

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

Doc 88.10 — 1
a2B122 — 1
m2W82 — 1
m2W67 — 2
Dental History Sheet 1
Ship Cert

M. F. W. 62
50M-9-16
H. Q. 1772-39-935

Deserters
DISCHARGE DOCUMENTS

Name *CAUGHEY James*

Regt. No. *3320163* Rank *Pte*

Corps *2nd Depot Bn. E.O.R.*

S.O.S. 7-2-18

12400

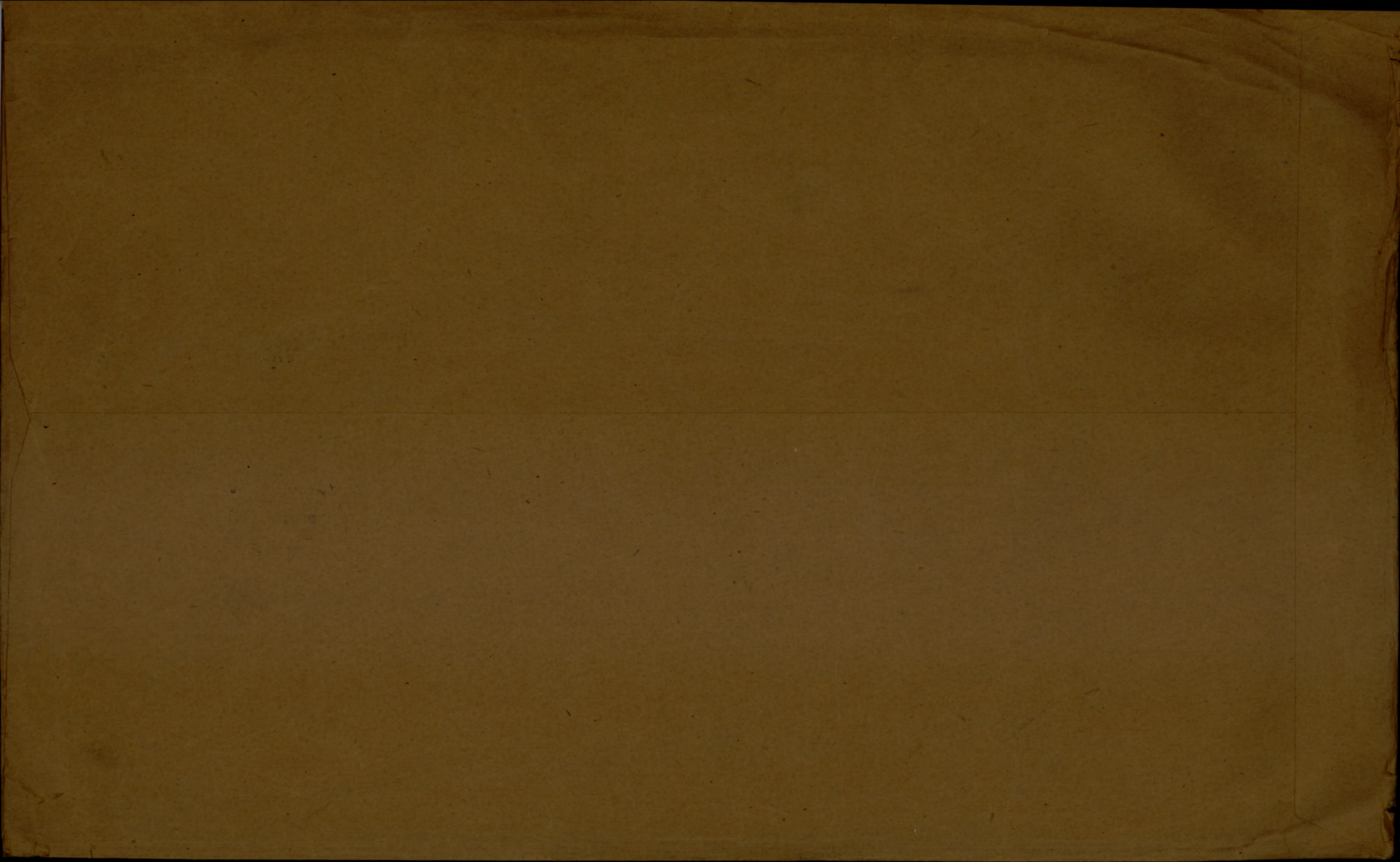
R. O. No.

H. Q. No. *524-384*



2
41 30
10 30
5 20

2



PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

ORIGINAL

1. Surname Caughey

2. Christian name James Ball

3. Present address Pembroke Ont. Box 176

4. Military Service Act letter and number
(If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)

5. Date of birth 10th June 1895

6. Place of birth Pembroke Ont.
(town, township or county and country)

7. Married, widower or single Single

8. Religion Presbyterian

9. Trade or calling Automobile Mechanic

10. Name of next-of-kin Mrs. Mary Caughey

11. Relationship of next-of-kin Mother

12. Address of next-of-kin Pembroke Ont. Box 176

13. Whether at present a member of the Active Militia No

14. Particulars of previous military or naval service, if any 3 months in 42nd Battalion

15. Medical Examination under Military Service Act :—
(a) Place Ottawa Ont (b) Date 17th June 18 (c) Category All

DECLARATION OF RECRUIT

I, James Ball Caughey, do solemnly declare that the above particulars refer to me, and are true.

James Ball Caughey (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 23 yrs. 0 mths.

Height 5 ft. 10 ins.

Chest measurement } fully expanded 38 ins.
range of expansion 3 ins.

Complexion Fair

Eyes Hazel

Hair Brown

Distinctive marks, and marks indicating congenital peculiarities or previous disease.
Double Otitis media

W. J. Synnally
O. C. Depot Btin.
O. C. 2nd. Depot Batt., E. O. R.

Place OTTAWA Date JUN 17 1918

Service records from 20-1-18 as per card from

Serial 22018

PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT 1917

Class 1A

1. Name	James Ball
2. Christian name	James
3. Present address	Tembroke Cott. Box 176
4. Military service Act number and number of the 1917 Act	
5. Date of birth	10th June 1892
6. Place of birth	Tembroke Cott.
7. Height, without shoes	5ft 10in
8. Region	Wessex
9. Trade or calling	Travelling
10. Name of regiment	London Regiment
11. Relationship to next of kin	None
12. Address of next of kin	Tembroke Cott. Box 176
13. Whether applicant member of the 1917 Act	No
14. Particulars of previous military service	London Regiment
15. Medical examination order number	
16. Particulars of previous military service	

DECLARATION OF RECRUIT

I, James Ball, do hereby declare that the particulars given in the above form are true and correct to the best of my knowledge and belief.

DESCRIPTION ON CALLING UP

Age	25
Height	5ft 10in
Weight	140lb
Complexion	Dark
Build	Slender
Stature	Medium
Complexion	Dark
Build	Slender
Stature	Medium
Complexion	Dark
Build	Slender
Stature	Medium

Signature of Recruit: James Ball
 Signature of Officer: [Illegible]
 Date: [Illegible]

CANADIAN EXPEDITIONARY FORCE *War Service Badge Class.....*

DISCHARGE CERTIFICATE *No. 11277 Issued*

THIS IS TO CERTIFY that No. *3320183* (Rank) *pte*

Name (in full) *Caughy James Ball* enlisted in
the *2nd Depot Bn* *E.O.R.*

CANADIAN EXPEDITIONARY FORCE at *Ottawa* on the *seventh*
day of *January* 19*18*

HE served in *6th Canadian Res. Bn* *England*

and is now discharged from the service by reason of *Demobilization.*
~~Medical Unfitness.~~


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

Age *23*
Height *5' 10"*
Complexion *Fair*
Eyes *Grey*
Hair *Fair*

Marks or Scars *scar on left hip.*

J.B. Caughy
Signature of Soldier.

W. Sullivan
Issuing Officer.

Date of Discharge


L.
Rank

Date..... 19.....

NB.- 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.

Top

3250183

2-18-18
F. O. R. **aa**

Station

January 18
The Commission



44-C-468

ORIGINAL

3

M. D.

2nd. DEPOT BATTALION,
Eastern Ontario Regiment.

Depot Battalion

Regiment

Regtl. No. 3320183

PARTICULARS OF RECRUIT

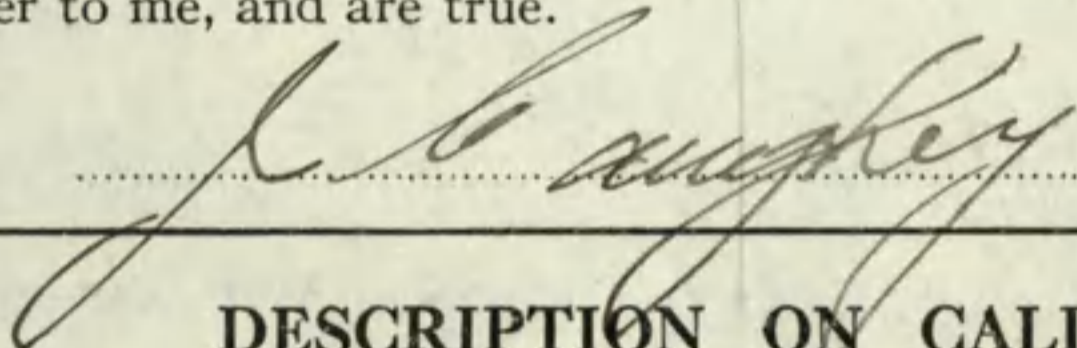
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class..... 1))

1. Surname..... **Caughey**
2. Christian name..... **James**
3. Present address..... **Pembroke Ontario**
4. Military Service Act letter and number..... **P.C. 976752**
5. Date of birth..... **June 10th 1895**
6. Place of birth..... **Pembroke Ontario**
(town, township or county and country)
7. Married, widower or single..... **Single**
8. Religion..... **Presbyterian**
9. Trade or calling..... **Auto expert**
10. Name of next-of-kin..... **Mrs J. Caughey**
11. Relationship of next-of-kin..... **Mother**
12. Address of next-of-kin..... **Pembroke Ontario**
13. Whether at present a member of the Active Militia..... **No**
14. Particulars of previous military or naval service, if any..... **3 mths in 42nd Rgt.**
15. Medical Examination under Military Service Act:—
 (a) Place..... **Renfrew Ont** (b) Date..... **Nov 3rd 1917** (c) Category..... **A 11**

DECLARATION OF RECRUIT

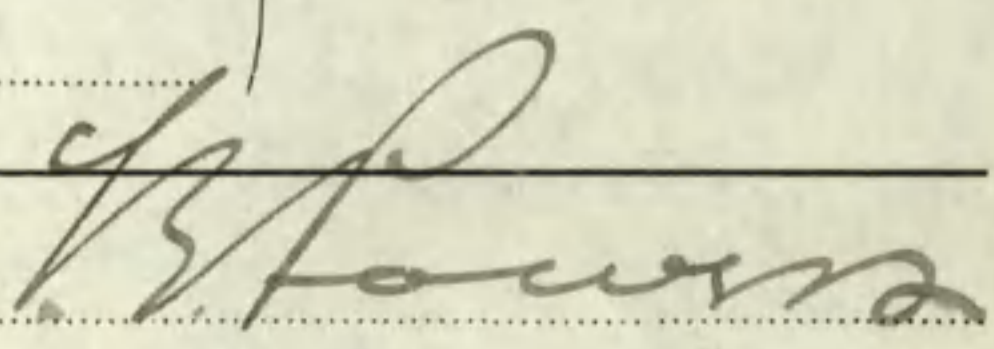
I, **James Caughey**, do solemnly declare that the above particulars refer to me, and are true.



(Signature of Recruit)

DESCRIPTION ON CALLING UP

- | | | | | | |
|--|--------------------|-------------------------|------------|-----------|--|
| Apparent age..... | 22 | yrs..... | 5 | mths..... | } Distinctive marks, and marks indicating congenial peculiarities or previous disease.
Moderately flat feet. |
| Height..... | 5 | ft..... | 10½ | ins..... | |
| Chest measurement }
fully expanded..... | } | range of expansion..... | 38 | ins..... | |
| | | | 3 | ins..... | |
| Complexion..... | Fair | | | | |
| Eyes..... | Blue | | | | |
| Hair..... | Light Brown | | | | |



O. C. Depot Btln.
2nd. DEPOT BATTALION,
Eastern Ontario Regiment.

JAN 30 1918

OTTAWA

Place..... Date.....

Handwritten mark

ORIGINAL

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

Class 1

1. Surname: Garghey
 2. Christian name: James
 3. Present address: Rembroke Ontario
 4. Military service Act form and number: 270758
 5. Date of birth: 10th 1898
 6. Place of birth: Rembroke Ontario
 7. National service or other description: 1. Single
 8. Religion: Presbyterian
 9. Trade or calling: Auto expert
 10. Name of next-of-kin: Mrs. J. Garghey
 11. Relationship next-of-kin: Mother
 12. Address of next-of-kin: Rembroke Ontario
 13. Whether at present a member of the Armed Forces: No
 14. Particulars of previous military or naval service: 5 months in 42nd Bde.

15. Medical Examination under Military Service Act: 11
 16. Name: Rennie Galt
 17. (a) Date: Nov 21st 1917
 18. (b) Place: Rembroke Ontario
 19. (c) Category: A 11

DECLARATION OF RECRUIT

I, James Garghey, do solemnly declare that the above particulars are true, and are true to the best of my knowledge and belief.

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Age: 22
 Height: 5' 10"
 Complexion: Fair
 Eyes: Blue
 Hair: Light Brown

Build: Slender
 Complexion: Fair
 Eyes: Blue
 Hair: Light Brown

Markings: None
 Scars: None
 Tattoos: None

THE DEPOT BATTALION
 OTTAWA

Place: Ottawa
 M.T.W. No. 1111
 Date: 21st Nov 1917

Date of Enlistment 7-1-18

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch C 15445

1 Aug. 1918

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

\$ 20.00			
----------	--	--	--

9^h 7⁶ 14
JUL

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. _____
 Rank _____ Promoted _____ Reverted _____ Discharge _____
 Soldier's Name _____
 Battalion 2nd Depot Bn. E.C. Regt. 80 Dft.
 Beneficiary _____
 Relationship _____
 Address _____

Name _____
 Address _____
 Change of Address _____
 1 MRS. JOHN CAUGHEY, C15445
 BOX 176,
 2 PEMBROKE, ONT. 20 20.00
 3 % 3320183 PTE JAMES BELL CAUGHEY
 4 TWENTY DOLLARS

Date 1918	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Aug	E 34010		20	20	✓
SEPT	9 41796		20	20	✓
Oct	1 50989		20	20	✓
Nov	5 51007		20	20	✓
Dec	11 66463		20	20	✓
Jan	1 71454		20	20	✓
Feb	1 81518		20	20	✓
Mar	4 83058		20	20	✓
APR	1 1960		20	20	✓
May	7 7426		20	20	✓
Jun	8 10589		20	20	✓
JUL	C 12482		20	20	✓
			240		

2956-f-50



M. F. W. 128.
4000-5-17-1774-39-1141
L. L. 2320-M. & D. 7863.

AUDITED

Ret'd per... *Belgie*
 Date. 1-7-19... M.F.W. 181 M.O. 3.
 Closed... M.O. 119384

M.O. 3. B. 8.
 l. P.ritchard
 25-7-18

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date

Cheque No.

Amount S/A

Amount A/P

Total

REMARKS

M. F. W. 128.
FORM 6-7-1772-33-1141
L. L. 22320-M. & D. 7893.

80th DFT. 2nd BN R O R

CR. Rank Name CAUGHEY, James Ball. Reg'l No. 3320183.
 Unit If in perm. Corps, }
 What Unit? } Married or Single Single.
 Place and Date of Enlistment Ottawa, June 17th.1918. Place of Birth Pembroke, Ont.
 Name and Address, Next-of-Kin Mrs. Mary Caughey,
 Box 176 Pembroke, Ont., Canada. Relationship Mother.

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason Character

N/E. R.B. N° 14508
 File R.L.
 Category Can O.R.

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.				
		Arrived in England		22-7-18	S/S TUNISIAN
20-7-18	6 th Res Bn	S.O.S. from Canada	Seaford	22/7/18	Do 148
23.6.19.	"	S.O.S to Canada	"	23.6.19.	Do.141 S.L 71.

71-G-42

23-6-19

3320183
PC976752

2nd. DEPOT BATTALION,
Eastern Ontario Regiment
MILITARY SERVICE ACT, 1917.

M.S.A. 15.

ORIGINAL

No. 1902

MEDICAL HISTORY SHEET.

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

1. Surname Caughey Christian name James
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule. Not Available
3. Consecutive number on schedule of men reporting for service (if he appears on it) Not Available
4. Address (including street and number, if any) Pembroke, Ont.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 3rd day of November 1917, by the undersigned medical board sitting at Renfrew, Ont.

5. Age as stated 22 Years 5 Months. 6. Apparent age 22 Years 5 Months
7. Height 5 Feet 10 1/2 Inches. 8. Weight 170 Pounds.
9. Chest measurement { Minimum 35 Ins. 10. Complexion Fair { Eyes Blue
Maximum 38 Ins. Hair L. Brown
11. Physical development. Good { Good Fair Poor 12. Smallpox marks None
13. Number of vaccination marks { Right arm _____ 14. When vaccinated last 1905
Left arm I
15. Distinctive marks and marks indicating congenital peculiarities or previous disease _____

Vision RD I5 LD I5 Hearing Normal

16. Slight defects but not sufficient to cause rejection Moderately flat feet.
The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis
(Strike out disease admitted or suspected.)

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

AII

W. James Capt. C.A.M.C. President.
A. H. ... Capt. C.A.M.C. Member.
W. ... Capt. C.A.M.C. Member.

Signature of Man *James Caughey*

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
26-1-18		<i>W. Shullington</i> M.O.	26-1-18		<i>W. Shullington</i> M.O.
		M.O.	2-2-18		<i>W. Shullington</i> M.O.
		M.O.	5-2-18		<i>W. Shullington</i> M.O.

Joined 7th day of JANUARY 1918 at OTTAWA

CORPS	REG'TL NUMBER	HABITS	DATE
<u>2ND DEPOT BN. E.O.R.</u>	<u>3320183.</u>		<u>7-1-18</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

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

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				
		3	8	18	9	8	18	Syph. Balanitis	7	Local toilet. Circumcision. declared. No Stoppages.	H.H. Espino W. Chusheff



Christian Name
Surname

MEDICAL HISTORY SHEET.

ORIGINAL

1. Surname Baughy Christian name James
 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule
 3. Consecutive number on schedule of men reporting for service (if he appears on it)
 4. Address (including street and number if any) Pembroke, Ont.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 21st day of June 1918, by the undersigned medical board sitting at Ottawa

5. Age as stated 23 Years Months. 6. Apparent age Years Month
 7. Height 5 Feet 9 1/2 Inches. 8. Weight 172 Pounds.
 9. Chest measurement { Minimum 37 Ins. Maximum 40 Ins. 10. Complexion Med. { Eyes Blue Hair Brown
 11. Physical development Good { Good Fair Poor 12. Smallpox marks
 13. Number of vaccination marks { Right arm 0 Left arm 1 14. When vaccinated last Childhood
 15. Distinctive marks and marks indicating congenital peculiarities or previous disease
Birth mark left abdomen, scar above left nipple, large scar right buttoch
 16. Slight defects but not sufficient to cause rejection Haemorrhoidal tags

The man denies having had { Rheumatism, Tuberculosis, Nervous or Mental disorder. Epilepsy Syphilis, Asthma. We find no evidence of past { Rheumatism, Tuberculosis, Nervous or Mental disorder. Epilepsy Syphilis, Asthma.
 (Strike out disease admitted or suspected)

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

17. (a) Vision. R. 6/6 L. 6/6
 (b) Hearing. R. H L. H

N. McLeod M.D. President.
J. Nelson Capt. Member.

Signature of Man James Baughy

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>26/1/18</u>		<u>J. H. Hillington M.O.</u>	<u>26/1/18</u>		<u>J. H. Hillington M.O.</u>
		<u>M. O.</u>	<u>2/2/18</u>		<u>J. H. Hillington M.O.</u>
		<u>M. O.</u>	<u>2/2/18</u>		<u>J. H. Hillington M.O.</u>

Joined 7th day of January 1918 at Ottawa, Ont.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>2nd Depot Bn E. O. R.</u>	<u>3320183</u>		<u>7-1-18</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Ottawa</u>	<u>5/7/18</u>		<u>A II Charles Cap</u>

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

If raised in category, record category in a square. The M. O. will initial and date.

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 2nd. DEPOT BATTALION,
Eastern Ontario Regiment

(2) Regimental Number 3320183.

(3) Full Name of Soldier James Baughey

(4) Place of Birth Pembroke, Ontario

(5) Are you married, or not? Singli

(6) If married, state,
 (a) Full name of your wife Yes
 (b) Present Postal Address Yes

(7) Are you a widower? Yes

(8) Have you any children? Yes
 If so, give number of boys and girls 2
 Also their names and ages 2

(9) Is your Father alive? *Yes.*
If so, state name and address *J. Caughey, Pembroke, Ont.*

(10) Is your Mother alive? *Yes.*
If so, state name and address *Mrs. J. Caughey,
Pembroke Ontario*

(11) If your Mother is a widow *Yes*
Are you her sole support, or not? *Yes*

(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.
None

(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.
None

(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.
Yes

15) Are you insured? *Yes.*
If so, in what Company? *Metropolitan Life Ins Co.*
Have you made arrangements for payment of your Insurance premium? *Yes*
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date *Jan 29th 1918*

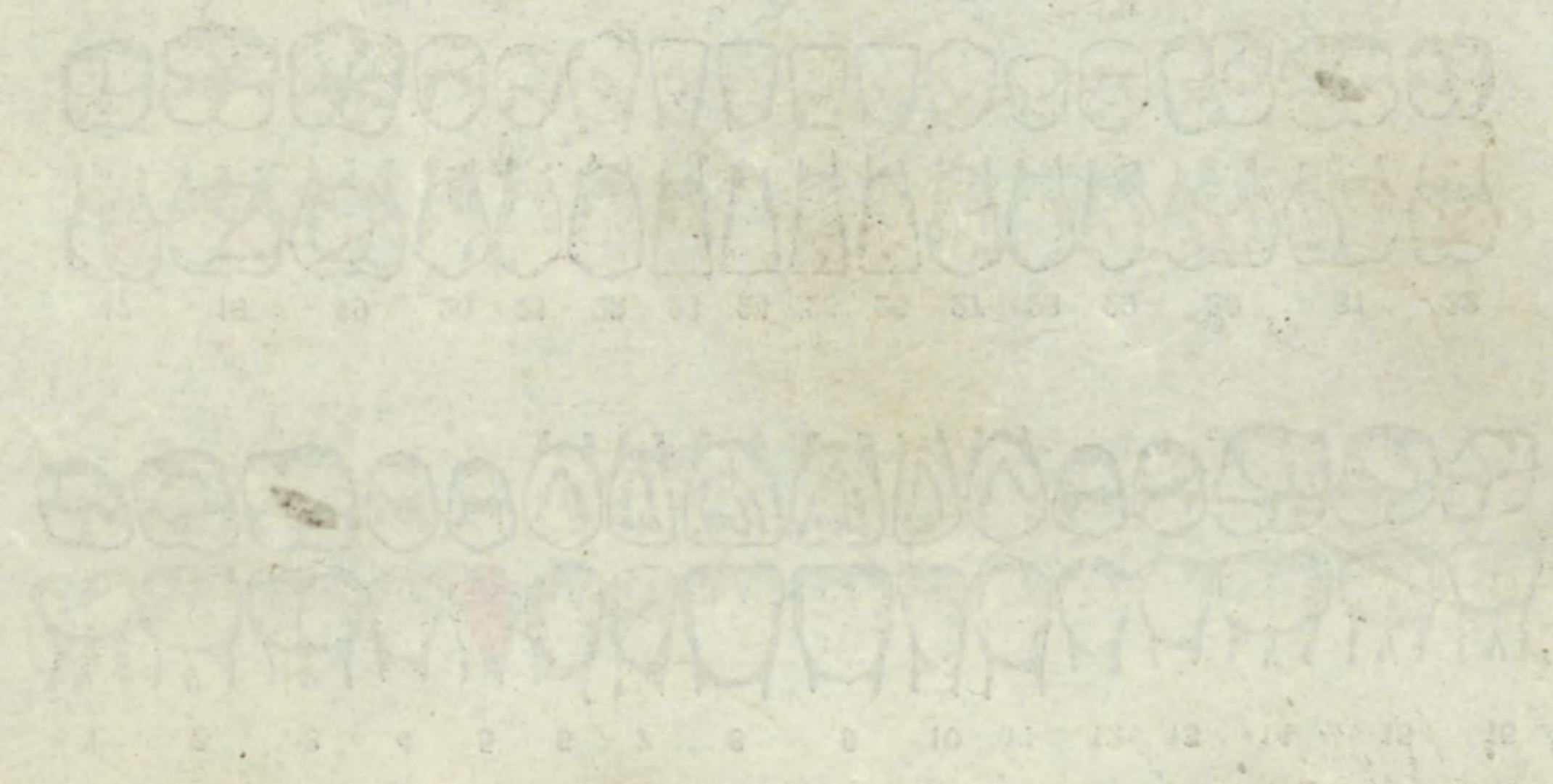
A. Maclean Capt
Adj. 2nd. Dep. Batt. E. O. R.
Officer Commanding.

DENTAL HISTORY SHEET

CANADIAN VITAL DENTAL CARE

DATE: 1953
PATIENT NAME: BERNARD, JAMES
DENTIST: JAMES BERNARD

TOOTH	EXAMINATION	RESTORATION	PERIAPICAL	PERI-IMPLANT	PERI-ROOT	PERI-APICAL	PERI-IMPLANT	PERI-ROOT
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
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28								
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31								
32								
33								
34								
35								



1. Condition of denture
 2. Condition of periodontium
 3. Condition of caries
 4. Condition of pulp
- Other notes: ...

INSTRUCTIONS

CASE HISTORY SHEET.

St Lukes Gen Hospital. *St. Louis* Station.
No. *3320183* Rank *Private* Name *Caughy J.* Age *23*
Unit *2nd Depot Bn* Completed years of service *1* Where and how long *Enlisted Ottawa June 4/18*
Date of admission *June 24/18* Date of discharge *June 27*
Diagnosis *Haemorrhoids* Place of origin *Ottawa*

CONDITION ON ADMISSION AND PROGRESS OF CASE *Patient admitted complains of haemorrhoids - General health good - Heart and lungs normal Patient refuses operation*

FAMILY HISTORY *negative*
(Tuberculosis, mental or nervous diseases.)

TREATMENT *none*
(Especially any specific or special form)

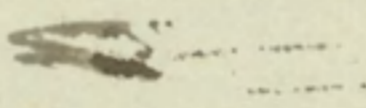
CONDITION ON DISCHARGE *no change - letter sent to Denis explaining patient refuses operation*
(and disposal made of case.)

Date *June 27/18*
Sumner
Medical Officer i/c case.

5823

[Faint, illegible handwriting at the top of the page]

[Small handwritten mark on the left margin]



[Small red handwritten mark]

[Small handwritten mark on the right side]

[Faint, illegible handwriting at the bottom of the page]

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. 3320183 Rank Pte Surname Gaughy
 (Given name in full)
James
 Unit or Corps 6 Pns Birthplace Pennsylv

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

1. GENERAL DESCRIPTION:

Physique good Weight 180 ^{Est} lbs. Height 5 10 ft. in. Colour of Eyes Blue
 Nutrition good
 Pulse 76
 Condition of arteries good
 Vision Rt. 6/6 Left 6/6
 Hearing (conversational voice) Rt. 20 ft. Left 20 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin).
birth mark left abdomen
large scar rt buttock - scar
above left nipple

Opinion as to general health and physical condition good

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

Nervous System no Genito Urinary System no Cardio-Vascular System no
 Special Senses no Integumentary System no Respiratory System no
 Disturbance of Mentality no Muscular System no Digestive System no
 Osseous and Joint System no Any other general condition Yes

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.

Ample Galactis - Circumcision 3-8-18 - good recovery

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Saigon (Overseas)

Date 5-6-19

Signed G. W. ... 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 [Signature]

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

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

Date

Signed M.O.

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

Signature

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

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

[OVER]

CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) CAUGHEY J. B.

REGIMENT 6th. RES RANK PTE No. 3320183

Date of Examination in England 3/6/19 Date of Examination in France _____

1. This form will be made out for each individual at the time of Demobilization in England or France.

2. Figures as per chart will be used to designate teeth concerned.

3. In reference to Partial Dentures the numbers of teeth thereon will be stated



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 3 32

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

A. B. D. S., M. D. No. 2

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

(c) In France

Signature of Dental Officer *A. B. D. S. M. D. No. 2*

Casualty Form - Active Service

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				
<p>Embarked Liverpool SS BELGIC 23/6/19</p> <p>Disembarked HALIFAX 1-7-19</p> <p><i>R. Hooper</i> LT FOR Capt & Adj. ☆</p>					
<p>YOS. 23-6-19 See paper. Ottawa Hq 1919.</p> <p>SO 5. <u>3-7-19</u> this RO 1894 169 1919.</p> <p style="text-align: center;"><u>"Demob"</u></p>					
					<p style="text-align: right;"><i>[Signature]</i> Lieutenant For O. C. No. 3 District Depot.</p>

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

M. F. W. 54. (A. F. B. 103.)
330M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 2nd Depot Bn. E. O. R.

Regimental No. 3520783 Rank Private Name Caughy James Ball

Enlisted (a) 30 7-1-18 Terms of Service (a) C. E. F. Service reckons from (a) 30 7-1-18

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

Extended Re-engaged Qualification (b) Automobile Expert

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				
		Embarked Canada Montreal		6-7-18	H.M.T
		Disembarked England London		22-7-18	Tunisian
<p>CERTIFIED CORRECT and Transfer to No. 80.....Draft, B. O. <i>G. A. Butcher, Lieut</i> for Major O. C. "A" Company.</p>					
<u>30/7/18</u>	<u>oc. 6th Reg.</u>	<u>J. O. S. 2nd Res Bn.</u>	<u>Seaford</u>	<u>22/7/18</u>	<u>PT 430.175.</u>
<u>23/6/19</u>	<u>oc. 6th Reg.</u>	<u>S. O. S. on transfer to C. E. F. in Canada, ss Spent</u>	<u>Seaford</u>	<u>23/6/19</u>	<u>PT 430.175.</u> <u>141</u> <u>Lieut.</u> <u>Officer i/c Records,</u> <u>6th Can. Res. Bn.</u>

(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.]

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

M. F. W. 54. (A. F. B. 103.)

500M.—9-16

H. Q. 1772-39-9:0.

Casualty Form—Active Service.

Unit, Regiment or Corps 2nd Apo Bn. East Ont Regt.

Regimental No. 3320183 Rank Pte Name Caughy James

Enlisted (a) 30-1-18 Terms of Service (a) Wofr. Service reckons from (a) 30-1-18

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

Extended. Re-engaged. Qualification (b).

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				
30-1-18 and 2017		App. Pte/Cpl 30-1-18	Ottawa	30-1-18	NO 30
27-4-18	"	Having been dec. Deserted in SOS. 7-2-18 with 3 m.D. 26-6-15 2-18	"	7-2-18	NO. 117
12-6-18	"	@ N.L. from 7/2/18 until he rep. himself 10am 11/16/18 abs. 123 days. 11 hrs. Arrived 14 days 7 P. #2 and forfeit 124 days pay R.M.	Rockcliffe Camp.	12-6-18	NO. 163

[Handwritten signature]
[Handwritten date]

(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.

[P.T.O.]

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

M. F. W. 54. (A. F. B. 103.)

500M.—9-16
H. Q. 1772-30-920.

Casualty Form—Active Service.

2nd. DEPOT BATTALION,

Unit, Regiment or Corps. Eastern Ontario Regiment.

Regimental No. 3320183 Rank Pte Name Caughy, James

James Enlisted (a) 7-1-18 Terms of Service (a) C. E. F. Service reckons from (a) 7-1-18

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

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

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				
<p>APPOINTED L/C FROM 30.1.18 DAILY ORDER 32 <i>Revert to rank of Private</i> <i>23.2.18. D.O. 56 Para 2</i></p>					

(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.]

Casualty Form Active Service

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				

APPROVED FOR
DAILY CHECK
FROM 10/20/58

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

CAUGHEY

J.B.

3320183

RANK

UNIT

Co.

TROOP

BATTY

Pte.
HOSPITAL

EO 6R

DATE OF ADMISSION

C. S. Witley

4-8-18

1.

Hos .

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

1.

~~V.D. G.P.~~
Balanitis N. V. *[Signature]*

2.

3.

DISPOSITION

DATE

C.L. 8-8-18 C276-2

Dis. 9.8.18

REMARKS

" 19.8.18 B 280-

21.8.18 B 288-2. Note correct diag above.

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

M.S.A.
SURNAME.

Caughey

34 CARD NO. ✓

CHRISTIAN NAMES

Jamies

S.O.S. Des. 7-2-18³

PL II 117 27-4-18

REGL. NO.

3320183

RANK

Pte.

UNIT

East. Ont. Regt. 2nd Depo. Bn.

S.O.S. Hqs. 3/7/19
Hemsh.

FORMER CORPS

42nd Rgt. (3 mos.)

H.O. 199 18/7/19 #308

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Caughey, Mrs. J.

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

Pembroke, Ont.

COUNTRY OF BIRTH

Canada, Pembroke Ont.

DATE

June 10th 1895

PLACE OF ATTESTATION

Ottawa, Ont.

DATE

Jan. 30th 1918.

9/8 7-7-18 1309

R/C 1/7/19 356 Pte
67

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

James Ball

Name Caughey Rank Plt.

Reg. No. 3320183

Unit 6th Res. Bn.(Next of Kin)
(Mother) Mrs Mary Caughey, Box 176, Pembroke, Ont., Canada.

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
4-8	C. S. H. Witley.	V. D. G.		0246		23467.
9-8	Discharged	Do		0270		2261
	Ref C 276 d/8-8-18			C 280 d/13-8-18		
	Rept: "V. D. G." Chgd	to "Balantitis		N. V.		1110

James Ball

Number 3320183 Rank Private B

Surname CAUGHEY

Christian name James Ball

Units E.O.R. Theatre of War England.

Date of Service 22-7-18

Remarks

Latest Address Pembroke Ont

Roll No. atag 4680

200m. -6-21...

RANK

SURNAME

INITIALS

UNIT

al address.....

(Street)

(City or Town)

(Province)

ere person to be notified of arrival.....

Station in Military District to which a furlough warrant is required.....

Railway.....

d, is your wife on board.....

Number of children on board.....

tinuation.....

(Sgd.).....

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

C276

Camp Witlecamp
Survey

4-8-18

(6R) UDY

C280

Discharged

9-8-18

~~11 11~~
Balanitis, N. Vaginitis H.L. C288

NAME

Caughy

REGT'L. No.

3320183

RANK AND CORPS

Pl Eastern Art

H. Q. FILE No. 649

CABLE

FOLLOWS

NO.

DATE

NATURE OF CASUALTY

No.

FOLLOWS

5823.

REG. NO. 3320183. NAME *Baughney*
(SURNAME FIRST)

RANK *Pte* CORPS *2nd Depot Batts. 22*

AGE *23* SERVICE *Ottawa 4-6-18*

NAME OF HOSPITAL *St. Luke's Gen.* PLACE *Ottawa*

DATE OF ADMISSION *24-6-18*

DISEASE *Haemorrhoids.*

DISCHARGE *27-6-18*

OPERATION

DISCHARGED TO DUTY

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

REMARKS

Blank lined area for writing remarks.

* Strike out whichever inapplicable.

ASSIGNED PAY	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE:-	1-8-18	EFFECTIVE DATE:-	
AMOUNT:-	20 ⁰⁰	AMOUNT:-	

NAME:- *CAUGHEY James B*

NUMBER:- *33201830*

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 John Caughey (Mother)
Box 176, Pembroke
Ontario, Can

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
<i>B.O. 178 d 30/7/18</i>	<i>22/7/18</i>	<i>Pte</i>

Stopped Off/ce 1/6/19

UNIT AND TRANSFERS			
ORIGINAL UNIT:-	DATE ACCOUNT FIRST OPENED:-	AUTHORITY	DATE EFFECTIVE
<i>6th Res Bn</i>	<i>1.8.18</i>		
<i>800th 2 Dep Bn</i>			
<i>6th Res Bn</i>			
<i>6th Res Bn</i>			

Admitted Can Spec Hush Willey 4/9/18
V.D.G. B.O. 190 13.8.18. 6th Res
Treated for Balastris - taken from 6th Res Bn

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
<i>12/5/19</i>	<i>1225</i>	<i>Seaford</i>	<i>487</i>				
<i>15/5/19</i>	<i>1424</i>		<i>1703</i>				
<i>26/5/19</i>	<i>1754</i>		<i>1703</i>				
			<i>3893</i>				

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALL CE
	<i>1-</i>	<i>10</i>	<i>X 1/2</i>	

PARTICULARS OF RENDERING NON-EFFECTIVE: *Trans to Canada 1/6/19 Cont NR B9873 29/5/19 Seaford MD3 L.P. Ball*

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>1918</i>	<i>July 31 Balance from Canada</i>								<i>48 15</i>		
	<i>Aug 9 P.</i>	<i>34 10</i>		<i>Cap</i>				<i>20 -</i>			
				<i>AR 2004 Details 12/7/18 11 87</i>	<i>11 87</i>						
				<i>4005 - 257. 9/8/18 6th Res 26</i>	<i>26</i>						
				<i>AR 3336 16/8/18 6th Res 243</i>	<i>243</i>						
				<i>✓ 375 28/8/18 ✓ 9 73</i>	<i>9 73</i>				<i>144 90</i>		
		<i>34 10</i>			<i>17 29</i>			<i>20</i>			
<i>Sept</i>	<i>✓</i>	<i>33 -</i>		<i>C.A.P.</i>				<i>20</i>			
				<i>04 Vo. 7/21/18, Chgo. absent as Absent 18 -</i>	<i>18 -</i>						
				<i>AR 4402 28/5 6th Res 7 30</i>	<i>7 30</i>				<i>32 60</i>		
		<i>33 -</i>			<i>25 30</i>			<i>20</i>			
<i>Oct</i>	<i>PP</i>	<i>34 10</i>		<i>Cap</i>				<i>20</i>			
				<i>5027 10/10 ✓ 4 87</i>	<i>4 87</i>						
				<i>5397 26/10 ✓ 7 30</i>	<i>7 30</i>				<i>34 59</i>		
		<i>34 10</i>			<i>12 17</i>			<i>20</i>			
<i>Nov</i>	<i>-</i>	<i>33</i>		<i>Cap</i>				<i>20</i>			
				<i>5770 15/11 ✓ 7 30</i>	<i>7 30</i>						
				<i>6152 28/11 ✓ 9 73</i>	<i>9 73</i>						
<i>Dec</i>	<i>-</i>	<i>34 10</i>		<i>Cap</i>				<i>20</i>			
		<i>2</i>		<i>1586 10/12 ✓ 7 30</i>	<i>7 30</i>						
<i>Jan</i>	<i>-</i>	<i>34 10</i>		<i>Cap</i>				<i>20</i>	<i>51 20</i>		
		<i>101 20</i>			<i>24 33</i>			<i>60</i>			
<i>Feb</i>	<i>-</i>	<i>30 80</i>						<i>20</i>			
				<i>77 27 13/1/19 ✓ 38 93</i>	<i>38 93</i>						
				<i>7445 7/1/19 ✓ 4 87</i>	<i>4 87</i>						
				<i>8544 13/2 ✓ 4 87</i>	<i>4 87</i>						
<i>Mar</i>	<i>✓</i>	<i>34 10</i>		<i>Cap</i>	<i>48 67</i>			<i>20</i>			
		<i>64 90</i>			<i>48 67</i>			<i>40</i>			

1919

NUMBER 3320183

RANK

lto

NAME

CAUGHEY J.B.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
	bal ford.	6490			4867			40	5146		
				8877 24/2 6 Res	730				2039		
				9399 13/3	487						
				9821 21/3	730				822		
		6490			6814			40			
Apr	P.P.	3300		Cap				20			
				334 11/4/19 ✓	487						
				726 24/4/19 ✓	730						
May	P.P.	3410		Cap	1711			20			
				1425 12/5/19 ✓	487				1828		
		6710			1704			40			
		6710			1704			40			
June				Ch. 1754. 26/5/19. 6 Res. 121	1703				125		
				230 1. End 16-6 ✓ (5)	973						
				26. 1634. 16/5/19. Seaford. 9.	1703				2551		
					4378						

S.O.S. ban. 23-6-19. 71

822
6710
7532
1217
3893
40
9110
15.78

Michael J. ...

AUDITOR
 24M 21/18

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

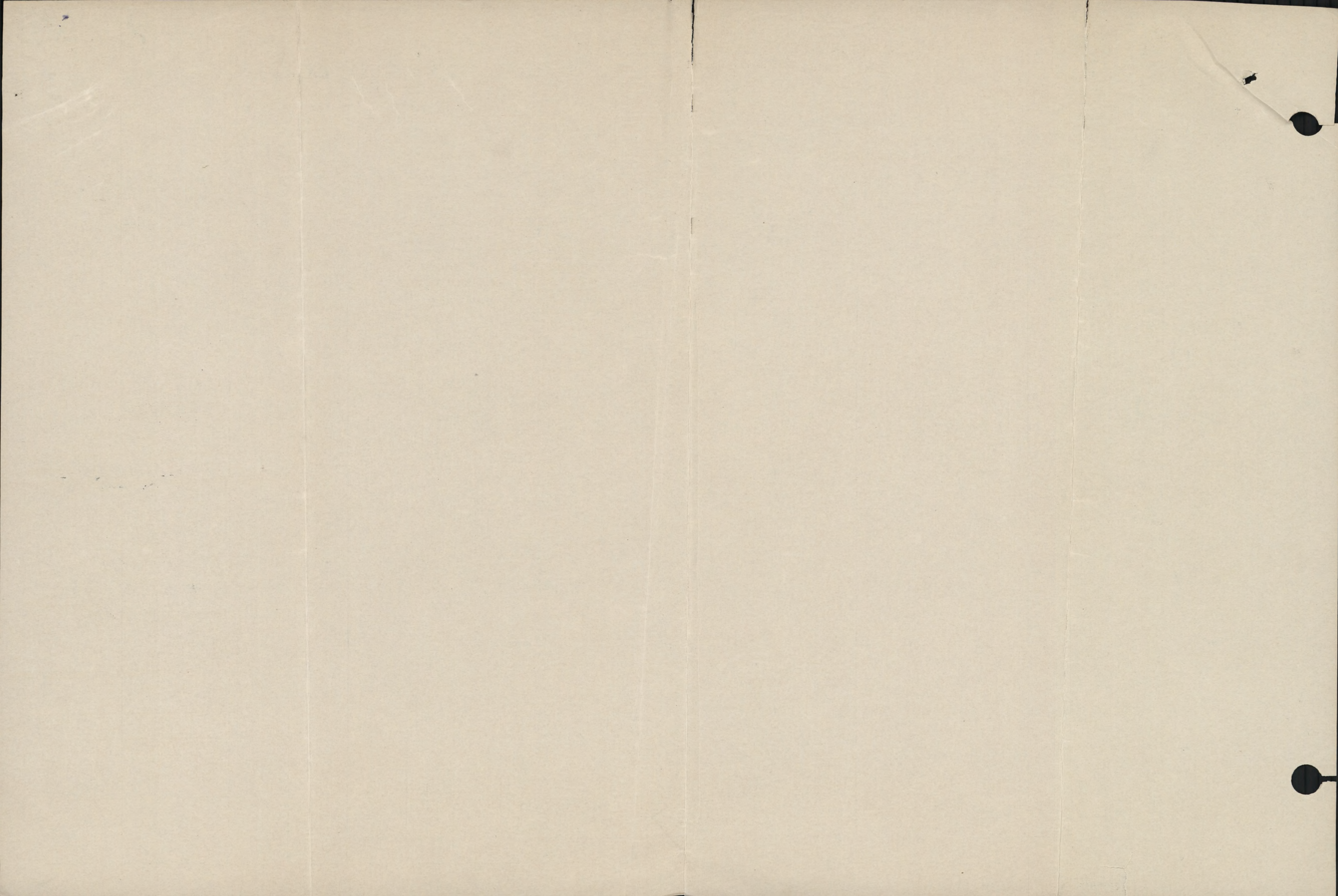
M. OR S. REGT. No. *3320183* RANK *pte* NAME (IN FULL) *CAUGHEY, James, Ball.*
 NEXT OF KIN ADDRESS RELATIONSHIP ORIGINAL UNIT C.E.F. *2nd D.B.E.R.* IF IN P.F. WHAT UNIT?
 ADDRESS *Nil* PARTICULARS *James B. Caughey* EFFECTIVE DATE AUTHORITY
Royal Bank PLACE OF ATTESTATION *2nd D.B.E.R.* TRANSFERRED TO DATE AUTHORITY
 IS SEPARATION ALLOWANCE PAID? DATE EFFECTIVE *7/1/18* TRANSFERRED TO DATE AUTHORITY
 TO WHOM PAID RELATIONSHIP *Out* ASSIGNED PAY \$ *20.50* DATE EFFECTIVE *1/8/19*
 ADDRESS *Nil* PAYABLE TO *Mrs John Caughey* RELATIONSHIP *Mother* ANY CHANGE IN ASSIGNEE OR ADDRESS
Box 176 Pembroke ADDRESS *Out*
 STOP PAYMENT FORM RENDERED, DATE EFFECTIVE
 DISCHARGED PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY
Ottawa *3/7/19* *Demob.*

C-2306

MONTH	PAY AND F.A.			OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGIMENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT			COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3					DEBIT	CREDIT	
1-6-19														1578	1578	1578	<i>Returned "Belgium"</i> <i>Bal. per P.M. P. Co.</i> <i>Clothing Allowance and Settlement W. S. G.</i> <i>Pay to Estimate date of Discharge.</i> <i>Adjustment in England</i> <i>Quartermaster's Money</i> <i>Quartermaster 5 days of discharge</i>	
8-7-19		<i>10</i>	<i>41.80</i>	<i>35.00</i>	<i>146.80</i>				<i>9.73</i>	<i>4.87</i>	<i>71.42</i>	<i>40.00</i>			<i>131.02</i>			
				<i>280.00</i>	<i>280.00</i>							<i>70.00</i>		<i>70</i>	<i>210</i>		<i>M. F. W. 2595 Rec.</i> <i>1st Payf to S. G. as above</i> <i>Dr. Bal.</i>	
												<i>64.50</i>		<i>140</i>	<i>140</i>		<i>957248 Aug 2/19</i>	
												<i>70</i>		<i>210</i>	<i>70</i>		<i>1300867 Aug 30/19</i>	
												<i>70</i>		<i>280</i>			<i>1316764 Oct 2/19</i>	

BALANCE FROM PREVIOUS ACCOUNT

1572



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. 15
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.B).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851).
13. Pay Book (A.E. 64).
14. War Service Gratuity (Form M.F.W. 2895).
15. Laundry Documents.

Group
 checked by No. 26
 M.M.
 21 JUN 1919

War Service Badge B.

SHORT FORM.

War Service Badge Class 13

PROCEEDINGS ON DISCHARGE No. 11277 Issued D
 (Demobilization.)

1. No. <u>3320183</u>	
2. Rank. <u>pte</u>	
3. Name. <u>Caughy James Ball</u>	
4. Unit. <u>6th Canadian Reserve Bn</u>	
5. Date of Discharge <u>3-7-19</u> Place <u>Ottawa</u>	
6. Reason for Discharge <u>Demobilization</u>	
7. Authority. <u>RO #20,1894</u>	
8. Proposed Residence after Discharge <u>Pembroke Ont.</u>	
<div style="border: 1px solid black; width: 50px; height: 50px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> I </div>	
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 <u>J. Caughy</u> Signature of Soldier.	
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place..... Date..... <div style="text-align: right; margin-top: 20px;"> <u>W. J. McWilliam</u> Captain for O. C. Dispersal Area Station G. (O. C. Discharging Unit.) </div>	

Liverpool, ENGLAND
 HALIFAX, CANADA
 LT FOR Capt & Adjt.

