D.C. 5009A

CANADIAN ARMY DENTAL CORPS, O.M.F.C. MD 6

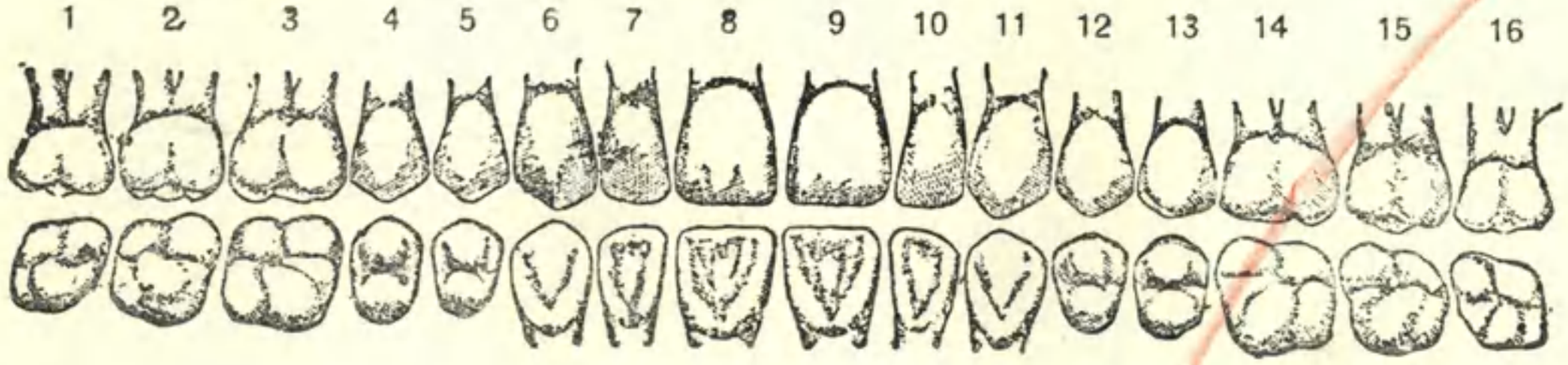
DENTAL CERTIFICATE FOR DEMOBILIZATION

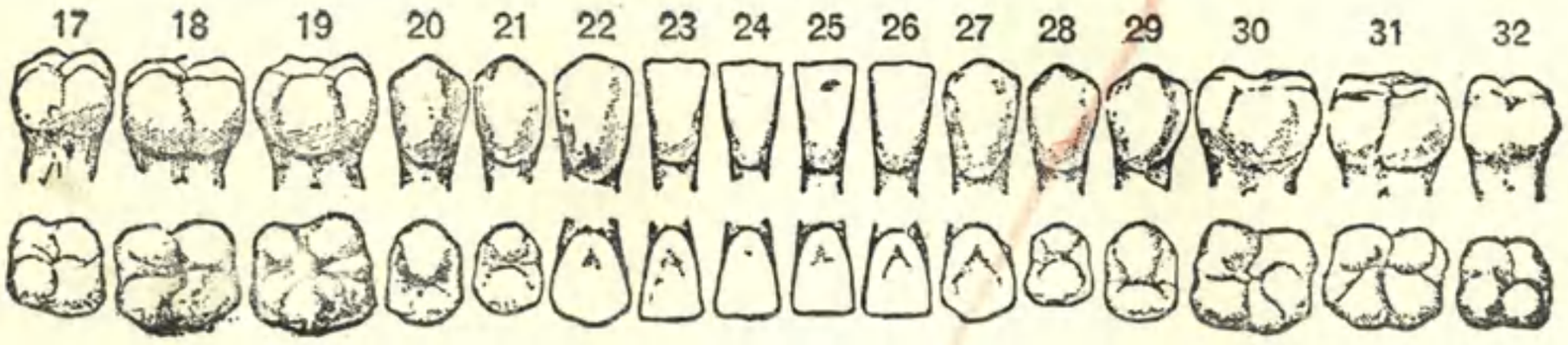
Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) BARRETT M

REGIMENT 3rd C.R.T. RANK Sapper No. 1039266

Date of Examination in England 17-1-19 | Date of Examination in France





DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

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

KINMEL PARK, NORTH WALES

Signature of Dental Officer W Kennedy Lieut

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) BARRETT M.

REGIMENT 3rd C R I RANK Spr No. 1039266

Date of Examination in England 17. 3. 19 | Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 31.
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

Assistant Director of M. D. No. 7 APR 10 1919 Dental Services

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 No.
- (*c*) In France

KNOTTY ASH CAMP, LIVERPOOL

Signature of Dental Officer A C Hurst Capt

Army Form B. 103. Regimental Number .....

Casualty Form—Active Service.

Regiment or Corps .....

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

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 ...			
10-1-19.	3rd C.R.T. Depot.	T.O.S.on reporting from Inf.Base Depot. Etaples	Bordon.	5-1-19 BO. 1.	
15-1-19.	3rd C.R.T. Depot.	On Comm. Rhyl pending trans. to C.E.F.Canada.	Bordon.	15-1-19 BO 6.	

J. Williamson
Lieut.
for O.C. Can. Rly. Troops.

4 FEB 1919

S.O.S. — O.M.F.C.-ON-TRANS.— C.E.F.

LIEUT.
OFFICER I/c RECORDS M.D. 6

(*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. 3685—512733 2000m 9,17 (35611) C. P. & S., Ltd., Form B./103 E./1917. 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				
14/2/19	C.R.T.D.	T.O.S. from Kinmel Pk.	K. Ash.	14/2/19	Pt. II D.O. 40
25 MAR 1919		CRTD s.o.s. to Kinmel Park. M.D. Wing No. 6	KNOTTY ASH		PART II 78
25-3-19	CRTD	Attached C.C.C. Kinmel Park for return to Canada. Part 11 Orders No. 85. Ceases to be attached C.C.C. Kinmel Park on embarking for Canada Part 11 Order No: 89 (A Ferrmaway Lieut Ford Commanding MD 7 Wing, Kinmel Park Camp.			J Mormer Lt
		S Saturnia March 30, 19			
3-4-19	Eng	TAKEN ON STRENGTH District Depot No. 7. PART II. ORDER No. 106 ST. JOHN, N. B.			
11-4-19		STRUCK OFF STRENGTH District Depot No. 7. PART II. ORDER No. 106			R A W Stevens Lieut. & Asst. For O. C. District Depot No.

ORDERLY ROOM No. 13 P. C. S.

R—122
8,401—50,000—21-10-16.

JM. Rank Name BARRETT, Michael. Reg'l No. 1039266

Unit 239th Bn. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Sydney. 1st Aug 1916. Place of Birth Lordoise, ~~Rah~~ Rich Co, C.B.

Name and Address, Next-of-Kin Mr Raymond Barrett.

182 Upper Water St. Halifax. N.S. Relationship Father.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/E. R.B. No. 18501
File R.L.
Category Can OR

Discharge, Date and Place Reason Character

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
I.C.	C.	ARRIVE IN EN AND S S OLYMPIC-26 12 16			
10 2 17		NOW KNOWN AS 3RD CRT PURFLEET 3.2.17 PT, 2 DO 41.			
16-4-17	3rd C.R.T.	Arrived in France	Field	22-3-17	Pt II Do. 8
9-5-17	- do -	Adm #1 New Zealand Field amb	In the Field	26-4-17	C.L. A25 Diarrhoea
21-5-17	- do -	Trans #2 " " " "	"	29-4-17	— 33 — do —
30-5-17	- do -	Trans. New Zealand Rest Camp	"	7-5-17	— 38 — do —
2-6-17	- do -	Rejoined Unit	"	13-5-17	— 40 do
31.12.18	"	Posted to CRTD 30-3-19	Spr. Field	~~26.12.18~~ 5-1-19 Pt II. 1. 19. 35-C-7.	~ 130

A.F.B. 103 CHECKED 28 APR 1917

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.
10-1-19	Res Bde C F A	T.O.S. from France	Spr Borden	5-1-19	— 10
15.1.19	Res Bde C F A.	On Com Kinnel pk Rhyl.	Spr. Bordon.	14-1-19	pt II 15.
14-2-19	C R G D.	T.O.S. posted from M.D. 6.	" Knotty Ash.	14-2-19.	pt II 40.
25-3-19.	— —	S.O.S. to M.D. 7. Rhyl	" " "	24-3-19	— — 79. M D 7 Pt II 85 d/26/3/19
30-3-19	M.D. 7.	S.O.S. to Canada. 35-C-7.	" Rhyl.	29.3.19	— " — 89
28.2.19	M.D. 6.	W.O.A.S. failing to comp. with an order given by M.C.O. in execution of his duty awarded 5 days F.P. No 2.	Rhyl	8.2.19	" 59.

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

98

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

✓ Unit, Regiment or Corps 239th O/S, Railway Construction

Regimental No. 1039266 Rank Pte Name Barrett, Michael.
C. E. F.

Enlisted (a) 1st Aug 16 Terms of Service (a) duration of the war Service reckons from (a) 1st August 1916

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) Carpenter

W. S. B. CLASS A. No.

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
		Embarked	Halifax Canada	Dec 15-16	
		Arrived.	Liverpool Eng.	Dec 28-16	
10/2/17	239th	239th O/S RLY. CONST. CORPS now 3rd Battn. Can. Rly. Troops.	Purfleet	10/2/17	Part 2 D.O. 41
22/3/17	3rd Bn. C. R. T.	PROCEEDED TO FRANCE.	Purfleet	22/3/17	Part 2. D.O. 80 H. P. Taylor Lt. for
27-3-17		Arrived in France	Boulogne	22-3-17	Landing Return No 4937 D.O. II-87 d/16.4.17.
28-4-17	1 N.Z. Fd A.	Diarrhoea adm	1 N.Z. Fd A.	26-4-17	A 36 E. 3702 DCS 7 d/4 5 17
5-5-17	1 N.Z. F.A.	✓ adm.	1 N.Z. Fd A.	26-4-17	A 36 E. 3874
✓	✓	✓ To	2 N.Z. Fd A.	29-4-17	D.C.S. No 10 d/15-5-17
6-5-17	O.C. Unit	✓ To	Neepple Hosp.	26-4-17	B 213 D.C.S. 10 d/15-5-17
5-5-17	2 New Zea Fd A.	✓ adm.	2 New Z Fd A.	29-4-17	A. 36 E. 3876 D.C.S. 11 d/23-5-17
12-5-17	2 ✓	✓ adm	✓	29-4-17	A 36 E. 3994
✓	✓	✓ To	NZ. Remi Camp.	7-5-17	D.C.S. 11 d/23-5-17
20-5-17	O.C. Unit	Rejoined Unit	Field	13-5-17	B 213 D.C.S. No. 13 d/29.5.17.

(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) 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				
11-11-17	3rd C.R.T.	Granted leave of absence	Field	11.11.17	B.213. D.O. II 135 d/ 19.11.17.
25.11.17	✓ ✓	Rejoined from leave	✓	22.11.17	B.213. D.O. II 139 d/
1.3.18	33 F.A.	Scabies Adm.	33 F.A.	24.2.18	a36/a 8879
4.3.18	33 ✓	✓ New Disease Intervening	✓	4.3.18	✓ /a 8989
✓	✓	I.C.T. Body Adm.	✓	✓	✓ ✓
5.3.18	"	" to	Unit.	5.3.18	a36. D6452
2.3.18	3 C.R.T.	Scabies to	Hospital.	25.2.18	B213.
9-3-18	Do	Rejoined from Hosp	Field	2-3-18	Do
13.7.18	1/1 N.M. F.A.	Septic Toe R. Adm.	1/1 N.M. F.A.	12.7.18	a36/g 1843
✓	✓	✓ ✓ To	Duty	14.7.18	✓ ✓
✓	3 C.R.T.	✓ ✓ ✓	1/1 N.M. F.A.	12.7.18	B.213
20.7.18	do.	Rejd. from. F.A.		14.7.18	✓
5.1.19.	CGBD	Trans to England and posted to the CRT Depot, Witley 5.1.19 ~~27-1-18~~. NR 23			D.O. 1/1919
13-1-19	R.B. C.F.A.	On Can Rhyl pend trans to C.E.F. Canada	Bordon	15-1-19	Bdg II 13.

Chas B. Chapwell
Lieut. for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

LIEUT. & ASST. ADJUTANT.
RESERVE BRIGADE, CANADIAN FIELD ARTILLERY.

J. C. Job 5470—M. & D. 6888

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7-16
H.Q. 1772-39-819

To Whom Mrs Josephine Mac G. Barrett (Wife)

Address ~~182 Upper Water St.~~ (1) 99. North St Halifax NS.

Rate $15.00

By Whom Assigned Barrett Michael

Regtl. No. 1039266

Rank Spr.

Corps 239th Bn

DEC 1 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			(1) 2M 12/4/17 C.R.O. 11/5/17
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED ACCOUNT 5

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Sheet No. 2. Mrs J. MacG. Barrett (Wife)

Name of Soldier Barrett M.

L. L. Job 4503. -Req. 6832.

1039266

DEC 1 1916

Month.	Year.	Cheque No.	Amt.		Remarks.
				15 00	239th Bn.
April	1916				
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1917	Y 36662	30.		
Feb.		Z 49953	15		15 JW
March		Q 49513	15		15 L 99 North St. 3-3-17 W.S.
April		O 150	15		15 E.
May		V 6730	15		
June		C 12566	15	15	15. 5
July		Z 22119	15		W.
Aug.		G 26412	15		G
DB, Sept.		C 33681	15		D
Oct.		K 47935	15		150
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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

1 — 8 — 16

128

L. L. Job 4503.—M. & D. 6834.

MILITIA AND DEFENCE

M. F. W. 11.
50m.—6-16.
H. Q. 1774-39-818.

SEPARATION ALLOWANCE

Name Josephine M. Barrett

Address ~~142~~ 182 Upper Water St
Halifax - N.S.

Relation to Soldier wife, child or mother } Wife

Name of Soldier Barrett, M

Regtl. No. 1039266

Rank Spr

Corps 39th Bn

To what Corps belonging when called out }

PAYMENTS

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

ACCOUNT CONSOLIDATED

1—8—16

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
50m.—6-16.
1772—39—818.

Sheet No. 2. L. M. Barrett (wife) Name of Soldier Barrett, M

L. L. Job 4503.—Req. 6832. 1039266 opr

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916				
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.		L24556	80		80
Dec.	7 S.M.	R27420	20	—	20 182 Upper Water St, Halifax N.S.
Jan.	1917	M-26350	20		20
Feb.		M. 30105	20		20
March		M 33329	20		20
April		M 141	20		20
May		O3286	20		20
June		~~O6496~~	~~20~~		20 cancd. O6490 — 20.
July		N.10010	20		20
Aug.		P 13645	20		8
Sept.		O.16090	20		8
Oct.		J 22457	20		28 0
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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

FORM D.M.S. 1300.
8137—50m—28/2/17.

Surname: Barrett
Christian Name or Names: M.
Reg. No.: 1039266

Rank: Pte
Unit: 3. Rly Troops
Co.:
Troop:
Batty.:

Hospital:
Date of Admission:

Transferred: No 1 New Zealand Fld Amb. Hosp. 26 4 17
2 New Zealand Fld Amb. Hosp. 29.4.17
New Zealand Rest Camp Hosp. 7-5-17
33 Fld. Amb. Hosp. 24.2.18

Diagnosis: Diarrhoea

(1) Later Diagnosis (if changed): Scabies. noted

(2) I. C. T. Body R.

(3) Sepsis R. Toe. a.s.

Additional Diagnosis: if more than one state present

DISPOSITION

Date

Rej'd Unit - 13.5.17

REMARKS

Disc. 4.3.18.
" 5.3.18.
Dis. 14.7.18.

C.L. 9-5-17 A25
21.5-17 A33
C.L. 30-5-17 A38
2.6.17 a/-40
2.3-18 a 153 (1)
8.3.18 A 158.
11.3.18 a/160 (1)
22.7-18 @ 271 (1)

A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	33 Field Amb.	4.3.18.
2.	1/1st. North Midland F. Amb.	12.7.18.
3.		
4.		
5.		
6.		
7.		

REGT'L. No. 1039266

NAME Barrett. M.

H. Q. FILE No. 649

RANK AND CORPS Pte. 3rd Can Railway Troops

FOLLOWS No.

FOLLOWS

CABLE

No.	Date

NATURE OF CASUALTY

L. L. 18950—M. & D. 7789

M. F. W. 42—30M.—4-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
a 25.	#1 New Zealand Fd Amb	23-4-17 26-4-17	Diarrhoea
a 33	#2 New Zealand Fd Amb	29-4-17	"
a 38	New Zealand Rest Camp	7-5-17	"
a 40.	Rept from Base reg'mnt	13-5-17	"
a 153	33 Fld Amb.	24-2-18	Scabies
a 158	Discharged	4-3-18	"
a 158	Re-admitted	4-3-18	I.C.T. Body.
a 158	Discharged	5-3-18	" " "
a 271-1.	1/1st. N. Midland F. Amb.	12-7-18	sepsis R. Toe.
a 271-1.	" " " Dis.	14-7-18	" " "

From Halifax Per S.S. Olympic Dec. 13. 1916

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Carpenter RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE 39 YEARS 4 MONTHS

HEIGHT 5 FEET 6½ INCHES

CHEST MEASUREMENT 38 INCHES EXPANSION 3 INCHES

COMPLEXION Dark EYES Brown HAIR Dk. Brown.

DISTINGUISHING MARKS Tattoo bust sailor and girl Letters underneath, "M.B."

MEDICAL EXAMINATION. PLACE Sydney, N.S. DATE Aug. 1st 1916

Present address Louisburg. C.B., N.S.

SURNAME Barrett

CHRISTIAN NAMES Michael

REGL. No. 1039266. RANK ~~Pte~~. spr.

UNIT 239th

FORMER CORPS nil.

6.7 CARD NO.

SOS. Disc 10-4-19 Demob FOLL. RO. 106 16-4-19 DD 7

Bn.

NEXT OF KIN.

NAMES IN FULL Barrett, Mr. Raymond.

RELATIONSHIP TO SOLDIER Father,

ADDRESS Water Street, Halifax, N.S.

also notify ~~CHANGE OF ADDRESS~~.

Mrs. J. McG. Barrett (wife)

68 Agricola St.
Halifax. N.S.
S.A.A.P. 11-12-17.

COUNTRY OF BIRTH Canada, L'Ardoise C.B. DATE not stated 1877

PLACE OF ATTESTATION Sydney, N.S. DATE Aug. 1st. 1916

Sailed from Halifax per S.S. "Olympic" 13-12-16.

L. L. 6945. M. & D. 6994. M. F. W. 22. 100M. 8-16. H. Q. 1772-39-339.

R/C 10-4-19 30/10 Spr.

GRATUITY (IMPERIAL)

CHRISTIAN NAME	SURNAME	REG. NO.
SCHEDULE NO.	LINE NO.	
UNIT RETIRED OR DISCHARGED FROM		
PLACE OF RETIREMENT OR DISCHARGE		
DATE RECEIVED FROM OTTAWA	IMPERIAL DEPOT NO.	
DATE RECEIVED FROM REG. DEPOT.	DATE FORWARDED TO OTTAWA	

868—D.P.—40M-1-12-19.

Number 1039266 Rank Spr

Surname BARRETT

Christian Name Michael

Units C.R.I. Theatre of War France

Date of Service 22-3-17

Remarks 2 years in penitentiary 649-B-23568 for Assault Board

Latest Address G.P.O. Halifax, N.S.

Roll No. Page 1886

200m.-6-21.

No. 10 39266 RANK Pte. NAME Barrett, M.

T.O.S. 1-8-16 UNIT 239th Battalion (Railway Const. Corps)
D.D.50 of 10-8-16

M. D. Val.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Aug. 1	Aug. 31	N		
	Sept.	N		
	Oct.	N		
	Nov.	N		
	Dec.	N		

UNIT SAILED
DEC 15 1916

FORM R. 149.
7106—250m—7/2/17.

Name BARRETT.Michael *Rank* Pte *Reg. No.* 1039266

Unit 3rd.RAILWAY TROOPS

Next of Kin CANADA

Date 1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
Apr.26.	No.1.N.Z.F.A.		Diarrhoea	A.25		
" 29.	No.2. "		do.	A.33.		
May 4.	N.Z. Rest Camp.		do.	A.38		
13.	Rejoined Unit		do	A.40		

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

Form R. 149.

Michael

Name BARRETT Rank SPR. Reg. No. 1039266.

Unit 3 Rd. C. R. T

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
M-2	33 Fld. Amb.		Scabies		a 153	14373
4.3.18.	Discharged	do.	do		a158	14728
4-3-18.	33. Fd. Amb		I.G.S. Body		a158	
5-3	To Unit.		do		a160	14807
BH						
12-7	1/1 Unit M. Fld Amb.		Sepsis R. Toe			a271
14-7	To Duty	DEC	do		a271	33407

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

7L1B3 3R

Date of Enlistment 1-8-16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch B

OVERSEAS CONTINGENTS

2395

Date of Assignment Dec. 1, 1916.

RATE OF SEPARATION ALLOWANCE

~~20~~	25.00 1/12/17	30	

PC 3257 1-9-18 PC 2753 MO 30529

RATE OF ASSIGNMENT

15			

PARTICULARS OF SEPARATION ALLOWANCE

No. 1039266

Rank Spr. Promoted Reverted Discharge

Soldier's Name Michael Barrett

Battalion 239 Battn.

Beneficiary Mrs Josephine M. Barrett

Relationship Wife M.F.W. 2554 = 26 4/18.

Address ~~182 Upper Water St. Halifax~~ N.S.

PARTICULARS OF ASSIGNMENT "wife"

Name Mrs. Josephine Mae ~~G. Barrett~~ Barrett

Address ~~99 North St.~~ ~~Halifax~~ N.S.

Change of Address 7/12/17

1 68 Agricolea st. Halifax N.S

2

3

4

	Date	Cheque No.	Amount S/A	Amount A/P	Total	NOV 19 Rec'd	REMARKS 927-m-1 m D #7
Sept	30/Aug	K 47935	280	150	430		
	Oct.	J. 22457	20	15	35		
	Nov.	C 54381	20	15	35		
	Dec	D 57878	20	15	35		Br.
	Jan	V 65321	30	15	45	EB	B
	Feb	B 94298.	25	15	40		
	Mar	A. 93630	25	15	40		
	April	J. 8343.	25	15	40		R
	May.	C 11782	25	15	40		R
	JUN	B 20065	25	15	40		
	JUL	Y 33122.	25	15	40		
	AUG	B 31412	25	15	40		
W.B.	SEP	B 36204	25	15	40		
	Oct.	A 49329	25	15	40		
	Nov.	A 57413	25	15	40		
	Dec	A 64762	45	15	60		
	1919 Jan	B 76267	30	15	45		
	FEB	D 77137	30	15	45		
	MAR	D 88208	30	15	45		
	APR	E 53.	30	15	45		
			785	435	1220		

AUDITED.

A/c Closed 30/4/19
Ret'd per Saturnia
Date 16/4/19 M.F.W. 187 16/4/19
Sent M.R.O. Destroy 91565

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

CONSOLIDATED ACCOUNTS

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address:

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128
400M.—6-17—1772-39-141
L. L. 22320—M. & D. 7493.

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 of Discharge (M.F.B. 218a).
8. Discharge Certificate (M.F.W. 39).
9. Disclosed in special envelope (200M).
10. Copy of Discharge Certificate (M.F.W. 39a).
11. Disposal Certificate (C.D.3).
12. Equipment Statement C.M.G. Form (D.C.S. 2).
13. Last Pay Certificate (P. 851).
14. War Service Gratuity (Form M.F.W. 2596).
15. Sundry Documents.

Group A
Checked by No. 25
Date 29/3/19

W. S. B. CLASS A No. 264423 R.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

C 22-11

1. No. 1039266 Cat. B1.
2. Rank. Sapper. RC
3. Name. Barrett. Micheal
4. Unit. 239 Bln. CERD. D. D. No. 7
5. Date of Discharge APR 10 1919 Place ST. JOHN N. B.
6. Reason for Discharge DEMOBILIZATION

Service in France. 20/12

Next of Kin. wife

Embarked S. B. Sat. 11/11 Glasgow March 30/19

M

7. Authority. R. O. 1420 (C)
8. Proposed Residence after Discharge Halifax N.S.

G.P.O.

Occupation. Ship - Carpenter 22

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

Dispersal Station "C" APR 10 1919 Military District No. 7

his
M. x Barrett.
Mark Signature of Soldier.
G. D. Reed Witness

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

E R d

Place

Date

Dispersal Station "C" APR 10 1919 Military District No. 7

Signature J. V. Kenstead Capt. O.C. DISPERSAL STATION, ST. JOHN, N. B. FOR O.C. DISTRICT DEPOT #7 (O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

M.D. No. 7

Bank of Montreal Halifax N.S. Can.

AUDITOR | PAYMASTER

M. & R. S.

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

REGT. No. 1039266 RANK Spr. NAME (IN FULL) Barrett M. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes | DATE EFFECTIVE

TO WHOM PAID See A.P. | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 239 Can. Bn. | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 1-8-16 | TRANSFERRED TO | DATE | AUTHORITY 2595

ASSIGNED PAY $ 15.00 | DATE EFFECTIVE

PAYABLE TO Mrs. M. Barrett | RELATIONSHIP Wife

ADDRESS 99 North St. Halifax N.S.

ANY CHANGE IN ASSIGNEE OR ADDRESS: 68 Agricola St. Halifax N.S.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE St John | DATE 10-4-19 | REASON Demob | AUTHORITY 203/16 | IF ENTITLED TO POST DISCHARGE PAY

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.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					Saturnia 10-4-19
Jan. 1-2-19					35	00	54	36	54	36																											Cr bal Eng L.P.C. 31-1-19
14-4-19	73	1.10	80	30	70	00			185	30	C.S.		C.S.		D25569		4	87	5	00	184	79					45	00			239	66					Clo Allce 1st P.W.S.G.
																																					A.P. for Feb, Mar. & Apr. pd by Ott
			W.S.G.	S.A.													W.S.G.		S.A.														Soldier		Dependent		
153 dys at $ mon			350	00	150	00	500	00									70	00													70	00	280	00	150	00	1st Pay W.S.G. as above
																					30	00									30	00	280	00	120	00	S.A. Apr. Pd. by Ottawa
					10	00	10	00																									280	00	130	00	S.A. 1-4-19 to 10-4-19
																					4	40									4	40	275	60	130	00	Ov. Cr. P.A. on Disc
																	65	60	40												105	60	210		90		Ck 397849-50 AR 39 10/6/19
																	70		30												100		140		60		Ck 844716-17 AR 66 11/6/19
																	70														70		70		60		Ck 1055047 AR 890 10/7/19
																	70														70				60		Ck 1256143 AR 114 9/8/19
																			60												60						1551456 AR 188-5
			350		160		510										345	60	130		34	40									510		Now Effective				

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

P. 559.

MARRIED OR SINGLE ~~Single~~ Married

PLACE OF BIRTH Lordoise. Richmond Co. C.B.

NAME AND ADDRESS OF NEXT OF KIN Barrett, Josephine MacGillivray
182 Upper Water St, Halifax N.S.

RELATIONSHIP OF NEXT OF KIN Wife

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO Barrett, Josephine MacGillivray
182 Upper Water St., Halifax, N.S.

RELATIONSHIP OF DEPENDANT Wife.

CASUALTIES, PROMOTIONS, &c

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. NO. 1039266 RANK Sapper NAME Barrett. Michael A

IF IN PERMT. CORPS WHAT UNIT } UNIT 3rd Bn. C. Ry. T. TRANSFERRED TO DATE AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Sydney, C.B. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 1st. August 1916. TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE December 1916.

PAYABLE TO ~~Barrett, Josephine MacGillivray~~ Mrs. M. Barrett: 99 North St. Halifax N.S. RELATIONSHIP Wife

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE 4/1/17. C. A.G.M. rendered 6-3-17

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) C

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

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	ACQUITTANCE ROLLS 1 No	1 Date	2 No.	2 Date	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
														24 10	24 10									Balance from Canada							24 10				
Jany	31	1 00/10	34	10											34 10													15		15	43 20				
Feby	28		30	80											30 80	37	30-1-17							12 17				15		41 77	32 23				
Mch 1-31	31		34	10											34 10	122	16/3							7 30		2 43		15	1 10	42 86	23 47				1 Days Pay Rec. D.O. 79. 20/3/17.
																84	15/2							7 30		9 73									
Apl.	30		33	–											33 –													15		15 –	41 47				
May	31		34	10											34 10													15		15	60 57				
June	30		33	–											33 –	335	25/5							2 67				15		25 70	67 87				
																227	10/5							2 68		5 35									
July	31		34	10											34 10													15		15	86 97				
Aug	31		34	10											34 10	484	12/6							5 35				15		20 35	100 72				
Sept	30		33	–											33	939	17/8							5 35				15		25 71	108 01				
																700	18/7							5 36											
			300	30										24 10	324 40									62 78		17 51		135	1 10	216 39					

1039266 Spr Barrett M.

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.	Acquittance Rolls 1 Date	Acquittance Rolls 2 No.	Acquittance Rolls 2 Date	Acquittance Rolls 3 No.	Acquittance Rolls 3 Date	Acquittance Rolls 4 No.	Acquittance Rolls 4 Date	Cash Payments 1	Cash Payments 2	Cash Payments 3	Cash Payments 4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
MONTH	PARTICULARS				CR. 1				CR. 2	PARTICULARS				DR. 1	DR. 2	DR. 3	DR. 4	BALANCE		DEFERRED PAY	SEP. ALLCE. ENG.	MONTH	PARTICULARS			CR. 1	CR. 2	PARTICULARS			DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
Oct	Bt Forward				108 01													108 01																		
			P/P		34 10												15																			
									AR 1145		20 9/17		3 CRT.	8 92																						
					34 10									8 92			15	118 19																		
Nov.			P.P.		33				" 1337		20 10/17		"	8 03																						
Dec			"		34 10				" 710		13 1/17		2 Labour.	107 07																						
																	15																			
																	15	40 19																		
1918					67 10									115 10			30																			
Jan.			P.P.		34 10												15																			
									AR 151		21 11/17		Ct Paris.	8 92																						
									" 1615		20 12/17		3 CRT.	16 95				33 42																		
					34 10									25 87			15																			
Feb			PP		30 80				" 1817		20 1/18		"	8 03																						
																	15	41 19																		
					30 80									8 03			15																			
Mar			PP		34 10				" 2079		20 2/18		"	8 03																						
									" 2451		25 2/18		33 F.Ans.	89																						
									C.A.P.								15																			
									MP 2513		4 3/18		"	89																						
					34 10				" 2325		20 3/18		3 CRT	7 14																						
														16 95			15	43 34																		

P 820
12474—375m—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1-12-16		EFFECTIVE DATE:-	
AMOUNT:- ~~15.00~~ Stopped Eff 1-2-19		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.

Mrs M Barrett
99 North St
Halifax N.S.
Wife
Cancelled

NAME:- BARRETT Michael

NUMBER:- 1039266

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Sapper

UNIT AND TRANSFERS

ORIGINAL UNIT:- 239 Bn

DATE ACCOUNT FIRST OPENED:- 1-1-17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			3 ORT

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

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
~~17-12-18~~	~~1857~~	~~Field~~	~~4 39~~			Ledger Balance	155 65
~~2-4-19~~	~~7651~~	~~Base~~	~~4 66~~			L R C " Cr	137 73
~~4-1-19~~	~~7247~~	~~CRO~~	~~4 39~~				
			17 92				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 -	- 10	- -	- -

PARTICULARS OF RENDERING NON-EFFECTIVE:- Discharged to Canada 1-2-19 Auth: NR Hdq Bordon 14-1-19. M D 6

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
March	Balance Fwd								43 34		
Apl	p.p.	33.		193 20/4 3 S R T	8 03						
				a.p.				15.	53 31		
		33			8 03			15			
May	p.p.	34 10		a.p.				15			
				420 20/5 "	8 03 -				64 38		
		34 10			8 03			15			
June	P.P.	33 -		a.p.				15			
				623 20/6 "	8 03				74 35		
		33.			8 03			15.			
July	p.p.	34 10		a.p.				15			
				869 22/7 "	8 03 -				85 42		
		34 10			8 03			15			
Aug	"	34 10		a.p.				15			
				1172 15/8 "	8 03 -						
				~~969 3/8 " Sl~~	~~359~~				96 49		
		34 10			8 03			15			
Sep	"	33.		a.p.				15			
				1367 20/9 "	8 03				106 46		Discharged
		33.			8 03			15			
Oct	"	34 10		a.p.				15	125 56		
				1576 21/10 " 28	8 39				117 18		
		34 10			8 39			15			
Nov	"	33.		a.p.				15.	135 17		
				1706 20/11 " 22.	17 72 -				117 45		
Dec	"	34 10		a.p.				15	136 55		
Jan	"	34 10		a.p.				15	155 65		
		101 30			17 72			45.			

NUMBER 1039266 RANK NAME Barrett M.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Bal. Fwd.					155 65		
Feb				~~3 Feb 41/42 RE~~	~~9 33~~				~~146 32~~		
				7651 2/1 Base.	4 66				~~141 66~~ 75		
				1851 17/12 3 CRT.	8 39				~~133 27~~		
				2947 17/1 CRA	4 87				~~128 40~~ 127 73		
				~~2946~~ 118 25/1 KP. End.	9 73				128 00		
			End	5 days pay DO. 59. 28/2 19. ONDKP. 3 CRT.		5 50			122 50		
				7316. 10/3. RSD End. 0	48 67				73 83		
				End. 9120. 21/3. JCRTD. H	19 47				54 36		
					95 70	5 50					

L.O.S. 2/2. Sh. 35

PART III

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned.....have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of :—

.....
Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.

PART I.

A.F.B. 179 Canada (Revised 1918). 100m. 16/11/18 D.495

Reserved for M.H.C.

Regt. No. 103926 Rank Sapper Surname Barrett Christian Name Michael

Unit or Corps—(a) Overseas from United Kingdom 3rd Cud Bty (b) in United Kingdom C.R.T. Witley

Born at—Town St Peters County or Province Cape Breton Country Canada

Date of Birth—Day 25th Month March Year 1870 Age 48 yrs. 9 months.

Joined at Sydney CB Canada Date July 9 1916

Former trade or occupation Ship Carpenter.

Permanent Marks or any peculiarity that will serve for future identification :—
N.B.
Tattoo. (Rt. forearm) sailor + girl + initials

Height—feet 5 inches 3 Colour of eyes Black

Signature of Soldier (*for identification purposes*) Michael Barrett
March 1919

Medical Report

Read carefully the instructions on last page of this form.

1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*) Debility (slight)

Disabilities Group (*b*)

Disabilities Group (*c*)

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	General service Condition	France	1918
(*ii.*) As to Group (*b*) above.			
(*iii.*) As to Group (*c*) above.			

3. Is the disability due to disease contracted or injuries received prior to Active Service ?

(*i.*) As to Group (*a*) above ? If yes, has Active Service aggravated it ?

(*ii.*) As to Group (*b*) above ? If yes, has Active Service aggravated it ?

(*iii.*) As to Group (*c*) above ? If yes, has Active Service aggravated it ?

4. Is the disability due to disease contracted or injuries received while on Active Service ?

(*i.*) As to Group (*a*) above ? Yes

(*ii.*) As to Group (*b*) above ?

(*iii.*) As to Group (*c*) above ?

PART I. (continued).

5. MEDICAL HISTORY. Came to England with 3rd Cdn Ryr S. October 1916. States that he was given C 177 Cat. on Lumbago + average. Came to France March 1917. Had attack of lumbago lasting 6 weeks March 1918 — never went to Hospital or to bed during attack, and has never had any symptoms since. He complains of nothing now. Never had lumbago previous to enlistment.

No M. H. S. available

No pay-book entry referring to above

6. PRESENT CONDITION. Weighs 169. Looks slightly debilitated. Muscular, well nourished man looks about age stated. Heart, lungs, nervous + other systems normal. Urine, analysis negative. Considering his age, his health and physical condition is good. No tenderness of lumbar muscles — No organic changes in joints indicative of rheumatism

7. OPERATION. (i.) Was one performed? — (ii.) If so, state what.

(iii.) Was one advised and declined? —

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (i.) Is there loss or decay of teeth attributable to Active Service? Yes

(ii.) If so, describe.

9. DO YOU RECOMMEND:— (a) Fit for duty? (state category) Yes B T

(b) Invalid to Canada? No

(c) Discharge from the Service as permanently unfit? No

Date of Report Dec 30th 1918

Signed H. P. Goulbro Capt
Officer in medical charge of case.

Station Can. Base Etaples

I have satisfied myself of the general accuracy of the above Report, and concur therein *except Not in Hosp. {Officer i/c Hospital / S.M.O. Brigade} Strike out one of these

Dated at ..... Station, on ..... 191.....

*Delete if inapplicable.

PART II.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the disability fully described in Part I. (1)? If not, describe it. Yes

11. Is the cause of the disability fully described in Part I. (2)? If not, describe it. Yes

12. From the medical information now adduced, was the disability caused or aggravated by:— (a) Negligence of the Soldier {Caused? / Aggravated?} No (b) Misconduct of the Soldier {Caused? / Aggravated?} No

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? (Estimate at none, 5%, 10%, 15%, 20%, etc.) —

14. THE DISABILITY DUE TO SERVICE.—(See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.) What part of the entire disability estimated next above (13) is due to causes arising during Active Service? (Estimate at none, 1/10, 2/10, 3/10, etc., or all.) —

15. Permanency of the Disability due to Service estimated next above in (14). —

(i.) Is it permanent?

(ii.) If not permanent, what is its probable minimum duration (in months)?

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? N. A.

17. Can the former trade or occupation be resumed? Yes

18. REMARKS:—

The Board ~~finds~~ considers that this Soldier has the appearance of being his stated age, namely 48 years.

AG. 9083 11-11-18

19. RECOMMENDATION:— (a) Fit for duty? (state category) Yes B.

(b) Invalid to Canada? No

(c) Discharge from Service as permanently unfit? No

Date of Board 31/12/18

Signatures of the Board: G. A. Platt Major, President. [signature] Matthews Capt

Station Can. Gen. Base, Etaples

Approved A.D.M.S.

Dated at [signature] Station [signature] 191

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned.....have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of :—

.....
Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.

A.F.B. 179 Canada (Revised 1918). 100m. 16/11/18 D.495

Reserved for M.H.C.

Regt. No. 1039266 Rank Sapper Surname Barrett Christian Name Michael.

Unit or Corps—(a) Overseas from United Kingdom 8th Cnd. Ry. T. (b) in United Kingdom C.R.T. Witley

Born at—Town St. Peters County or Province Cape Breton Country Canada

Date of Birth—Day 25th Month March Year 1870 Age 48 yrs. 9 months.

Joined at Sydney C.B. Canada Date July 9th 1916

Former trade or occupation Ship Carpenter

Permanent Marks or any peculiarity that will serve for future identification :—

Tattoo. (Rt. Fore-arm) Sailor + Girl + initials. M. B

Height—feet 5 inches 5 Colour of eyes Black

Signature of Soldier (*for identification purposes*) Michal+ Barrett

Medical Report

☞ *Read carefully the instructions on last page of this form.*

1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*) Debility (Slight)

Disabilities Group (*b*)

Disabilities Group (*c*)

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	General service Condition + age	France	1918
(*ii.*) As to Group (*b*) above.			
(*iii.*) As to Group (*c*) above.			

3. Is the disability due to disease contracted or injuries received prior to Active Service ?

(*i.*) As to Group (*a*) above ? If yes, has Active Service aggravated it ?

(*ii.*) As to Group (*b*) above ? If yes, has Active Service aggravated it ?

(*iii.*) As to Group (*c*) above ? If yes, has Active Service aggravated it ?

4. Is the disability due to disease contracted or injuries received while on Active Service ?

(*i.*) As to Group (*a*) above ? Yes

(*ii.*) As to Group (*b*) above ?

(*iii.*) As to Group (*c*) above ?

PART I. (continued)

5. MEDICAL HISTORY. Came to England with 3rd Edn. Ry. T. October 1916. States that he was given C III Cat on lumbago soon after Came to France March 1917. Had attack of lumbago lasting 6 weeks March 1918 - Never went to hospital or to bed during attack and has never had any symptoms since. He complains of nothing now. Never had lumbago previous to enlistment

No M.H.S. available

No pay book entry referring to above.

6. PRESENT CONDITION. Weight 169. Looks slightly debilitated Muscles well nourished man - looks about age stated. Heart. Lungs Nervous system Urine analysis Negative. Considering his age his health and physical condition is good. No tenderness of lumbar muscles - no organic changes in joints indicative of rheumatism

7. OPERATION. (i.) Was one performed ? — (ii.) If so, state what. —

(iii.) Was one advised and declined ? —

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (i.) Is there loss or decay of teeth attributable to Active Service ? yes

(ii.) If so, describe.

9. DO YOU RECOMMEND :—

(a) Fit for duty ? (*state category*) yes B1

(b) Invalid to Canada ? no

(c) Discharge from the Service as permanently unfit ? no

Date of Report Dec 30th 1918.

Station Canadian Base Etaples

Signed H. P. Southee Capt.
Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except Not in hospital {Officer i/c Hospital / S.M.O. Brigade} Strike out one of these

Dated at .....Station, on.....191.....

*Delete if inapplicable.

PART II.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the disability fully described in Part I. (1) ? If not, describe it. Yes

11. Is the cause of the disability fully described in Part I. (2) ? If not, describe it. Yes

12. From the medical information now adduced, was the disability caused or aggravated by :—

(a) Negligence of the Soldier {Caused ? / Aggravated ? No}

(b) Misconduct of the Soldier {Caused ? / Aggravated ? No}

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour ? (*Estimate at none, 5%, 10%, 15%, 20%, etc.*) —

14. THE DISABILITY DUE TO SERVICE.— (*See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.*)

What part of the entire disability estimated next above (13) is due to causes arising during Active Service ? (*Estimate at none, 1/10, 2/10, 3/10, etc., or all.*) —

15. Permanency of the Disability due to Service estimated next above in (14).

(i.) Is it permanent ? —

(ii.) If not permanent, what is its probable minimum duration (*in months*) ?

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable ? N. A.

17. Can the former trade or occupation be resumed ? Yes.

18. REMARKS :—

The Board considers that this Soldier has the appearance of being his stated age, namely 48 years.

M.C. 9083 11-11-18

19. RECOMMENDATION :—

(a) Fit for duty ? (*state category*) Yes B1

(b) Invalid to Canada ? No

(c) Discharge from Service as permanently unfit ? No

Date of Board 31/12/18

Station Can. Gen. Base, Etaples

Signatures of the Board: President: G. A. Pattinson

F. W. Mathews Capt.

Approved A.D.M.S.

Dated at Station 191

F. R. Bowes Col
Can Base