

REGIMENTAL DOCUMENTS

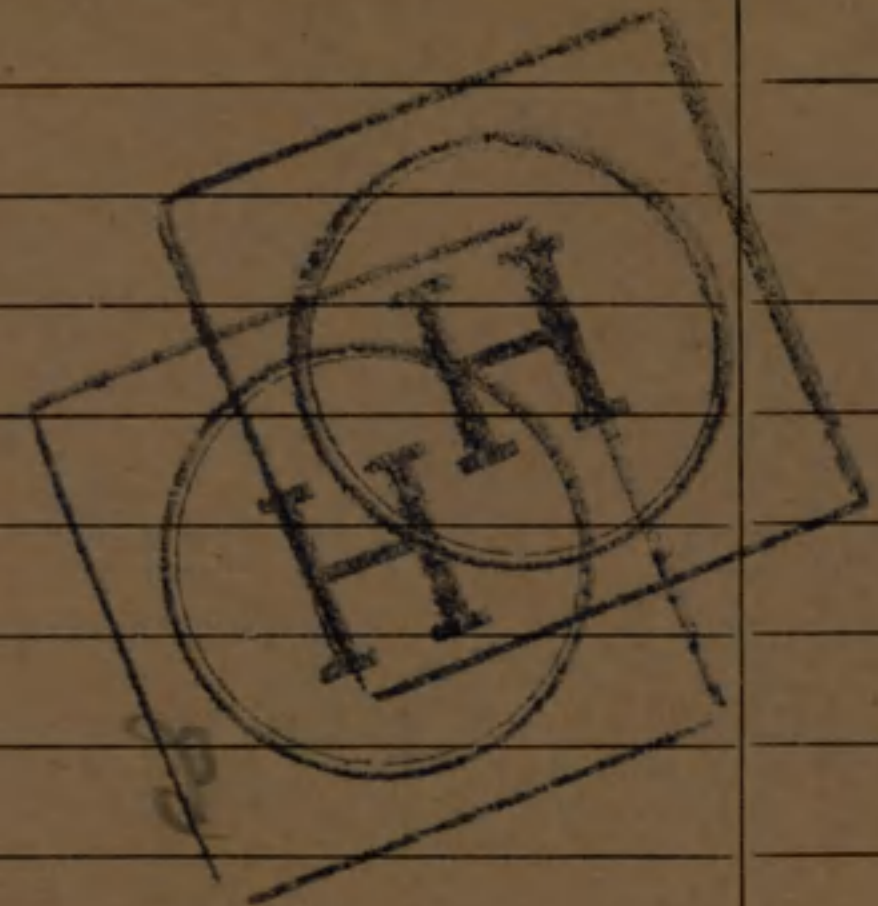
NAME *Cassidy John*

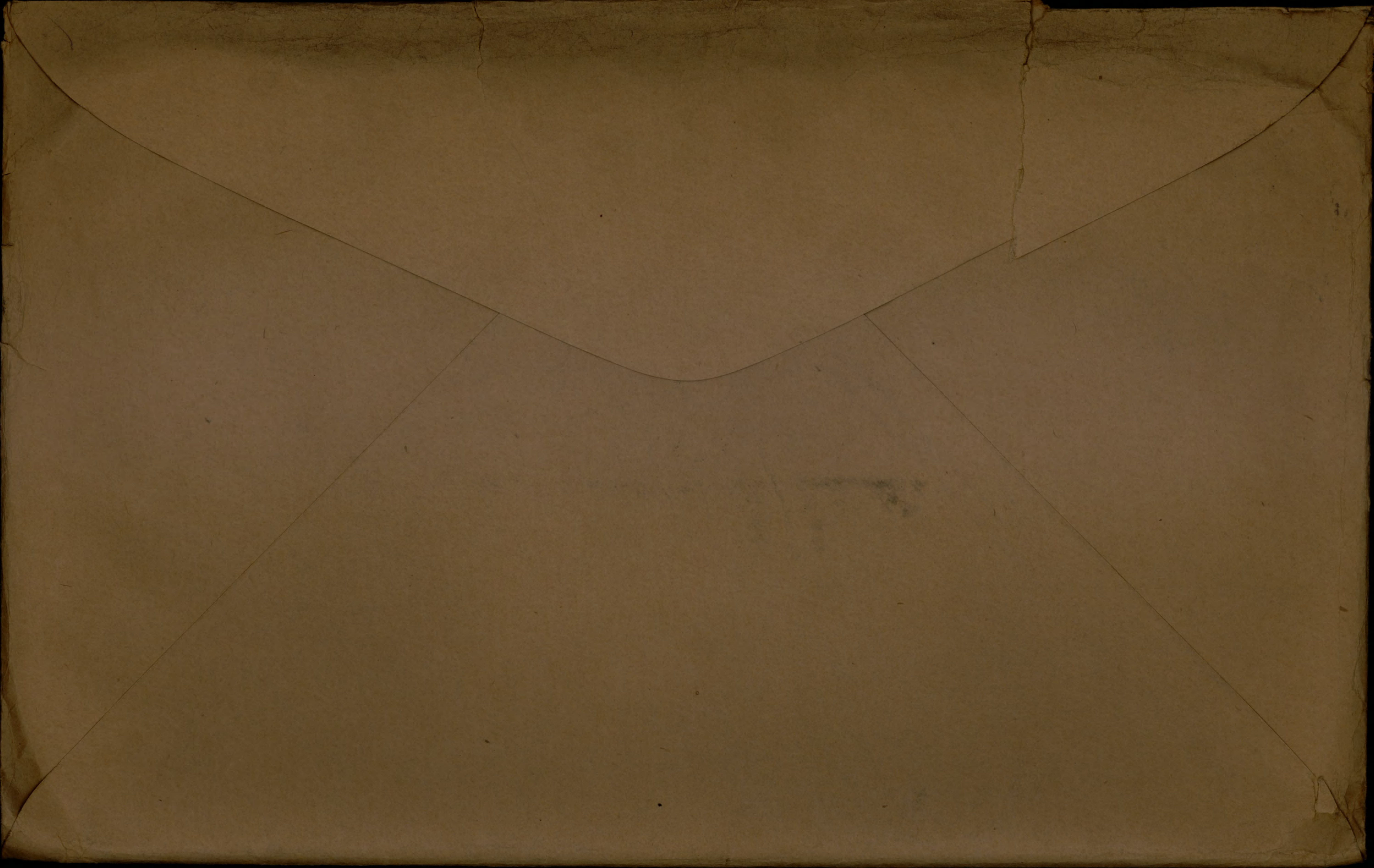
REGT. NO. *54199*

UNIT *18th Bn*

H. Q. FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE
⑨ ATTESTATION PAPER (M.F.W. 23, 133, or 51)		M			DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)		<i>MED 1-12-20</i>		11674	
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)					DISCHA
DENTAL HISTORY SHEET (M.F.B. 465)					Category
7 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Dem</i>
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)					DESERT
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)					
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
<i>1 MTR 218</i>					41
<i>Adm 3</i>					10
<i>3</i>					5
<i>6 MTR</i>					
<i>1 a 2 2 12 3 7</i>					
<i>1 a 2 0 1 8 1</i>					
<i>1 a 2 1 2 1 7</i>					
<i>1 a 2 1 2 1 7</i>					





ATTESTATION PAPER.

No. 54199
Folio. Base

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... John Cassidy
2. In what Town, Township or Parish, and in what Country were you born?..... Claremorris Ire.
3. What is the name of your next-of-kin?..... Mrs C. Cassidy (Mother)
4. What is the address of your next-of-kin?..... Scareane, Claremorris Ire.
5. What is the date of your birth?..... Augst 15th 1886
6. What is your Trade or Calling?..... Fireman
7. Are you married?..... No
8. Are you willing to be vaccinated or re-vaccinated?..... Yes
9. Do you now belong to the Active Militia?..... No
10. Have you ever served in any Military Force?.. 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.

John Cassidy (Signature of Man).
W. Stewart Sgt (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, John Cassidy, 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.

Date Febry 12th 9th 1915 191 John Cassidy (Signature of Recruit)
W. Stewart Sgt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John Cassidy, 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.

Date Febry 12th 9th 1915 191 John Cassidy (Signature of Recruit)
W. Stewart Sgt (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 Windsor Ont this 9th day of Febry 1915 191.

E. S. Hyle (Signature of Justice)
A. Rotary Public

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

E. S. Hyle (Approving Officer)
W. Robinson
Major

Description of John Cassidy on Enlistment.

Apparent Age 26 years 6 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

Height 5 ft. 8 ins.

Chest measurement { Girth when fully expanded 36 ins.
 Range of expansion 39 ins.

Complexion Fresh
 Eyes Grey
 Hair Brown

Half Index Finger off on Left Hand
XEROX

Religious denominations. { Church of England
 Presbyterian
 Wesleyan
 Baptist or Congregationalist
 Other Protestants (Denomination to be stated.)
R. C.
 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 Febry 9th 1915 191 .

J. R. Cunningham

Place Windsor Ont

A. M. C. Major.
 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.

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

E. A. Hyle

J. R. Robinson Major (Signature of Officer)
 Commanding 21st Regt

Date Febry 9th 1915 191 .

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 54199 (Rank) Private

Name (in full) John Cassidy enlisted in
the 18th Battalion

CANADIAN EXPEDITIONARY FORCE at Windsor, Ont. on the 12th
day of February 19 15

HE served in France with the 18th Battalion

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 32 yrs. 8 mths.

Height 5 ft. 8 ins.

Complexion Fresh

Eyes Grey

Hair Brown

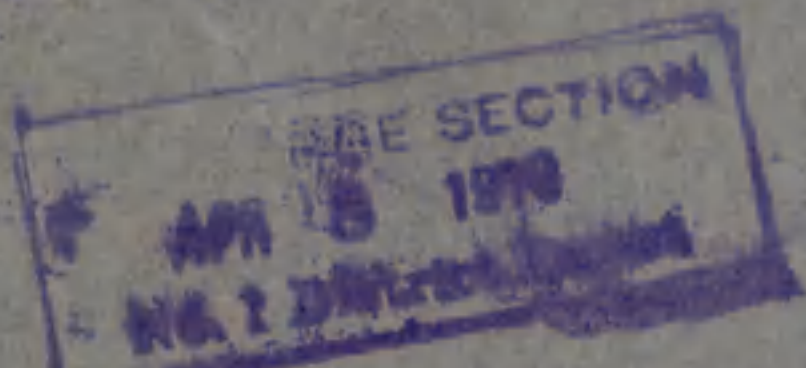
Marks or Scars A spl. index finger
off on left hand

Signature of Soldier

Date of Discharge

Issuing Officer

Rank



FOR O.C. DISP STA K

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.

4443

MILITIA AND DEFENCE

ASSIGNED PAY.

To whom Mrs. L. Cassidy
Address Scardane
Blaremorris
Mayo Co. Ireland.

By whom assigned Cassidy John.
Regtl. No. 54199.
Rank Private
Corps, &c. 18th Battalion.

Rate 10⁰⁰/₁₀₀

Date to Commence 1st July 1915.

PAYMENTS.

Month	Year	Cheque No.	Amt.	REMARKS	
Aug.	1914				
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1915				
Feb.					
March					
Apl.					
May					
June					
July			16558	10	✓
Aug.			25675	10	✓
Sept.			37187	10	✓
Oct.			50719	10	✓
Nov.			65737	10	✓
Dec.			82263	10	✓
Jan.	1916				
Feb.					
March					
			60	Carried Forward	

ASSIGNED PAY.

By whom assigned

Boardsley Jno.

Regtl. No. 54199. *Pls 18th Bat*

Month	Year	Cheque No.	Amt.	Pay Sheet	REMARKS.
Jan.	1916	101813	10		
Feb.		124837	10		
March		146859	10		
Apl.		3368	10		
May.		29383	10		
June		56901	10		
July		89478	10		
Aug.		122500	10		
Sept.		160240	10		
Oct.		194050	10		
Nov.		237054	10		
Dec.		274574	10		
Jan.	1917	316607	10		
Feb.		353822	10		
March		397742	10		
Apl.			210		

*Barth's checks & funds account
for Barst Major 1st Regt
21-3-17*



Rank *Pte.* Name **CASSIDY John**

Reg'l No. **54199**

Unit **18th Battn.**

If in perm. Corps,
What Unit?

Married or Single **Single**

Place and Date of Enlistment **Windsor Ont. 12th February 1915** Place of Birth **Claremorris, Ireland**

Name and Address, Next-of-Kin **Mrs. C. Cassidy, Seareane, Claremorris, Ireland.**

Relationship **Mother.**

Assigned Pay Monthly \$ **10⁰⁰**

Payable to **as above**

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

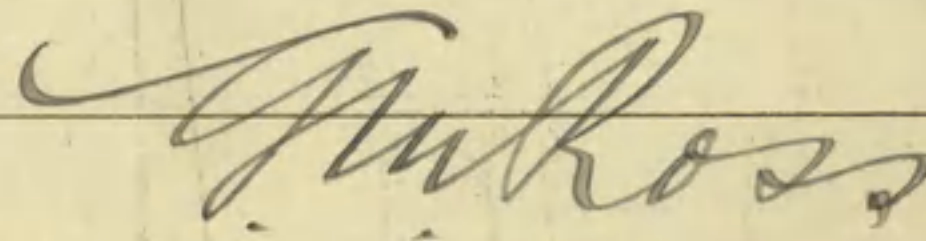
Character

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			5250		110	5360	50	10dp #185
1/6	30/6	30		30	30		3	110	3410			78		110	2610	880	Cr. p. deducted in July
1/7	31/7	31		31	31		310		3410			1750	10		2750	1510	10dp #240
								2	2							1410	new brought July 1st.
1/8	31/8	31	1	31	31	10	310		3410	214		2646	10		3646	1444	Cr. Exchange
1/9	30/9	30		30	30		3		33	365		268	10		1268	3476	
1/10	31/10	31		31	31		310		3410	434		523	10		1523	5363	
1/11	30/11	30		30	30		3		33	522		268	10		1268	7395	
1-12	31-12	31		31	31		310		3410	509		1134	10		7664	8141	
1-1-16	31-1-16	31		31	31		310		3410	769		523	10		1523	10028	
1-2-16	29-2	29		29	29		290		3190	806		261	10		1261	11957	
March		31		31	31		310		3410	896		523	10		1484	13583	
April		30		30	30		3		33	944		487	10		1487	15396	
Trans to New Ledger Sheets																	
		336		336	336		3360	310	37270			14467	90	220	23687	13583	Checked

3107
369.60

736.84 13583

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. T. 101. Year 1916.	Regimental No. 54199.	Rank. Pte Unit. 18 th Battalion.	Surname. Cassidy.	Christian Name. J. Age. 29. Service. 14 months.
Station and Date. Uxbridge. 24-6-16.	Disease G.S. wd lt foot. Date of origin of disability. April 8th 1916. Cause. <i>Injured by explosion of shell while in trenches.</i> Place of origin of disability. At St Eloi.			
Hospital History to present time with any special treatment recvd.				
<i>admitted,</i> 9-4-16 Dressing Station. Dickebusch. <i>wound dressed for 5 -</i> 9-4-16 No. 4 General Hosp. Camieres. 3 days. <i>12-4-16</i> 13-4-16 Taplow. 9 weeks 1 X-rayed here. <i>at Taplow. 24-6-16</i>				
External marks of injury.	None.			
Present condition of patient. <i>good, 3 of 4 toes of left foot tender, says were packed, no evidence other than pain - claims pains over left chest & back.</i>				
Notes of treatment and progress made.				
26-6-16. <i>apply to iodine & Pu to side for 2 days. fit for Phys. Training.</i>				
30-6-16	<i>Transferred to C.C.M.G. for duty</i>			
<div style="text-align: right;">  </div>				

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

Station
and Date.

DIET AND EXTRA SHEET FOR PATIENTS IN HOSPITAL, AND EXTRA SHEET FOR DINING HALLS, AND KITCHEN SUNDRIES.

Lofck Hospital, at *Sweden* Period from _____ to _____

Regtl. No.	RANK AND NAME (Surname first)	Corps	Squadron, Troop, Company, or Battery	Age	Service	DISEASE
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<i>54199</i>	<i>Pte J. Cassidy</i>	<i>18³ Canadians</i>	<i>C. Coy.</i>	<i>29</i>	<i>14 mon</i>	<i>G. I. W. Left foot</i>
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Ward Number	Number in Admission and Discharge Book	Admitted into hospital	Discharged from hospital	Religious denomination
-------------	---	------------------------	--------------------------	---------------------------

If allowed up during certain hours, if fit for light hospital duty, or able to take meals in the Dining Hall, state so	Date	Name of diet first time in full, afterwards abbreviated For Dining Hall, state number of patients	EXTRAS OR KITCHEN SUNDRIES (Quantities in Words)				Initials of Medical Officer (first time name in full). All spaces in which no entries have been made must be severally obliterated by the Medical Officer thus _____ before he signs his name or initials.

<i>Bed 1916</i>	<i>June 20</i>	<i>Ordinary</i>					<i>J. Keely</i>
	<i>21</i>	<i>"</i>					<i>J. Keely</i>
	<i>22</i>	<i>"</i>					<i>J. Keely</i>
	<i>23</i>	<i>"</i>					<i>J. Keely</i>
	<i>24</i>	<i>"</i>					<i>J. Keely</i>

TOTAL IN FIGURES						
---------------------	--	--	--	--	--	--

I certify that the above Diets,† Drinks,† Extras,† and Sundries† were ordered by me for* _____ and that they were necessary.

Officer in Charge*

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

*Insert here "Patient," "Dining hall," or "Kitchen."
†Delete as required to render the certificate complete.

DIET AND EXTRA SHEET FOR PATIENTS IN HOSPITAL, AND EXTRA SHEET FOR DINING HALLS, AND KITCHEN SUNDRIES.

Hospital, at _____

Period from _____

to _____

Regtl. No.	RANK AND NAME (Surname first)	Corps	Squadron, Troop, Company, or Battery	Age	Service	DISEASE
54199	Pte J Cassidy	18 th Canadians	C Company	29	14 mths	L. S. W Left. Foot

Ward Number	Number in Admission and Discharge Book	Admitted into hospital	Discharged from hospital	Religious denomination
H II		April 13 th 1916	June 24 th 1916	R. C.

If allowed up during certain hours, if fit for light hospital duty, or able to take meals in the Dining Hall, state so	Date	Name of diet first time in full, afterwards abbreviated For Dining Hall, state number of patients	EXTRAS OR KITCHEN SUNDRIES (Quantities in Words)				Initials of Medical Officer (first time name in full). All spaces in which no entries have been made must be severally obliterated by the Medical Officer thus _____ before he signs his name or initials.
Bed	May 17	ordinary					
	18	"					Jones
	19	"					Jones
	20	"					Jones
	21	"					Jones
	22	"					Jones
	23	"					Jones
	24	"					Jones
	25	"					Jones
	26	"					Jones
	27	"					Jones
	28	"					Jones
	29	"					Jones
	30	"					Jones
	31	"					Jones
	June 1	"					Jones
	2	"					Jones
	3	"					Jones
	4	"					Jones
	5	"					Jones
	6	"					Jones
	7	"					Jones
	8	"					Jones
	9	"					Jones
	10	"					Jones
	11	"					Jones
	12	"					Jones
	13	"					Jones
	14	"					Jones
	15	"					Jones
	16	"					Jones
	17	"					Jones
	18	"					Jones
	19	"					Jones
TOTAL IN FIGURES							

I certify that the above Diets,† Drinks,† Extras,† and Sundries† were ordered by me for* and that they were necessary.

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

*Insert here "Patient," "Dining hall," or "Kitchen."
†Delete as required to render the certificate complete.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	54199	Plt	Casidy	
Year	Unit.	Age.	Service.	
1914	18th Beuth			

Station and Date.	Disease
Clivedon Apr 22	Shrapnell wd. toe left foot on Apr 8 at St Elvi while in trenches patient received shrapnell wd. on outer side of 3rd toe of left foot. Dressed at Dis. sent to CSS Poperinge. From there to ^{4 days} ^{4 days} Carniers. From there to W of E. H. Taplow.
	unable to walk.
	no operation. moist dressings.

	Present Condition
	Patient in good general health
	Chest Lungs & heart negative
	Left foot.
	Shrapnell wd. outer side 3 rd toe near base. small jagged wound considerable discharge possibly fracture of phalanx.
	moist dressing. Dressing
Apr 27	was healing - able to be about on crutches. Dressing

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

Station
and Date.

May 18. Wds almost healed. still unable
to walk with ease Jossel
May 30. Wd. practically healed Jossel
June 4. Wd healed walks with
stick Jossel.

ORIGINAL 3-4-199
MEDICAL HISTORY SHEET.

Surname Cassidy Christian Name John

Examined on 9th day of February 1915
 at Windsor Ont.
 Birthplace { City or Town Scarage
 County Br.

Approved by G. R. Ramsdell
 Rank Major M.C. M.O.

Apparent age 25
 Trade or occupation Fireman
 Height 5 Feet 8 Inches
 Weight _____ Lbs.
 Chest measurement { Minimum 36 inches
 Maximum expansion 39 inches

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
<u>3-SEP 1918</u>		<u>Fit</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Physical development _____
 Small-Pox Marks _____
 Vaccination Marks { Arm Right Left 2
 Number 2

Date	Result	VACCINATIONS.
<u>June 11 1918</u>	<u>Good</u>	<u>G.C. H.H.</u> M.O.
		M.O.
		M.O.

When Vaccinated last _____
 (a) Marks indicating congenital peculiarities or previous disease _____

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>Apr 1 1917</u>	<u>Good</u>	<u>G.C.H.H.</u> M.O.
<u>" 10 "</u>	<u>"</u>	<u>G.C.H.H.</u> M.O.
<u>30/8/16 T.A.H.</u>	<u>W.P. Savill</u>	M.O.
<u>20/5/16 T.A.H.</u>	<u>J.W.</u>	

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

Enlisted on 9th day of February 1915 at Windsor Ont.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>18th Bn</u>	<u>574199</u>		
Transferred to.. ..	<u>6th Bn</u>			<u>4-1-17</u>
	<u>12th Bn</u>			<u>1-3-17</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>CCAC</u>	<u>June 30/16</u>	<u>Shrapnel W. to L. Hip</u>	<u>Fit - A.H. Hough</u> Capt
<u>Windsor</u>	<u>Dec 15/16</u>	<u>Sea foot</u>	<u>C. H. H. H. H. H.</u> Capt
<u>by W. Sandling</u>	<u>17-8-17</u>	<u>myalgia</u>	<u>Fit</u> M.O.

Witley 5/2/19 myalgia Fit M.O.
 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.

Christian Name *John*
 Surname *Cassidy*

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				
DUCHESS OF CONNAUGHT, CANADIAN RED CROSS HOSPITAL, Taplow, Bucks.		13	4	16	24	6	16	Shrapnell wd toes left foot	73	Apr 8 at St Edwi shrapnell wd outer side of 3rd toe near base. Lacerated wd. septal fracture 1st phalanges of 2nd 3rd & 4th toes. wd healed June 8. good result.	<i>J. P. Heath</i> <i>Capt & Comd</i>
Canadian Convalescent Hospital, Hillingdon House, Uxbridge.		24	6	16	30	6	16	G.S. Wd L. foot	70	Apr. 8/16 at St Edwi. Taken to W.S. Wickieboach, then to #4 Gen Hosp. Cambridge 3 days. Then Taplow 9 weeks. X-ray pictures at Taplow. Transferred to CAC for Phys Training	<i>Wm Ross</i> <i>Capt. Comd</i>
No. XI CANADIAN GENERAL HOSPITAL, MOORE BARRACKS, SHORNCLIFFE		7	5	18				D.C.T. neck	44	D.C.T. back of neck. also had 3 boils Incised. To duty - well	<i>W. Wall</i>
CANADIAN HOSPITAL, ETCHINGHILL, LYMNDE,		2	7	18	18	7	18	Latent Syphilis	17	Four injections Hg-60/6	<i>A. Stirling</i> <i>Capt. C.A.M.C.</i>
		19	7	18	31	7	18	Held for Circumcision	13	Circumcision - Discharged as out patient - no open lesions	

Rank _____ Name **CASSIDY John.** Reg'l No. **54199**
 Unit **18th Battn.** If in perm. Corps, }
 What Unit? } Married or Single **Single**
 Place and Date of Enlistment **Windsor Ont. 12th February 1915.** Place of Birth **Claremorris, Ireland**
 Name and Address, Next-of-Kin **Mrs. C. Cassidy, Scareane, Claremorris, Ireland.**
 Relationship **Mother.**

Assigned Pay Monthly \$ _____ Payable to _____

Relationship _____

Separation Allowance \$ _____ Payable to _____

Relationship _____

N/E. H.Q. No. **7350**
 File No. _____
 Category **B CANADA**

Discharge, Date and Place **1st Page of Record** Reason **filed in envelope.** 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.				
	C	Permanent Grade Pte	Acting Rank.	Nil	
		<i>93 case CD</i>			
17.2.19	CASE CD	<i>Case to be on Com to HCRs Bn</i>	Pte	Widley	15.2.19 P.O. 41.
		<i>Widley & private's Depot to</i>			
17.2.19	HCRs Bn	<i>To's from CASE CD</i>	Pte	Widley	14.1.19 P.O. 36
		To Canada			29.3.19 34-K-79.
31.3.19	17nd CW	<i>Sos to Lt 4th Can Sailing</i>	Rhyl	Nº34	29.3.19 DO. 77
19.3.19	---	<i>To's 17nd CW</i>	Rhyl	17.3.19	--- 67 20.68 d/20.3.19

Rank _____ Name **CASSIDY John** Reg'l No. **54199**
 Unit **18th Battn.** If in perm. Corps, }
 What Unit? } Married or Single **Single**
 Place and Date of Enlistment **Windsor Ont. 12th February 1915** Place of Birth **Claremorris, Ireland**
 Name and Address, Next-of-Kin **Mrs. C. Cassidy, Scareane, Claremorris, Ireland.**
 Relationship **Mother.**

Assigned Pay Monthly \$ _____ Payable to _____

Relationship _____

Separation Allowance \$ _____ Payable to _____

Relationship _____

Discharge, Date and Place _____ Reason _____ Character _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
29-4-15	O.C. 18	Arrived per St. Graupian England		29-4-15	Inform Form
12-4-15	O.C. 18th	Moved from Base to C Coy London Ont	London Ont	12-4-15	Part II order 152.
22-29/5/15	—	forfeit 1 days pay. Awl. Shorncliffe	Shorncliffe	27-5-15	— 216.
1-5/6/15	—	Cancelling order 216	—	—	— 223.
12-6-15	" "	Forfeit 1 day pay Awl West Sandling	West Sandling	9-6-15	" " " No 8
18-9-15	O.C. 18	Embarked (C Co.)	Folkestone	14-9-15	Inform. Form
21-4-16	"	Inval & transf'd to C.C.A.C. (wounded) per H.S. St Andrew and struck off strength from			
20-4-16	"	Adm. Dep Co Red + Hosp	Taplow	12-4-16	Part II 17. G.S.H. Spt Foot
24-4-16	C.C.A.C.	Taken on strength		12-4-16	C.L. B. 47. 126.
28-6-16	18th Batt	Trans to Can. Cond Hosp	Wexbridge	25-6-16	C.L. B. 98. G.S.H. S. Foot.
1-7-16	" "	Trans to Hellingdon House	Wexbridge	30-6-16	C.L. B. 101 " " " "
		on Hosp			

Original

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

CASSIDY JOHN

REGIMENT

C.A.S.C.

RANK

Pte.

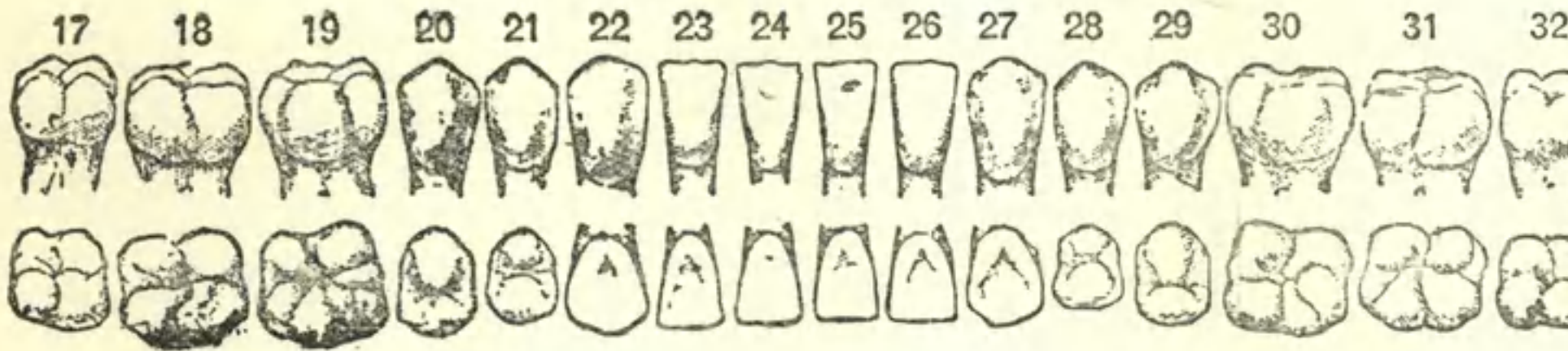
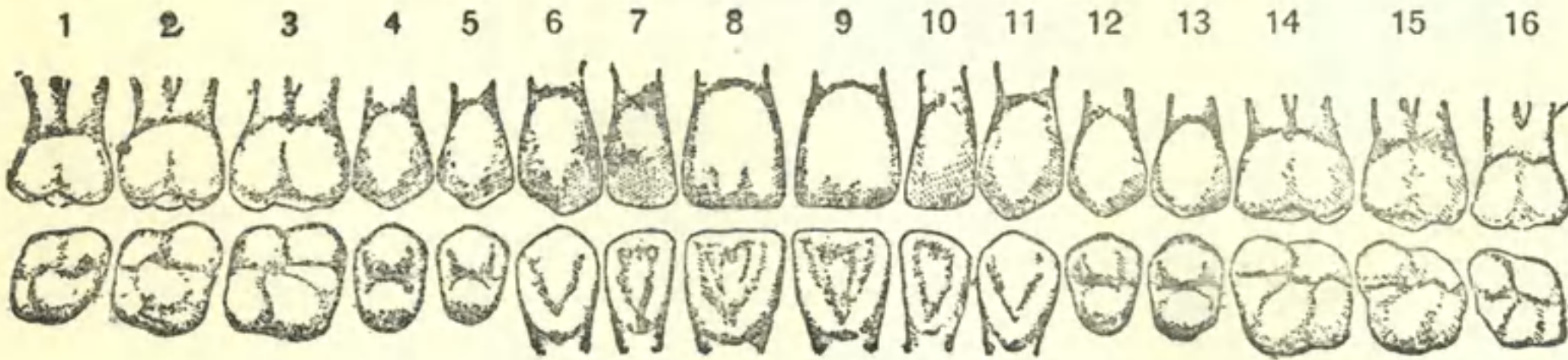
No.

54199.

Date of Examination in England

1-3-19

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

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

No

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

(a) In Canada

(b) In England

yes

(c) In France

Signature of Dental Officer

[Handwritten Signature]



CASSELL JOHN

PC

1944

1-2-19

1-2-19

War Service Badge

Casualty Form—Active Service.

CERTIFIED CORRECT.

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

Regiment or Corps 18th Battalion, C.E.F.

Regimental No. 54199 Rank Pte Name Cassidy John

Enlisted (a) 9th Feb 1915 Terms of Service (a) War Service reckons from (a) Enlistment

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

Extended _____ Re-engaged _____ Qualification (b) Serjeant

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

Nominal Roll

9-4-16	No. 4 Gen.	St. W. Side.	Admitted	No. 4 Gen.	9-4-16	W 3034, 9 ⁴ / ₁₆ .
12-4-16	do	St. W. Foot L.	Transferred	to England	12-4-16	do 12 ⁴ / ₁₆ .
12-4-16	H.S. St. Andrew	St. W. Foot.	Admitted	H.S. St. Andrew to England	12-4-16	A 36, 12 ⁴ / ₁₆ . Part II Order 17, 21 ⁴ / ₁₆ .

[Signature]
Lieutenant

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

for Lt. Col. A. A. G.

[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				
30/6/16		Transferred from Ccab to 39th Res Bn			auth Rr 11, orders.
4-1-17		39th Trans to 6th Res Bn	W Sandling	4-1-17	PT II No 3 Weybridge Capt. CAPT. & ADJ. 39TH BN. C.E.F.
4-1-17		6th Res. ^{attached} Taken on strength 6th Res Bn	W Sandling	4-1-17	PT II No 1
27-2-17		66th Res. On attachment 12th Res. ceases to be attached to 6th Res Bn.	E Sandling	1-3-17	PT II 47 Weybridge OFFICER i/c RECORDS 6th CAN. RES. BN.
19.4.17	12th	Ceases to be attached to 12th Res Bn on posting to East. Out Reg Lt Depot	W Sandling	19.4.17	PT II 99.
13-6-17	O/C 4th Can Res. Bn	S.O.S. 4th Res. Bn. on transfer to CASB Duty Depot S'cliffe	Bramshott	6-6-17	PT 2 order no 139. Lient. i/c Records 13th Res. Bn. C.E.F.
10/6/17	O.C., C.A.S.C.D.D.	Taken on strength of C.A.S.C.D.D. from 4th Res Bn.	Shorncliffe.	6/6/17.	PART II. ORDER No. 27
22-7-18	Case	S.O.S. to case Corps Depot	Do	22-7-18	PART II. ORDER No. 164 W. Wilson for O.C., C.A.S.C.
26.7.18	Case (C.D.)	T.O.S. Case of D. White in Hosp.	Do	22.7.18	Do 194. 26.7.18
5.8.18	✓	Case of Hosp. S.O.S. to case. S. Chiff	Do	1.8.18	Do 205. 5-8-18 L-041 Rec Case

Casualty Form - Active Service.

Rank *Plt* Regiment or Corps *Case*
 Surname *Cassidy* Christian Name *John*
 Religion _____ Age on Enlistment _____ years _____ months.
 Enlisted (a) *12-2-15* Terms of Service (a) *None* Service reckons from (a) *12-2-15*
 Date of promotion to present rank _____ Date of appointment to lance rank _____
 Extended { } Re-engaged { } Qualification (b) _____
 or Corps Trade and Rate _____

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			
<i>1-8-18</i>	<i>Case</i>	<i>205. from case C.D</i>	<i>Schiffe</i>	<i>1-8-18</i>	<i>Part II 178</i>
<i>7-4-18</i>	<i>Do</i>	<i>205. to case</i>	<i>Do</i>	<i>5-9-18</i>	<i>Part II 209</i>
		<i>Corps Depot for allocation Board</i>			<i>205. case</i>
<i>1/2-19</i>	<i>MSB C.D.</i>	<i>T.O.J. from base Honcliffe Witley</i>		<i>15-2-19</i>	<i>Part II 41</i>
<i>1903-19-19</i>	<i>Do</i>	<i>HAVING PROCEEDED TO Rhyll</i>		<i>17-3-19</i>	<i>Part II 67</i>
<i>1913-19-19</i>	<i>5-9-19</i>	<i>15 S.O.S. to C.C.C. Kinmel Park for return to Canada. Part II Orders No. 25</i>			
		<i>C.C.C. Kinmel Park on embarking for Canada, Part II Order No. 26</i>			

*SLI
HRR
M*

*1903-19-19
1913-19-19
5-9-19*

Thurston
LIEUT. AND ADJT.
FOR OFFICER COMMANDING
C.A.S.C. CORPS DEPOT, [P.T.O.]

(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.

Orig not available.
Army Form B. 103.

Entries made from Record Sheet. July 1918.
Regimental Number 54199

Casualty Form—Active Service.

Regiment or Corps 18th Bn
 Rank Pte. Surname Cassidy Christian Name John
 Religion R.C. Age on Enlistment 26 years 6 months
 Enlisted (a) 12-2-15 Terms of Service (a) Duration 26 mos after Service reckons from (a) 12-2-15
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and Rate
 Occupation Fireman 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...			
29-4-15.	DC. 18 th Bn.	arrives per S/S Crampian.	England.	29-4-15.	
12-4-15.	✓	S/S from base to 6 boy London.	Out.	12-4-15.	Pt. II 152.
29-5-15.	✓	Forfeits 1 day pay w/h S/Suffe.		27-5-15.	✓ 216.
5-6-15	-	banking order 216.		✓	✓ 222.
12-6-15	-	Forfeits 1 day pay w/h W. Savling.		9-6-15.	✓ 8
18-9-15	DC. 18.	Embarked. (6-60)	S ^t Stone.	14-9-15.	Inf. form

Lieut W. S. ...
for Colonel i/c Records, etc.

Ward H-2 Repl. Hospital. No. of Bed _____ Date Apr 15

Regtl. No.	Rank and Name	Corps	Part to be X-Rayed
54199	Pvt Cassidy	18 th Batt	Left Foot. Toe

SHORT HISTORY OF CASE.

(To be completed by M.O. i/c case)

Sharpell wd
3rd toe possible
fracture of phalanx

REPORT ON RESULT OF X-RAY EXAMINATION.

(To be completed by Radiographer.)

No. of Plate 1596 A+B

4 radiations of proximal phalanges
of 2nd 3rd & 4th toes, distal ends.

Signature of M.O. J. P. Slattery

Signature of Radiographer E. H. Cosley

Date Apr 15

Date April 16th / 16

No. XI. C.G.H. Moore Barracks.

.....1918

Requisition *Urinalysis*

Report

Date *10/16/18*

Colour

Li amb.

Reg. No. *S. 4199.*

S. G.

1014

Name *Pte. Cassidy*

Reaction

acid

Unit *C. A. S. C.*

Sugar

neg

Ward. *D*

Albumen

neg

Diagnosis *1. C. D. neck*

Microscopic

Exam. Req., *Positive*

Wm Dobbin Capt.

W. J. P.

.....Capt. CAMC. O.i/c Lab.,

10/16/18

Handwritten text in Arabic script, possibly a list or account, with several lines of cursive writing and some numbers.

Handwritten text in Arabic script, including a large diagonal stroke and some faint markings.

Small handwritten mark or character at the bottom left.

Surname

Christian Name or Names

Reg. No.

Rank

Unit

Co.

Troop

Batty.

Hospital

Date of Admission

Cassidy J

54199

Pu

18 Batt casb dept.

Transferred

Doyle Red X Tapan 12-4-16

Hillingdon Ho Conr 4. Wbridge Hosp 25-6-16

Mill. Hosp Sharnbury Hosp. 16-7-16

11. 6. Gen Hosp. 8. 5. 18.

C/S Etchingham 3-7-18

Diagnosis

G.S.W L. foot

(1) Later Diagnosis (if changed)

2 OS

(2) *I. b. J. Neck. as*

(3)

Additional Diagnoses: If more than one state present

*U D S R,
U. D. G. b*

DISPOSITION

Date

Dis 30.6.16

REMARKS

Dis. 18.8.16

" 20.6.18

" 1-8-18

" 14.1.19

Ch 20.4.16 B47

Q. 28.6.16 # 8/98

Q. 1.7.16 # 13/101

24.7.16 B123

23.8.16 B144

10.5.18 6208

4.7.18 C254 -1

6.7.18 C256 ②

5-8-18 6280

31.10.18 C347

28.1.19 C416

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1. *C. H. Etchingshill*

12.10.18.

2.

3.

4.

5.

6.

7.

NAME

Cassidy, John

REGT'L NO

54199

RANK AND CORPS

Plt 18th Batt

H. Q. FILE NO. 649-

FOLLOWS

No.

632X

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

N/5432

19-4-16

+

Hosp.

Adm to Duchess of Cornwall's
Hosp. Gaplow. April 12th - Wnded left foot.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
B 47	D. C. C. + Taplow	12-4-16	G.S.W. Left Foot.
B 98	Hillingdon House Conv Uxbridge	25-6-16	G.S.W. " "
B 101	Hillingdon House Conv. Uxbridge Disch.	30-6-16	G.S.W. Left foot
B 123	Mil. Shorne.	16-7-16	V.D.S. (C.C.R.C.)
B 144	" Disch.	18-8-16	V.D.S.
6281	New Can. Gen. Moore Station	18-8-18	Ib. 2 Neck
C 254	Discharged	20-6-18	" " " " case
C 256	Can. Etchinghill Lyminge	3-7-18	V.D.S. " " case
6287	Discharged	1-8-18	" " "

Number 54199 Rank *ste*

Surname CASSIDY

Christian Names *John*

Unit *18th Br. Can. Inf.* Theatre of War, *France*

Date of Service *14-9-15*

Remarks *Mr. Michael Cassidy Brother of*

2312 Kendall Ave. Detroit Mich U.S.A.

Latest Address *Jan P. O. London*

5/4/37 *Ont*

Roll No. *9*
Page 2380

RR4
RR4

947486

AUG 30 1971

SEP 15 1929

B. W. M. Put. 9/10 21
U. M. Put. 10/10 21.

DESP. APR 5 37
REGN. NO. 296

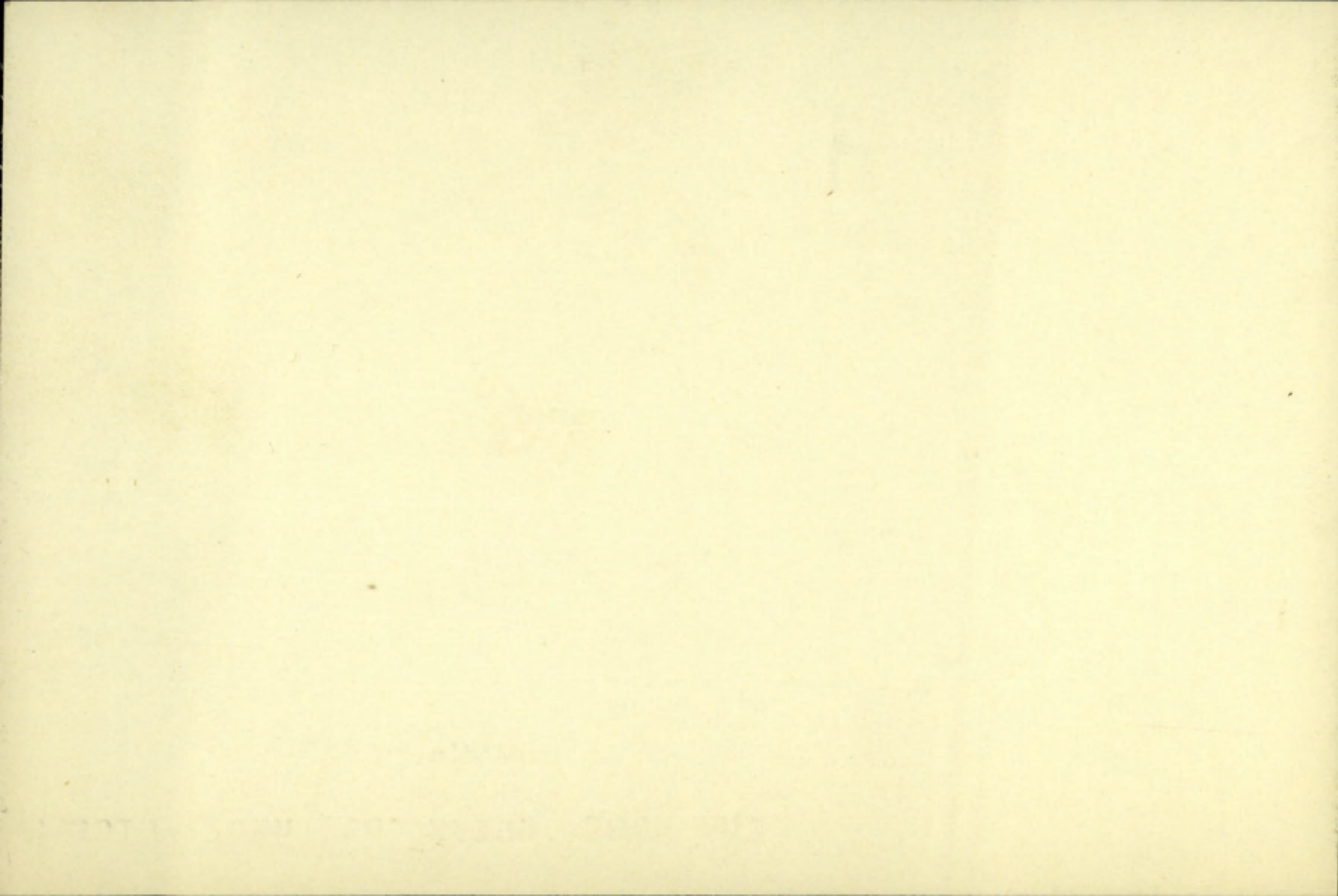
CASSIDY John Pte. 34199, 18th Bn.

649-C-34898

Medals

Star B.& V. to Brother
Mr Michael Cassidy
2312 Kendall Ave.,
Detroit Mich U.S.A.

no report



Name Cassidy, J. Rank Pte.

Reg. No. 54199

Unit 18th. Battalion.

Next of Kin Mrs. C. Cassidy, Scareane. Claremorris.
Ireland.

Date 1916.	Movement	Place	Casualty	List No.	Notified N/K J.	W.O. List
12 4	D of C C.R.C. Hosp.	Taplow	G.S.W. L. Foot	B47	19/4/16 M. 5432	20/4/16.
25 6	Hillingdon H.C.H.	Uxbridge	do	B98	27/6/16.	
30 6	Discharged		do	B101	30/6/16.	
16 7	Mil. Hosp. Shorncliffe	(CCAC)	V.D.S.	B123		
18-8	Discharged		-do-	B144		

NAME

Cassidy J.

REGT. No.

54199

RANK AND UNIT

Pt

Co. 9. Sls

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

to 347
to 416

Wansley Etchingham 12-10-18
Discharged 14-1-19

V.D.G.
20.

Name **CASSIDY**

Rank

John ^{John} _{John}

Reg. No. 54199

Unit ~~CASC. R. D.D. Av. to 3rd Res~~ **CD**Next of Kin **M^{rs} C. Cassidy, Seareane, Clarenorris, Ireland.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
11. 3	5	11. Can Gen Hq. m. B.	Selitta	ICT Neck	C 208	17711
20	6	Discharged	—	do	C 254	6211
3	7	Can. Etchinghill	Lyminge	V D S	6256	20284
1	8	Discharged	✓	do	C 280	7072
12-10-18	Admitted Can. Hospital	Etchinghill	do	(34)		29025
14-1-19	Discharged					1076
	• Corp Dept	shut				

SURNAME.

Cassidy

IK, CARD NO.

CHRISTIAN NAMES

John

Loos. 8-4-19

REGL. No.

54194

RANK

Pte.

Demob. 8-4-19

UNIT

181^{1/2}

#1.200

Rec.

FORMER CORPS

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Cassidy Mrs. E.

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

*Scarecove Claremorris
Ireland*

COUNTRY OF BIRTH

Ireland Claremorris

DATE

Aug. 15th 1886

PLACE OF ATTESTATION

Windsor, Ont.

DATE

Feb. 12th 1915

Sailed from Halifax B.S.S. Grampian

T/C 5-4-19 298 Pte.

18-4-15

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Fireman

RELIGION

R. C.

DESCRIPTION.

APPARENT AGE

25

YEARS

6

MONTHS

HEIGHT

5

FEET

8

INCHES

CHEST MEASUREMENT

36

INCHES

EXPANSION

3

INCHES

COMPLEXION

Fresh

EYES

Grey

HAIR

Brown

DISTINGUISHING MARKS

Half index finger off left hand

MEDICAL EXAMINATION.

PLACE

Windsor

DATE

Feb. 9th 1915

No. 1199
54199

RANK Pte

NAME Cassidy, J

T. O. S.

UNIT 18th Battalion

M. D. /

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Feb 9	1915 Feb 28	✓		
	Mar	✓		
	Apr	✓		

UNIT SAILED
APR 18 1915



No. XI. G.S.H. Moore Barracks.

..... 8/5/18 1318

Requisition

Report

Date

8/5/18

Colour

ant

Reg. No.

54199

S.G.

1028

Name

Pte Cassidy J

Reaction

acid

Unit

CASC

Sugar

neg.

Ward

5

Albumen

neg

Diagnosis

ICT Meck.

Microscopic

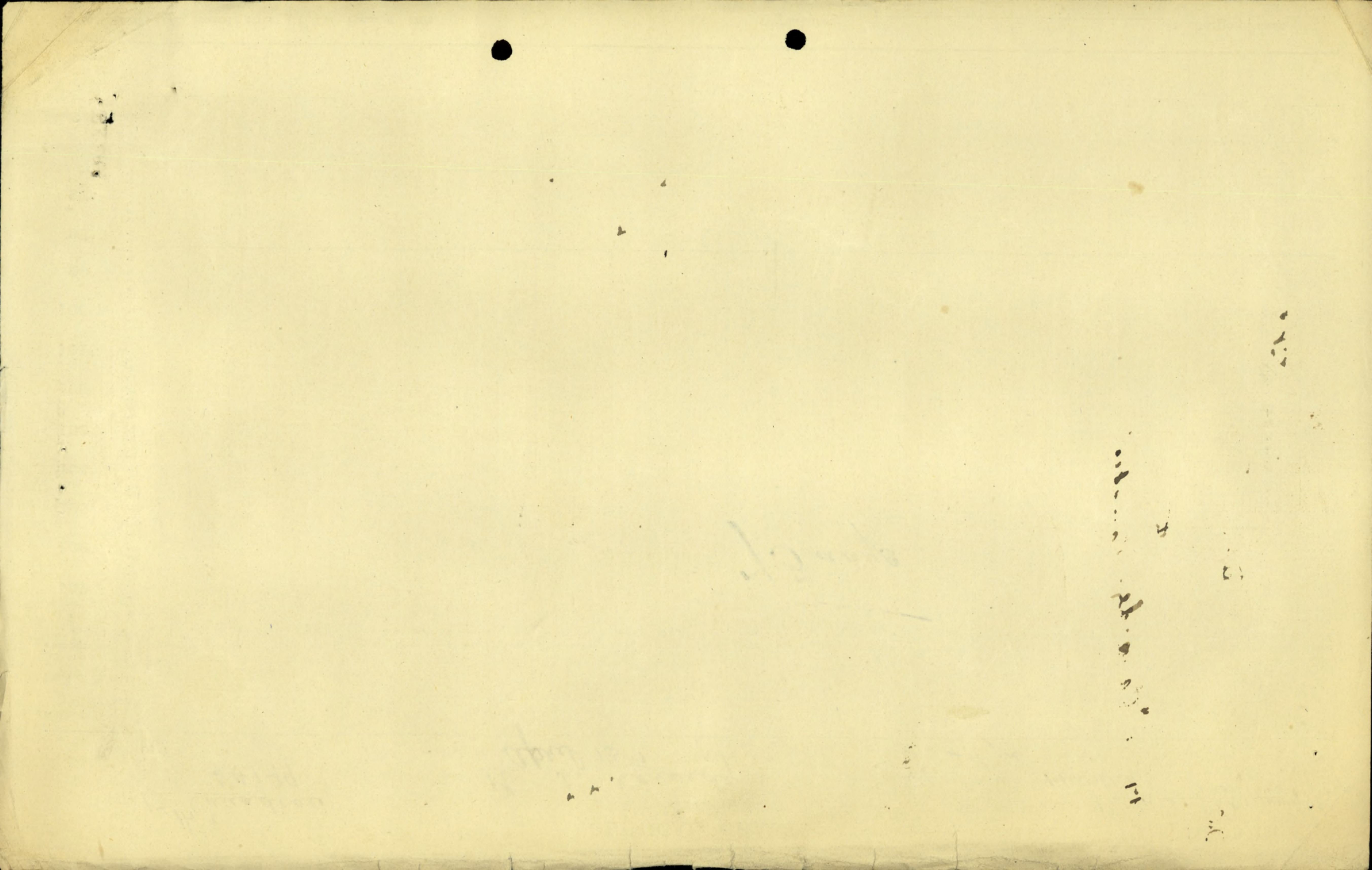
Exam. Req.

[Handwritten signature]

[Handwritten signature]

..... Capt. J.A.M.C. C.I/c. Lab.,

NE/17-4-18.



DIET AND EXTRA SHEET FOR PATIENTS IN HOSPITAL, AND EXTRA SHEET FOR DINING HALLS, AND KITCHEN SUNDRIES.

D.C.C.R.C.H. Hospital, at Taplow.

Period from _____ to _____

Regtl. No.	RANK AND NAME (Surname first)	Corps	Squadron, Troop, Company, or Battery	Age	Service	DISEASE
54199	Pfc. J. Cassidy	18th Cavalry	C. Company	29	14 mths.	gww kept foot

Ward Number	Number in Admission and Discharge Book	Admitted into hospital	Discharged from hospital	Religious denomination
H. 7		April 13 19	June 24 1916	R.C.

If allowed up during certain hours, if fit for light hospital duty, or able to take meals in the Dining Hall, state so	Date	Name of diet first time in full, afterwards abbreviated For Dining Hall, state number of patients	EXTRAS OR KITCHEN SUNDRIES (Quantities in Words)		Initials of Medical Officer (first time name in full). All spaces in which no entries have been made must be severally obliterated by the Medical Officer thus — before he signs his name or initials.
Bed	April				
33	13	Brdmex			Joslathe
	14	"			Jos
	15	"			Jos
	16	"			Jos
	17	"			Jos
	18	"			Jos
	19	"			Jos
	20	"			Jos
	21	"			Jos
	22	"			Jos
	23	"			Jos
	24	"			Jos
	25	"			Jos
	26	"			Jos
	27	"			Jos
	28	"			Jos
	29	"			Jos
	30	"			Jos
May	1	"			Jos
	2	"			Jos
	3	"			Jos
	4	"			Jos
	5	"			Jos
	6	"			Jos
	7	"			Jos
	8	"			Jos
	9	"			Jos
	10	"			Jos
	11	"			Jos
	12	"			Jos
	13	"			Jos
	14	"			Jos
	15	"			Jos
	16	"			Jos

TOTAL IN
FIGURES

I certify that the above Diets,† Drinks,† Extras,† and Sundries† were ordered by me for*
and that they were necessary.

Joslathe Officer in Charge* *patient*

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

*Insert here "Patient," "Dining hall," or "Kitchen."
†Delete as required to render the certificate complete.

REAR

4.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
2508	54199	Pte.	Cassidy J.	
Year	Unit.		Age.	Service.
1918	C.A.S.C. R & D.D.		32	36/12
No XI Com Gen Station and Date.	Disease <i>S. C. D. Neck.</i>			
Shorncliffe 7.5.18.	History:			
About one week ago, small pustule formed on back of neck. The surrounding parts painful and red.				
Boil opened yesterday & pus evacuated.				
Treatment:				
Hot Boracic lotion.				
Has had 3 boils	W.H. Robblein Capt.			
June 8 ^(E)	Neck incised -			
To lines				
H. Wall Capt.				
20 JUN 1918 DISCHARGED TO DUTY				

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

Station
and Date.

MEDICAL CASE SHEET

Blank lined area for medical notes.

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

Date	Brief details, and signature.
June.11	<p style="text-align: center;">VACCINATIONS</p> <p>reslt good. G. C.Hale.</p>
	ANTI TYPHOID INOCULATIONS
Apl.1	reslt good G.C.Hale.
10	do. do.

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

ORIGINAL

ORIGINAL
2ND ORIGINAL

Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only.
Army Form B. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname CASSIDY Christian Name John

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Scareage County Ireland

Examined ... { on 9 day of Feb. 1915.
at Windsor, Ont. 7 JAN 1919

Declared Age ... 25 years ... days.

Trade or Occupation ... Fir eman

Height ... 5 feet, 8 inches.

Weight ... lbs.

Chest Measurement { Girth when fully Expanded. 36 39 inches.
Range of Expansion 39 3 inches.

Physical Development ...

Vaccination Marks { Arm ... Right
Number 2 Left

When Vaccinated ...

Vision ... { R.E.—V=
L.E.—V=

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

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

Approved by (Signature) E.R.Cruickshank,
(Rank) Maj.

Enlisted ... at Windsor, Ont.
on 9 day of Feb. 1915.

Corps.	Regtl. No.
<u>18 Bn.</u>	<u>5 4 1 9 9</u>

Became non-effective by _____

on _____ day of _____ 1915

(Signature) _____
(Rank) _____

I certify the foregoing to be a true copy of an original entry on a Medical History Sheet of this nature for the Officer in Charge of Records Canadian Contingents.

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

This Medical History Sheet has been compared with Corresponding Attestation Paper, and entries made have been taken from the Attestation Paper.

W. R. WADE,
Colonel in Charge of Records
Canadian Contingents P.T.O.

CANADIAN

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of Days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer.
	Day	Month	Year	Day	Month	Year				
15 Cq. P. Taplow.	12	4	16	25	6	16	g.s. w Lt Foot.	74		20.4.16 B47
Hill's Hse Cow. P. Uxbridge	25 ⁴	6	16	30	6	16		6		28.6.16 B98
									discharged 30.6.16	1.7.16 B101
Mpl P. Shorncliffe	16	7	16	18	8	16	V.D.S.	33		27.7.16 B123
									discharged 18.8.16	23.8.16 B144
11. Cq. P. Shorncliffe	8 ¹	5	18	20	6	18	I.C.V. Neck	43		10.5.18 6208
									discharged 20.6.18	4.7.18 6254
C.S.P. Etchinghill	3 ²	7	18	1	8	18	V.D.S.	29		6.7.18 6256
									Discharged 1.8.18	5.8.18 6280
C.P. Etchinghill	17	10	18				V.D.S.			31.10.18 6347
CANABIAN HOSPITAL ETCHINGHILL, LYMINGE.	11	10	18	16	11	18	Gonorrhoea	56	A fresh acute anterior urethritis, with positive	
	17	11	18	13	1	19	held for Papers.	58	G.C. smear, treated with Zincedonium injections 1-4000 strength daily - Progress rapid. No complications Negative smears. Prostate normal - both urethras clear - + no discharge - apparently cured ✓	C. J. Smith Capt. C.M.D.

1 PM 44-10-1026

26

AUDITOR *[Signature]* PAYMASTER *[Signature]*

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

M. OR S.

REGT. No. 54199 RANK Pte. NAME (IN FULL) Cassidy John

NEXT OF KIN <i>Mrs C. Cassidy Mother</i>	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F. <i>18th Bn</i>	IF IN P.F. WHAT UNIT? <i>General DeWitt</i>	(BLOCK LETTERS SURNAME FIRST)
ADDRESS <i>Scardane Coleremoins Ireland</i>					PLACE OF ATTESTATION <i>London</i>	TRANSFERRED TO <i>50th D.D.#1</i>	DATE <i>29-3-19</i>
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				DATE OF ATTESTATION <i>12-2-15</i>	TRANSFERRED TO	DATE
TO WHOM PAID	RELATIONSHIP				ASSIGNED PAY \$ <i>20 Paid and Closed by Ottawa</i>	DATE EFFECTIVE <i>England 1-4-19</i>	
ADDRESS <i>Nie</i>					PAYABLE TO <i>Mrs C. Cassidy Mother</i>	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
					ADDRESS <i>Scardane Coleremoins Ireland</i>		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED <i>London 8-4-19</i>	PLACE	DATE
						REASON <i>Dem</i>	AUTHORITY <i>DD. 98</i>
							IF ENTITLED TO POST DISCHARGE PAY

OK

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE	
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2					COL. NO. 3	DEBIT
28/2/19				121 17												
Mar to April	10	48 40	35 40	153 40				487 5	254 97			973	274 57			
WAR SERVICE GRATUITY																
183 days			420 00	420 00												
									64 50				344 50			
									70				280 00			
									70				210 00			
									70				140			
									70				70			
			420 -	420 -					414 50			5 50	420 00			

PARTICULARS OR REMARKS

Retd per Baronia 5/4/19

BAL. ENR. L.P.C. 28-2-19

PAY TO ESTIMATED DATE OF DISCHARGE - nil

13-1-19

BOAT MONEY TRAIN MONEY

Advance 13-3-19 (912) cap per [unclear]

W.M. Martineau Maj

Soldier dependent

1st payment 21/4 as above

550

charged to adjust date of discharge 5 May 1919

MAY 9 1919 781 96

7.6.19 892 47

JUL 5 1919 1020 77

7/8/19 1150 24

SEP 4 1919 1164 679

3apr

Handwritten text, possibly a date or reference number, located on the left side of the page.

Handwritten text, possibly a date or reference number, located on the left side of the page.

ASSIGNED PAY. ENGLAND or CANADA. SEPARATION ALLOWANCE. ENGLAND or CANADA.
EFFECTIVE DATE: 1-7-15
AMOUNT: 2000

NAME: CASSIDY John
NUMBER: 54199
PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY
Mrs C Cassidy
Scarboro
Clare Morris
mother
Mrs
stopped off 1.4.19

AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT
Pt6
UNIT AND TRANSFERS
ORIGINAL UNIT:-
DATE ACCOUNT FIRST OPENED:-
AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T'SFD UNIT TRANSFERRED TO
Cassidy
Conduct

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
25/11		24005	2740	6/23		Reagan Bal	18702
11/9		Guin DP	997			Extracts	6585
11/1	3399	etch	245			RTB	12117
28/1	4274	wrt	358				
13-2461		stop wrt	2100				

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE: Can 28/19 MR 3102 Witley/Witley MA!

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
									11857100		
				AS454 L.V.V			20		9857		
Apr	RP	33		5ak 11 Refe 19/4	487				13157		
				12ak 435 case 25/4	973				12670		
		33			1460		20		11697		
May	RP	3410									
				AN 5555			20		13107		
				4ak 498 11 Jun Hoop	487				12620		
				8. 979. 11 "	973				11647		
		3410			1460		20				
June		33							14947		
				1630455 L.V.V			20		12947		
				5ak 1185 MASH 22/6	973				11974100		
		33			973		20				
July		3410									
				99653 L.V.V			20		13384		
				2ak 1253 etch 12/7	243				13141		
		3410			243		20				
Aug		3410									
				AN 1053 L.V.V			20		14551		
				2ak 2066 case 6/8	487				14062		
				1ak 184 ✓ 12/8	487				13577		
				2ak 2115 ✓ 26/8	487				13090		
		3410			1461		20				
Sep		33							4396		
				1ak 7327 L.V.V	487		20		13903100		
		33			487		20				

NUMBER 54199 RANK

NAME

Cassidy J

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									13903		
Oct		3410		05925, L. 2.2			20		15313		
				3045 Pay 10 50.2/10252 Refe			SSO		14763		
		3110					SSO 20				
Nov		33		093015 L. 2.2			20		16063		
				653215 L. 2.2			20				
Dec		3410							17473		
Jan		3410		09615 L. 2.2			20		18883		
				AN3103 Blch 13/11	243				18640		
				AN2778 chch 14/11	243				18397		
		10120			486		60				
Feb	Deputy Int	3080		095614 - L. 2.2			20		19477		
		1225		0114 " Man f L. 2.2			20		18707		
				67/3399 Blch 11/11	243						
				86/4274 " 38/11	70				17729		
				131/1710 " 10/11 DO36 H Res 2		2160			15569		
				720/4611 H Res 14/7	243				13136		
				158/5833 cha 16/3	978				12163		
		4305			4379	2160	40				
				get written with July L. 2.2			20		10163		
				651190 man issue							
				written again in March in error			60				

F5/10

Bob loan 29/3/19 SL 34

SYPHILIS CASE-SHEET.

Regtl. No. *54144* Rank and Name *Cpl. Cassidy J.* Corps *C.O.S.C.*

Placed on Syphilis Register at *CANADIAN HOSPITAL* on *7.7.18* No. in Register

Disease contracted at *ETCHINGHILL, LYNNINGE* *London* Primary sore appeared on (date) *2 years ago*

CONDITION WHEN PLACED ON REGISTER.
 Thickened m.m. in sulcus evidently due to repeated attacks balanitis
 Primary sore—character and site *at present there are multiple minute lesions in sulcus and on glans condition being a low grade Balanitis*
 Lymphatic glands *All shotty*
 Skin (nature and distribution of rash) *neg.*

Mucous membranes *neg.*

Other symptoms *neg.*

Examination of exudate from sore—Spirochaeta Pallida (present or absent)

Examination of blood serum—(Method employed (original or modification) *Original*)
 Wassermann reaction (Result (positive or negative) *Positive xxx*)

Station *CANADIAN HOSPITAL* *ETCHINGHILL, LYNNINGE* Date *7.7.18* Signature of M.O. *A. Stirling Capt*

Struck off Syphilis Register at _____ on _____

Cause of being struck off Register { (a) Recovered
 (b) Transferred to Army Reserve
 (c) Discharged from Army }

Station _____ Date _____ Signature of M.O. _____

Signature of M.O.
 (Each M.O. will sign his name in full on the first occasion; subsequent entries may be initialled)

Treatment	Other Methods	
	Mercurial	Injections or Oral (Preparation and dose)
Mercurial	In grains	
	Dose of Metallic Mercury	
Intramuscular Injection	Neo-Salvarsan	
	Salvarsan	
Arsenical	Intravenous Injection. Dose in grammes	
	Wassermann Reaction	Result { Positive (+) Negative (-)
Wassermann Reaction	Method	Original (O.) Modification (M.)
	Urine	Normal (N.) Albumen (Alb.)
Weight clothed, without boots—lbs.		

Symptoms and progress (Date of admission to hospital, and date of discharge from hospital, to be entered in red ink.)

Date

Station

OPINION OF THE MEDICAL BOARD

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

Yes.

19. Is the invalid fit for

- (a) General service, (b) Service abroad, not general service, (c) Home service (Canada only), (d) Temporarily unfit, (e) Unfit for service in Categories A, B and C

(Category A) (Yes or No.) B.I. (" B) (Yes or No.) (" C) (Yes or No.) (" D) (Yes or No.) (" E) (Yes or No.)

20. It is certified that the invalid

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

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

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

Boarded for return to Canada. Auth. A.G.1/9083 of 11-11-18.

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

N.J. Barton. Major. C.A.M.C. President.

PLACE Witley

Jas. L. Hammond. Capt. C.A.M.C. Members

DATE 5-3-19

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

President.

PLACE

DATE

APPROVED BY

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



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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed. 2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. 3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. 4. Special care is required in answering question 9. Read the questions carefully. 5. If space provided under any section is insufficient add another sheet. 6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board." 7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly. 8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Witley DATE 28-2-19

1. 1 (a) Unit C.A.S.C. (b) Regimental No. 54199 (c) Rank Pte

(d) Surname Cassidy. (e) Christian name John.

(f) Home address G.P.O. London. Ont. Canada.

(g) Next of Kin Mrs. Katherine. Cassidy. (h) Relationship Mother

(i) Address of Next of Kin Scardane, Claremorris. Co. Mayo. Ireland.

2. Age last birthday 33 Date of birth 15-8-1885

3. Enlistment, or Appointment (if an Officer) (a) Place Windsor. Ont. (b) Date 9-2-15

4. Personal description:

(a) Height 5-7 1/2 (b) Weight 155 (c) Complexion Pale

(d) Colour of hair D. Brown (e) Colour of eyes Blue. (f) Identification marks, Scars, etc.

Index finger of left hand amputated at 2nd. joint.

5. Former trade or occupation Farmer.

Table with 2 columns: Years, Days. Row 1: 4, 19

Table with 2 columns: From, To. Rows: Canada (9-2-15 to 15-4-15), England (27-8-15 to 14-9-15), France or other theatres of War (14-9-15 to 16-4-16)

7. Original disease, or injury a. Comp. Fract. 1st. phalanges 2nd. 3rd. 4th. toes left foot. b. Myalgia in back.

(a) Date of origin 1.8-4-16. 2. Feb. 1916. (b) Place of origin a. St. Eloi. b. France.

(c) Cause a. G.S.W.. b. Active service conditions.

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

a. (Ankylosis of toe.) Foot condition now alright gives no trouble.

b. (Myalgia Back). Pains at times in the lumbar muscles, especially in damp weather.

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

Man well nourished, well developed. Healthy. No restrictions of movement of back. No tenderness on pressure.

Third toe of left foot second ~~xxx~~ joint ankylosed, gives no trouble. Fracture of 1st phalangeal of 2nd, 3rd, & 4th. toes.

Man States:- Foot condition gives no trouble now, only at times gets pain in back especially in damp weather.

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

Nervous System..... No Cardio-Vascular System..... No Genito-Urinary System..... Yes. (If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
Special Senses..... No Respiratory System..... No Integumentary System..... No
Disturbances of Mentality..... No Digestive System..... No Muscular System..... No
Osseous and Joint Systems..... No Any other general condition..... No.

Patient has had V.D.S. 2-7-18 full treatment. V.D.G. 11-12-18. Urinalysis:- 1014, acid. Alb. & Sug. Nil.

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

a. On St. Etloi front in France 8-4-16 was wounded in left foot, sent to Hosp., there nearly 3 months. Boarded at Sandling Aug. 17th 1917. Marked. B.11. After transferred to C.A.S.C. and carried on there ever since.

b. States that pains in back began in Feb. 1916 while in France due to active service conditions.

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

Measles 15 years ago. V.D.S. 2-7-18. V.D.G. 11-12-18.

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

Second joint of index finger of left hand missing. Accident prior to enlistment.

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

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

N.A.

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

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 3 months.

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

Ma be return ed to Canada and kept under observation and get further treatment if needed for V.D.S. (Spec.Report).

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

No.

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

17. Recommendations To: Pres. S.M.B. Witley. No. 54199 Pte. The marginally named man has no infective lesion J. Cassidy. of Syphilis. He may be returned to Canada and should be kept under observation and get further treatment if needed.

Sgd. Lt.G.Hout. for Witley. 4-3-19. Capt. C.A.M.C.

W.H.G. Gibbs, Capt. C.A.M.C. Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

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

I complain in addition of

J. Cassidy. Pte. Rank. Signature of invalid examined.

J.L.H.

OPINION OF THE MEDICAL BOARD

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

Yes.

19. Is the invalid fit for

- (a) General service, (b) Service abroad, not general service, (c) Home service (Canada only), (d) Temporarily unfit, (e) Unfit for service in Categories A, B and C

- (Category A) (Yes or No.) (" B) (Yes or No.) (" C) (Yes or No.) (" D) (Yes or No.) (" E) (Yes or No.)

B.I.

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Boarded for return to Canada. Auth. A.G.1/9083 of 11-11-18.

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

N.J. Barton, Major, C.A.M.C. President.

Jas. L. Hammond, Capt. C.A.M.C.

Members

PLACE Witley

DATE 5-3-19

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

President.

PLACE

DATE

APPROVED BY

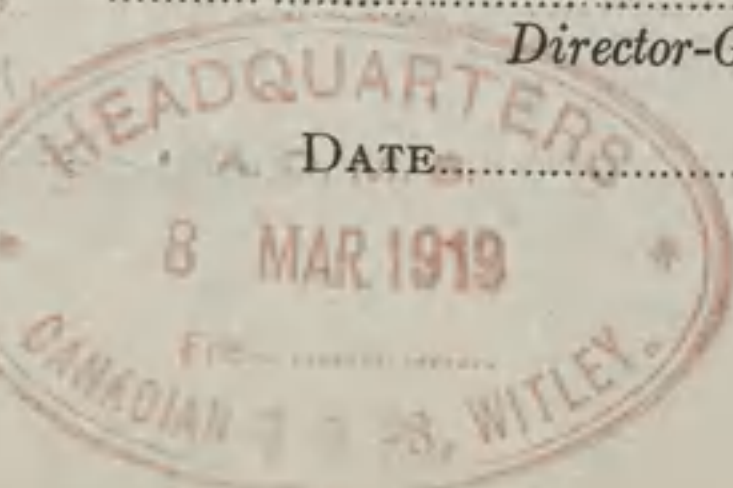
APPROVED BY

Assistant Director of Medical Services.

Director-General of Medical Services.

DATE

DATE



MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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(d) Surname Cassidy (e) Christian name John

(f) Home address G.P.O. London, Ont. Canada

(g) Next of Kin Mrs. Katherine Cassidy (h) Relationship Mother

(i) Address of Next of Kin Scardane, Clatsmorris, Co. Mayo, Ireland

2. Age last birthday 33 Date of birth 15-8-1885

3. Enlistment, or Appointment (if an Officer) (a) Place Windsor, Ont. (b) Date 9-2-15

4. Personal description:

(a) Height 5-7 1/2 (b) Weight 155 (c) Complexion Pale

(d) Colour of hair D. Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc.

Index finger of left hand amputated at 2nd. joint.

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Table with 2 columns: From, To. Rows: Canada (9-2-15 to 15-4-15), England (27-8-15 to 14-9-15), France or other theatres of War (14-9-15 to 16-4-16).

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(a) Date of origin 1. 8-4-16. 2. Feb. 1916. (b) Place of origin a. St. Eloi. b. France.

(c) Cause a. G.S.W. b. Active service conditions.

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

a. (Ankylosis of toe.) Foot condition now alright gives no trouble.

b. (Myalgia Back). Pains at times in the lumbar muscles, especially in damp weather.

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

Man well nourished, well developed. Healthy. No restrictions of movement of back. No tenderness on pressure.

Third toe of left foot second ~~xxx~~ joint ankylosed, gives no trouble. Fracture of 1st phalanges of 2nd, 3rd, & 4th toes.

Man States:- Foot condition gives no trouble now, only at times gets pain in back especially in damp weather.

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

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

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

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

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

Patient has had V.D.S. 2-7-18 full treatment. V.D.G. 11-12-18.

Urinalysis:- 1014, acid. Alb. & Sug. Nil.

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

a. On St. Eloi front in France 8-4-16 was wounded in left foot, sent to Hosp., there nearly 3 months. Boarded at Sandling Aug. 17th 1917. Marked. B.11. After transferred to C.A.S.C. and carried on there ever since.

b. States that pains in back began in Feb. 1916 while in France due to active service conditions.

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

Measles 15 years ago. V.D.S. 2-7-18. V.D.G. 11-12-18.

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

Second joint of index finger of left hand missing. Accident prior to enlistment.

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

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

N.A.

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

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 3 months.

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

Ma be returned to Canada and kept under observation and get further treatment if needed for V.D.S. (Spec.Report).

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

No.

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

17. Recommendations. To: Pres. S.M.B. Witley.

No. 54199 Pte. The marginally named man has no infective lesion J. Cassidy of Syphilis. He may be returned to Canada and should be kept under observation and get further treatment if needed.

Witley. 4-3-19. Sgd. Lt. G. Hout. for Capt. C.A.M.C.

W.H.G. Gibbs. Capt. C.A.M.C.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

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

I complain in addition of

J. Cassidy. Pte. Rank.
Signature of invalid examined.

J.L.H.

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 Statement Q.M.G. Form (D.O.S. 2), and Clothing)
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 A
Checked by No. 19

Date 25-3-19

6/

War Service Badge Class "A" No. 259185

SHORT FORM.
PROCEEDINGS ON DISCHARGE
(Demobilization.)

M.D.1
H

1. No.	<u>54199</u>
2. Rank.	<u>Pte</u>
3. Name.	<u>Cassidy, Jno.</u>
4. Unit.	<u>18th Bn</u>
5. Date of Discharge	<u>8/4/19</u>
6. Reason for Discharge	<u>RESERVE</u>
7. Authority.	<u>C.A.D.C. (C.A.D.C. 5009a)</u>
8. Proposed Residence after Discharge	<u>London ont</u>
9. CERTIFICATE TO BE SIGNED BY SOLDIER.	
10. CONFIRMATION.	

Category B1
Next of Kin mother
Occ. Group T
Destination Wbo. London ont
Casualty? yes
Decorations none
Service in France 7 LOS.

644
1936
6 2489

M. F. W. ? SLI-1111 MAR 29/19
ARR HIX APL 5
J Cassidy M T CARON 11+

Signature of Soldier.

Place SOS dispersed
Date 8/4/19 D.O. No. 93
J. Speyer
FOR O.C. DISP STA K

Signature..... (O. C. Discharging Unit.)

