

REGIMENTAL DOCUMENTS

NAME CAVANAGH Arthur Melvin REGT. NO. 1072157 UNIT 2519th PW H. Q. FILE NO. _____

CONTENTS

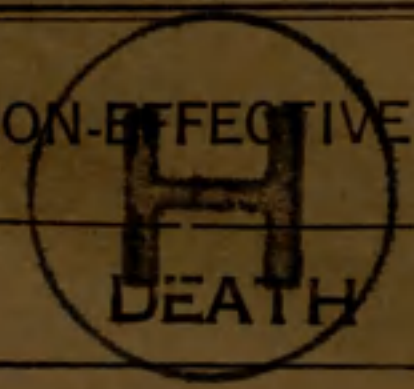
DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY



Category

DISCHARGE

Category

DESERTION

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

7-7-19

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

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

1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

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

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

1 MEDICAL EXAMINATION (M.F.W. 129)

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

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

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

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

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

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

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

C.193

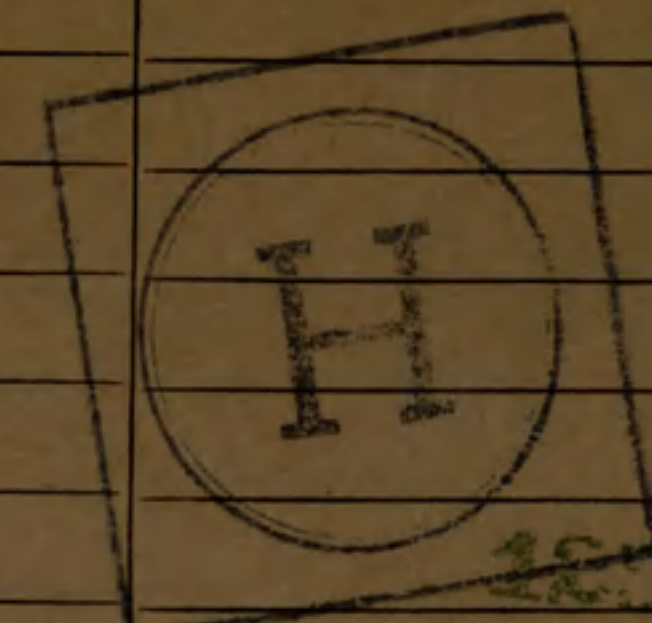
M.F.W. 67

1 *misc*

1 *misc*

1 *cas card*

1 *P.122*



*Discarded
25-4-41*

*26
4-5
6-5
2*

1584

card
v. 100
3-1-14

1072157

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Cavanagh.
- 1a. What are your Christian names?..... Arthur, Melvin
- 1b. What is your present address?..... Kenville
- 2. In what Town, Township or Parish, and in what Country were you born?..... Rathwell, Man.
- 3. What is the name of your next-of kin?..... Elizabeth J. Cavanagh
- 4. What is the address of your next-of-kin?..... Kenville
- 4a. What is the relationship of your next-of-kin?..... Mother
- 5. What is the date of your birth?..... 9th July, 1898
- 6. What is your Trade or Calling?..... Driver
- 7. Are you married?..... No
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... 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 } Yes
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Arthur Melvin Cavanagh (Signature of Recruit)

Date December 16 1916. W. Kempton (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Arthur Melvin Cavanagh, 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.

Arthur Melvin Cavanagh (Signature of Recruit)

Date December 16, 1916. W. Kempton (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 Winnipeg, Man., this 16th day of December 1916.

Joseph P. Reilly (Signature of Justice)

Description of Cavanagh, Arthur Melvin on Enlistment.

Apparent Age.....**18**.....years.....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.....**5ft. 8ins.**

Chest measurement { Girth when fully expanded.....**35½ ins.**
 Range of expansion.....**3½ ins.**

Complexion.....**Fresh**

Eyes.....**Blue**

Hair.....**Brown**

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

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.....**Dec. 16th**.....191**6**.

Place.....**Winnipeg, Man.**

[Signature]
 Captain **Bampf**
 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:—

[Signature]
[Signature]

CERTIFICATE OF OFFICER COMMANDING UNIT.

.....**Arthur Melvin Cavanagh**.....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.

[Signature].....(Signature of Officer)

Date.....**December 16,**.....191**6**.

CANADIAN EXPEDITIONARY FORCE

WAR SERVICE BADGE

DISCHARGE CERTIFICATE

CLASS "A" NO. 189867 ISSUED

THIS IS TO CERTIFY that No. 1042154. (Rank) Pte.

Name (in full) Cavanaugh Arthur Melvin enlisted in the 249th Bn.

CANADIAN EXPEDITIONARY FORCE at Winnipeg on the 16th day of December 1916

HE served in France. 5th Bn.

and is now discharged from the service by reason of Demobilization Demobilization R.O. 1420 (c) Medical Unfitness.

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

Age 21

Marks or Scars

Height 5' 8"

Nil

Complexion Fresh

Eyes Blue

Hair Brown

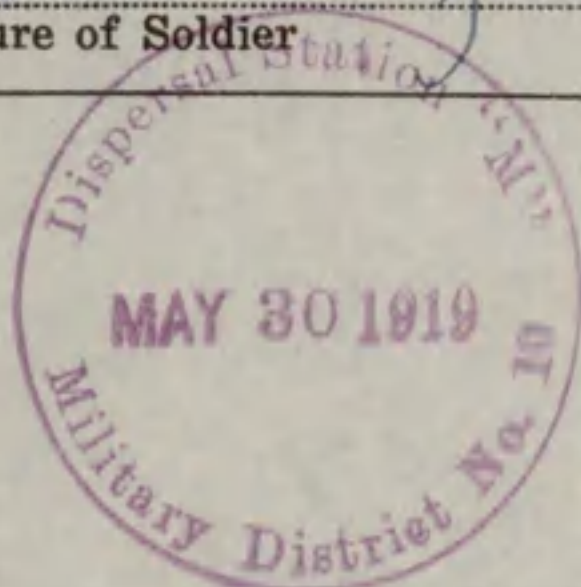
A. M. Cavanaugh

Signature of Soldier

[Signature]

Issuing Officer

Date of Discharge



[Signature]

Rank

Date 30/5/19 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.

Date of Enlistment

16-12-16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

Date of Assignment

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	25	1/12/17		
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pl. 3251

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. 1072157
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *Arthur M. Cavanagh*
 Battalion *250th Battrn.*
 Beneficiary *Elizabeth Cavanagh*
 Relationship *jr. mother*
 Address *Kenville Man.*

Name
 Address
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total
<i>Dec 31/17</i>		<i>250</i>		<i>250</i>
<i>Jan</i>	<i>F 62272</i>	<i>30</i>		<i>30</i>
				<i>280</i>
<i>March</i>	<i>M 75384</i>	<i>80</i>		<i>80</i>

REMARKS
See acct. in current ledger 48.
M 75384 retchx canceled 14/3/18. Wcl.
 Paymaster Paying
 From 1-2-13
 To

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
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M. F. W. 128
 400M-6-17-1772-88-1141
 L. L. 22320-M. & D. 7893.

FORM OF WILL.

I, Arthur Melvin Cavanagh (Name in full)
Regimental Number 1072157 serving in 250th Battalion
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me
made and declare this to be my last Will.

I bequeath all my real estate unto

Elizabeth Jane Cavanagh
Kenville
Man. } Name and Address
of person or
persons to whom
it is to go.

absolutely, and my personal estate I bequeath to

Elizabeth Cavanagh
Kenville
Man. } Name and Address
of person or
persons to receive
personal estate*
(See note).

**IMPORTANT
NOTE**
This must be Signed
and Dated by
THE SOLDIER
HIMSELF.

this 2^d day of March A. D. 1917

Arthur Melvin Cavanagh Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything
except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence
of us both present at the same time, who in his presence, at his request, and in
the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness D. Craig

Address of Witness 250TH. BATTALION C. E. F.

**THE TWO
WITNESSES
MUST
SIGN HERE**

Occupation of Witness Acting Orderly Room Sergt.

Signature of Second Witness Joseph Kennedy Lt.

Address of Witness 250TH. BATTALION C. E. F.

Occupation of Witness _____

FORM OF WILL

I, _____ of the County of _____ State of _____ do hereby certify that I am of sound mind and memory and am not under any legal disability and I hereby declare this to be my last Will.

I bequeath all my real estate and

personal property to _____ of the County of _____ State of _____ to have full power and authority to sell, lease, convey, and otherwise dispose of the same in and to the best interests of the estate.

Should I die and my personal estate I bequeath to

_____ of the County of _____ State of _____ to have full power and authority to sell, lease, convey, and otherwise dispose of the same in and to the best interests of the estate.

This will was made and signed by me in the presence of the undersigned witnesses and in full view of their eyes and in full view of the eyes of the witnesses.

Witness my hand and seal this _____ day of _____ 19____ at _____ in the County of _____ State of _____.

Test: _____
Notary Public for the State of _____
My commission expires _____ 19____

61467

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

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

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

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

1. Christian names *Arthur Melvin* 2. Surname *Cavanagh*

3. Rank *Pte* 4. Original Unit *250th Bn.* 5. Reg. No. *1072757*

6. Address, in full, to which future payments of gratuity are to be forwarded
*Bank of Montreal - Swan River,
Man. Canada*

7. Date of enlistment in the C.E.F. *16th December 1916*

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

9. Relationship of such dependent *Not applicable*

10. Address, in full, of such dependent *Not applicable*

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

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

13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?

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

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served. *250th Bn - 10 months
249th Bn 5 months 15th Res Bn 6 months
5th Bn 9 months*

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *No*

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

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments and under what regimental numbers and units. *No.*
19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *No.*
20. Have you been issued with a War Service Badge? If so what class?
21. Have you, during the present war, served in the Imperial Forces? *No.*
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *No.*
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *Yes - Cpl.*
 (b) If so, was such reversion in consequence of misconduct or inefficiency? *No.*
24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge *30/5/19*
 (b) Reason for discharge
25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?
 (b) If so, are you in receipt of full pay and allowances from that Department?

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: *Arthur Melvin Cavanagh.*

Place of Residence: *Tenville Man. Canada.*

Declared before me at: *Pipon, Sask.*

This *26th* day of *April* 19 *19*

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

[Handwritten Signature]

12, 13, 23, 24, 25, 26 & 27 QUESTIONS ANSWERED

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			<i>350 00</i>	<i>280 00</i>
			<i>70 00</i>	

Certified Correct

District Paymaster.

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
T11094	1072157	Pte.	CAVANAGH.	Arthur, M.
Year.	Unit.	Age.	Service.	
1919	5 th Can. Battalion	20	28/12.	

Station and Date. No. 76 CANADIAN GENERAL (ONTARIO) HOSPITAL BRIPINGTON, KENT
Disease Epididymitis.

11.3.19 Complaint:-
 ① Pain in left region of left spermatic cord - Amputation.
 ② Haemsa - one morning (once). - 2 weeks.
 ③ Swelling left testicle. - 2 weeks ago.
 ④ Tenderness " " " " - 2 weeks.
 Pt. ~~is~~ cannot relate above to any definite happening.
 Denies Ven. Disease.

Past Treatment:-
 ① Suspensory - 2 weeks.
 ② Belladonna plaster - 10 days.
 Exam:- ① Left scrotum looks larger than rt.
 ② Fascia over left testicle thicker than left
 ③ Left testicle swollen & tender.
 ④ Left epididymis swollen, hard, & tender in lower part.
 ⑤ Left spermatic cord swollen & slightly tender, not nodular.

Treat:- ① Bed
 ② Sat. solⁿ: mag. Sulph. foment.
 ③ Support for scrotum.

13.3.19 Urine analysis negative. P.S. *J. Graham Capt R.A.M.C.*

19.3.19 Prostatic Exam. - negative. P.S.

22.3.19 No tenderness nor pain in scrotum. Suspensory applied & patient allowed up. P.S.

25.3.19 Pt. allowed out of bed, ~~is~~ using suspensory. P.S.

2-4-19 Furlough and duty *J. Graham Capt R.A.M.C.*

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT

NAME OF SOLDIER *Cavanagh, Arthur Melvin*

REGIMENT *249th O/S*

RANK

Private

No. *1072157*



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show :

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhcea	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS
											U	L	P			Gold	Porcelain				
<i>Jan. 11/1918.</i>										<i>4</i>									<i>Pl. P. Paulson</i>		<i>Cavities 12, 14, ext. 19.</i>
										<i>1.14 17.32.</i>											<i>Patient refused treatment P.</i>

INSTRUCTIONS

1. On examination the condition of paper is to be marked on

figures in red ink.

2. On first use of report record of marks to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red)

2. Condition on leaving Centre

3. Condition on discharge

1. On examination the condition of paper is to be marked on figures in red ink.

2. On first use of report record of marks to be made in red ink.

DEPARTMENT OF THE ARMY
HEADQUARTERS
GENERAL INVESTIGATIVE DIVISION
WASHINGTON, D. C.

A-4

ORIGINAL
250TH. BATTALION C.E.F.

ORIGINAL

MEDICAL HISTORY SHEET

1072157

ORIGINAL

Surname *Carmagh* Christian Name *Arthur Melvin*

Examined { on *16* day of *Dec*, 191*6*
at *Winnipeg*
Birthplace { City or Town *Rathwell*
County *Man.*

Approved by

A. J. Hall Capt. M.C.
J. S. Baker Capt. M.C.
Rank *J. A. Brown Capt. M.C.*

Apparent age *18*

Trade or occupation *Driver*

Height *5* feet *8* Inches

Weight *135* lbs.

Chest measurement { Minimum *32* inches
Maximum expansion *3 1/2* inches

Physical development *fair*

Small-pox Marks *nil*

Vaccination Marks { Arm Right Left /
Number *one*

When Vaccinated last *1902*

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

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

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
Date	Result	VACCINATIONS
<i>20/6/17</i>	<i>Pos.</i>	<i>G. A. Brown</i>
		M.O.
		M.O.
		M.O.
		M.O.
Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<i>20/1/17</i>	<i>Pos.</i>	<i>G. A. Brown</i>
<i>27/1/17</i>	<i>"</i>	<i>G. A. Brown</i>
<i>3/2/17</i>	<i>"</i>	<i>G. A. Brown</i>
<i>5-4-17</i>	<i>T.S.B.</i>	<i>J. S. H.</i>

Enlisted on *16th* day of *December* 191*6* at *Winnipeg Man.*

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<i>250th Battn.</i>	<i>1072157</i>		<i>December 16th 16</i>
Transferred to	<i>240th OVERSEAS BATTALION C. E. F. 16th Canadian Res. Bn. 5th Battn.</i>			<i>OCT 9 1917 4 MAR 1918 1 JUN 1918</i>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT

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

CANADIAN

Surname *Caranagh* Christian Name *William*

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				
<i>16th Coy Gen (Ord) Hosp Orpington Kent</i>		<i>11</i>	<i>3</i>	<i>19</i>	<i>2nd of 19</i>	<i>8</i>	<i>4</i>	<i>19</i>	<i>28</i>	<i>Epididymitis Swelling tenderness left testicle & epididymis nevertheless recovery. Duty.</i>	<i>W. Caranagh Capt</i>

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) CAVANAGH, A. M.

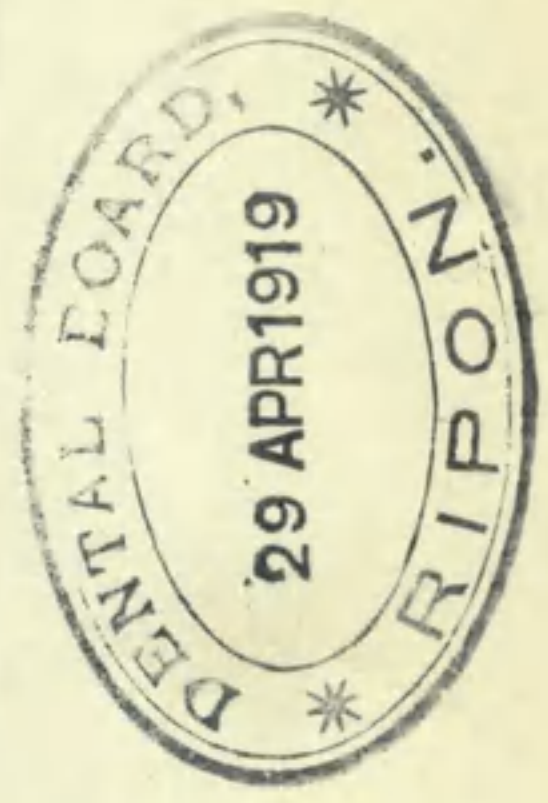
REGIMENT 15th. RES. BN. RANK PLC. No. 1072157

Date of Examination in England 29-4-19 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 12.30
2. EXTRACTIONS _____
3. CROWNS _____
4. DENTURES
 - (a) Full Upper _____
 - (b) Part Upper _____
 - (c) Full Lower _____
 - (d) Part Lower _____

HAS HE EVER REFUSED DENTAL TREATMENT? yes

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 _____

[Handwritten signature]

Signature of Dental Officer J. E. Thompson, Capt.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

1912/16. effective 1-2-18

Separation and Assigned Pay Branch

C

1-2-18

OVERSEAS CONTINGENTS

3576

RATE OF SEPARATION ALLOWANCE

25	30		
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1-9-18
JC 2753
M044501

RATE OF ASSIGNMENT

1500			
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PARTICULARS OF SEPARATION ALLOWANCE

No. 1072157
 Rank Pte Promoted Reverted Discharge
 Soldier's Name Cavanagh, A.M.
 Battalion 2nd Bn Wiltshire L.I.
 Beneficiary
 Relationship M. F. M. 2554. 24/18
 Address

PARTICULARS OF ASSIGNMENT

Name Eijo J. Cavanagh
 Address Newville

Change of Address

NEWVILLE.,
 MAN. 15 25 40.00
 * 1072157 PTE A.M. CAVANAGH
 FORTY DOLLARS

Dec-1917 \$2.50 \$2.50

Date	Cheque No.	Amount S/A	Amount A/P	Total
Jan	Eg 62272	30		30
Mar/18	M 253	50	30	80
Apr	L 7866	25	15	40
May	g 19541	25	15	40
June	g 20598	25	15	40
July	Y 30556	25	15	40
Aug	E 34048	25	15	40
Sept	g 41837	25	15	40
Oct	D 51025	25	15	40
Nov	D 51048	25	15	40
Dec	D 63631	45	15	60
Jan/19	g 71495	30	15	45
FEB	g 81558	30	15	45
MAR	g 83094	30	15	45
APR	g 1989	30	15	45
May	7 7452	30	15	45
		725	240	

REMARKS 2961-A-5

See acct in hm. Cpt. ... 14/12/16 ... 280 ... 4/4 ... mailed from 1198.
 M 75384 ret'd + covered 7/3/18. Replied 7.

P.A.B. ruled 17-7-18 to close D.A. to mother, ineligible, but no action prev. taken.
 #3083 Request refund slip for 295, covering overpayment from 1-8-18 to 31-5-19 rendered acc. 7-8-19.

AUTHORITY FOR NEW ACCT. } J. N. Colth. } G. Short. 6.3.18.

M. F. W. 128.
 400M. 17-1772 98-1141
 L. L. 22230-M. & D. 7993

AUDITED.

Ret'd per. G. Short
 Date 25-5-14 M. F. W. 188
 Closed M. F. W. 114449

941 e9
3m

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
 400M-6-17-1772-88-1141
 L. L. 22320-M. & D. 7883.

TLH Rank Name CAVANAGH, Arthur Melvin, Reg'l No. 1072157
 Unit Dft, 249th Bn. If in perm. Corps, }
 What Unit? } Married or Single Single.
 Place and Date of Enlistment Winnipeg, Man Decr. 16th. 1916 Place of Birth Rathwell, Man
 Name and Address, Next-of-Kin Elizabeth J. Cavanagh,
 Kenville, Manitoba. Relationship Mother

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason Character

H. W. & V., Ltd.—9546-16.

N/E. R.B. No 12576
 File R.L.
 Category
 C.H. C.B.

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		4-3-18	S/S SAXONIA
6 21.3.18	15 Res	T.O.S FROM Canada as a/bpl		4.3.18.	Pt II O 65
18-3-18	15 th Res Bn	Reverts to rank of Pte	Pte B. Shott	16-3-18	Pt II 77
2-4-18	✓	T.O. as a/bpl, while employed	"	2-4-18	Pt II 92
1-6-18	✓	Reverts to Pte, to proceed 1 st Seas	Pte	1-6-18	Pt II 152
2-6-18	15 th Res Bn	S.O.S. to 5 th Bn 1 st Seas	" B. Shott	1-6-18	Pt II 153
8-6-18	5 th Bn	J.O.S. of 15 th Res	✓ Field	3-6-18	✓ 64
20/3/19	5 th Bn	S.O.S. on transfer to Recd. Pte Field		18/3/19	Pt II 24
22/3/19	S.R.D.	J.O.S. from 5 th Bn.	Ripon	11/3/19	✓ 66 + C.R.L. Pt II 32 α/8-4-19
17/4/19	15 th Res	J.O.S. from S.R.D.		8.4.19	- 107 S.R.D. D.O. 89 d/18/4/19

1072157

Cavanagh A.M.

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.

8.5.19	10 M20	TOS from 15 th Res	- K. PK.	6.5.19	100122	15 th Res 100126 d/6/5/19
17/5/19	✓	S.O.S. to Canada	Pte →	14/5/19	- 130.	
		5 sailing #75.				

To Canada 14-5-19. 75-14-39.

Sheet II
Casualty Form—Active Service.

Regiment or Corps 249th Batta C.E.F. Regimental Number 1072157

Rank Plt. Surname Cavanagh Christian Name Arthur Melvin

Religion _____ Age on Enlistment _____ years _____ months.

Enlisted (a) 16-12-16 Terms of Service (a) DURATION OF WAR Service reckons from (a) 16-12-16

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 i/c Records.

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...			
APR 17 1919	<i>W.O. 75th RES. BN.</i>	TAKEN ON STRENGTH FROM <u>S. R. de la Post</u> <i>from hospital</i>	RIPON.	8-4-19	PART II. DAILY ORDERS NO. 107...
MAY 1919	<i>W.O. 15th RES. BN.</i>	STRUCK OFF STRENGTH TO <u>W.D. 10</u> <i>Wing Kennel Park</i>	RIPON.	5 MAY 1919	PART II DAILY ORDERS No. 126 <i>Adjutant</i> <i>15th RESERVE BATTALION</i>
		8-5-19 <i>S.O.I.</i> <i>Kingiel Park for return to Canada. Part II Orders No. 121.</i>			
		<i>W.O. Kingiel Park on embark- ing for Canada, Part II Order No. 128</i>			
		<i>14/5/19</i> <i>W. Commanding</i> <i>10.</i>			

(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.
 (B99130) W 15012-5156 J. P. & Co., Ltd. Forms/B103/3

MAY 14 1919 EMBARKED FOR CANADA

[P.T.O.]

CAVANAGH

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

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

350M.—5-16

H. Q. 1772-39, 20.

Casualty Form—Active Service.

ORIGINAL

Unit, Regiment or Corps. 249th. 250TH. BATTALION C.E.F.

Regimental No. 1072157 Rank. Pte Name. Cavanagh, Arthur Melvin

Enlisted (a) 16/12/16 Terms of Service (a) DURATION of Service Service reckons from (a) December 16th 1916

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

Extended Re-engaged Qualification (b) Driver-machine gunner certificate

Table with columns: Report, Date, From whom received, Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case, Place, Date, Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.

CERTIFICATE OF SERVICE. JUN 1 1918. CAS REGROS, LONDON.

W.S.P. CLASS. A

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered. (b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

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				
19.7.18.	6.6.R.6.	To Unit	Field	19.7.18.	Nh. 1787
27.7.18	5 Am.	JOINED UNIT	3rd.	27.7.18	B 713.
1.3.19.	16. D.R. 1st.	Orcitis acuse ad. 27.7.19 to 50 cos.		27.7.19	N 9711
"	5 Am.	To Hospital	3rd.	27.7.19	B 713.
4.3.19.	53. Gen.	Orcitis Acute. Adm.		4.3.19.	N 9725
1.3.19.	50 lbs.	" " ad. 27.7.19 to 31 A.T.		2.3.19	N 9387
<u>A.A.G.</u>		Transferred to Cdn. Record List.		5 MAR 1919	Pt. 2.O. No. 4
		<i>A. A. G.</i>		Lieut. for Lt. Col., A.A.G., Canadian Section	
21.3.19	5 th Bn	Sos on 1/2 to Rec List	Field	15.3.19	Pt. 11024
22.3.19	S.R. 10	Tos from 5 th Bn	Repon	11.3.19	" 66
		<i>W. W. W.</i>		Capt. FOR LT: COL: I/C RECORDS, C.O.M.F. Lt. Col.	
18.4.19	S.R.S.	Sos to 15 th Pos	Repon	8-4-19	Pt. 20 89
		<i>W. W. W.</i>		Lieut. Regt'l Depot	

Surname

Christian Name or Names

Reg. No.

CAVANAGH

A.N.

1072157

Rank 1. pte.

Unit 1.

Sask 5

2.

2.

3.

3.

4.

4.

Cas List.

Hospital and Diagnosis.

Date

15-3-19 A468

53 Gen. Camiers^{4/3}

4-3-19

Orchitis Ac. 2.

219.3.19 B474¹

16 CGH. Orpington

11.3.19

11.4.19 B493'

Dis.

8.4.19

A.M.D. 2 DEPT.

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

Ham
MJC

Rank *A/cpl* ~~*pl*~~ *B*

Number *1072157*

Surname *CAVANAGH*

Christian name *Arthur Melvin*

Units *54th Bn. Can. Inf.* Theatre of War *France.*

Date of Service *1-6-18*

Remarks

Latest Address ~~*Kinnille man.*~~

Rathwell

man.

Roll No.

B Page 22410.

200m.-6-21.

(This form to be filled in by all ranks on voyage to Canada.)

RANK

SURNAME

INITIALS

UNIT

al address

(Street)

(City or Town)

(Province)

one person to be notified of arrival

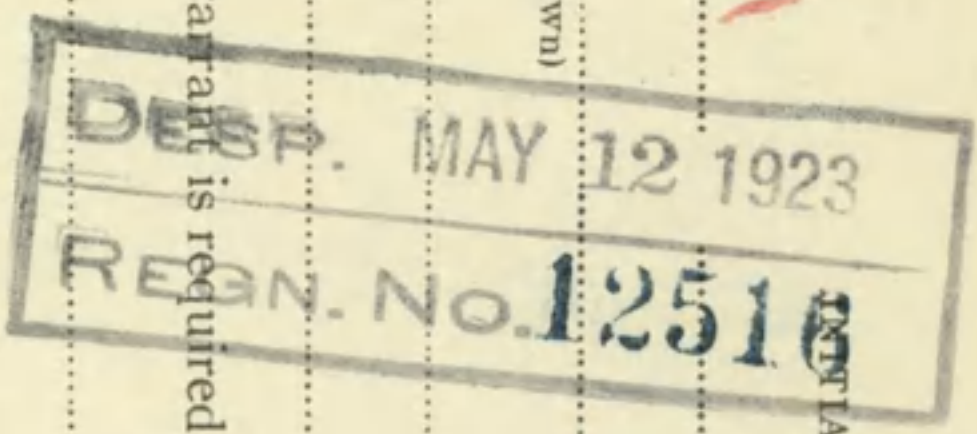
Station in Military District to which a furlough warrant is required

Railway

d, is your wife on board

Number of children on board

destination



(Sgd.)

SURNAME. *Cavanagh*CHRISTIAN NAMES *Arthur Melvin*REGL. No. *107215-4*

RANK

*~~Pte.~~ Cpl.*UNIT ~~*250th*~~ *249th Draft.*FORMER CORPS *Nil**3m/0*
P.O. S. No. 30/5/19
*10.0.1554/6/19 #10**Bar.*

NEXT OF KIN.

NAMES IN FULL *Cavanagh, Mrs. Elizabeth J.*

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

Kenville, Man.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada Rathwell, Man.

DATE

July 9th 1898

PLACE OF ATTESTATION

Winnipeg, Man.

DATE

*Dec. 16th 1916**Trans from 250th Bn to 249th Bn Draft.**auth. 249th Bn Draft S.L. 2 1/2/18**From Halifax pens of Megantic & Sorensen 24/2/18**P/C 25-5-19 332**42*

MARRIED

SINGLE *yes*

WIDOWER

TRADE OR CALLING

Driver

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

18

YEARS

MONTHS

HEIGHT

5-

FEET

8

INCHES

CHEST MEASUREMENT

35- $\frac{1}{2}$

INCHES

EXPANSION

3 $\frac{1}{2}$

INCHES

COMPLEXION

Fresh

EYES

Blue

HAIR

Brown

DISTINGUISHING MARKS

Not-stated.

MEDICAL EXAMINATION.

PLACE

Winnipeg, Man.

DATE

Dec. 16th 1916

Present address

Kenoville, Man.

No 1072157 RANK *Pte.*

NAME *Cavanagh A. M.*

T. O. S. *16/12/16* UNIT *250th Battalion*
(D.O.S.?) of *19/12/16*

M. D. *10*

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1916</i> <i>Dec 16</i>	<i>1916</i> <i>Dec 31</i>	<i>✓</i>		
<i>1917</i>	<i>1917</i>			
<i>Jan.</i>		<i>✓</i>		
<i>Feb.</i>		<i>✓</i>		
<i>Mar.</i>		<i>✓</i>		
<i>Apr</i>		<i>✓</i>		
<i>May</i>		<i>✓</i>		
<i>June</i>		<i>✓</i>		
<i>July</i>		<i>✓</i>		
<i>Aug</i>		<i>✓</i>		
<i>Sept</i>		<i>✓</i>		



No. 1072157 RANK

pte

NAME

Lavanagh W M

~~T.O.S. Transfer from~~ UNIT

249th Battalion

250th Br. 9-10-17

D.O. 242 11-10-17

M. D. *12-*

PAID			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1917</i>	<i>1917</i>			
<i>oct 9</i>	<i>oct 31</i>	<i>e</i>		
<i>Nov</i>		<i>e</i>		
<i>Dec</i>		<i>e</i>		
<i>1918</i>	<i>1918</i>			
<i>Jan</i>		<i>e</i>		
<i>Feb</i>		<i>e</i>	<i>from prev. regt 20th B.O. 35</i>	<i>2-2-18.</i>

LIST NO

HOSPITAL

DATE OF
ADMISSION

REMARKS

A468¹²
B474¹²
B473¹²

53 Gen Camiers
16 Con Gen Dupington
Discharged

4-3-19
11-3-19
8-4-19

Ophthitis Acute
Ophthitis acute
Ophthitis Acute

NAME

Cavanagh A M

REGT. No.

1072157

RANK AND UNIT

Rte Pack Regt

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

HOSPITALS**DATE****DIAGNOSIS**

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

Name

Baranagh Arthur Melvin

Rank

Pvt.

Reg. No.

1072157

Unit

5th Inf.

Next of Kin

Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
4-3-19	53 g H.	Gamers	Orchitis acute		7468	7492/4
11-3-19	16 g H.	Birmingham			W. B494	8449
8-4-19	Discharge		do		B493	3134
20-4-19	Will proceed to S.R.D Ripon	AL 8-4-19				

16.12.16

46

SEPARATION ALLOWANCE

Name *Elizabeth Cavanagh,* Name of Soldier *Cavanagh, Arthur M.*
 Address *Kenville,* Regtl. No. *1042154*
Man. Rank *Pte 249th Bn, 9/10/17 #50mk*
 Corps *250th Batt* To what Corps belonging }
 Relation to Soldier } *W. Mother* when called out }
 wife, child or mother } *Donev 6/17*

PAYMENTS

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



SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Elizabeth Cavanagh W. Mother
PAYMENTS *P/2*

Name of Soldier *Cavanagh Arthur M*

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

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917	<i>30611</i>	<i>30</i>	<i>30 R</i>
Feb.		<i>30931</i>	<i>20</i>	<i>Remailed 5/3/17 B.S.</i>
March		<i>33817</i>	<i>20</i>	<i>20</i>
April		<i>11297</i>	<i>20</i>	<i>20</i>
May		<i>3509</i>	<i>20</i>	<i>20</i>
June		<i>X6963</i>	<i>20</i>	<i>20</i>
July		<i>10001</i>	<i>20</i>	<i>20</i>
Aug.		<i>213228</i>	<i>20</i>	<i>B</i>
Sept.		<i>216468</i>	<i>20</i>	<i>B</i>
Oct.		<i>1122524</i>	<i>20</i>	<i>T</i>
Nov.		<i>24789</i>	<i>30</i>	<i>B</i>
Dec.		<i>925100</i>	<i>20</i>	<i>110 750 Claim</i>
Jan.	1918			
Feb.				
March			<i>250</i>	
April				
May				
June				
July				

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

To be made out in duplicate.

249th OVERSEAS BATTALION C. E. F. H.Q. 54-21-23-53

Duplicate original

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..... 250th Overseas Battalion.

(2) Regimental Number..... 1072157.

(3) Full Name of Soldier..... Cavanagh, Arthur Melvin

(4) Place of Birth..... Rathwell, Man.

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

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

(b) Present Postal Address.....

(7) Are you a widower?..... No.

(8) Have you any children?..... No.

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

Also their names and ages.....

(9) Is your Father alive?..... Man No
If so, state name and address

(10) Is your Mother alive?..... Yes
If so, state name and address..... Elizabeth Jane Cavamagh
..... Kenville Man.

(11) If your Mother is a widow..... Yes
Are you her sole support, or not?..... No

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

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

(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?..... No
If so, in what Company?.....
Have you made arrangements for payment of your Insurance premium.....
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

W. A. Hastings
.....
Officer Commanding.

Date Valcartier Camp. Aug 16th 1917.

.....
Commanding 260th. Battalion C.E.F.

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. 1072157 Rank Pte Surname CAVANAGH
(Given name in full)
Arthur Melvin
 Unit or Corps 15th Res Birthplace Rathwell Man.

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

I. GENERAL DESCRIPTION:

Physique Good Weight 160 lbs. Height 5 8 ft. 8 in. Colour of Eyes Blue
 Nutrition Good
 Pulse 72
 Condition of arteries Good
 Vision Rt. 6/6 Left 6/6
 Hearing (conversational voice) Rt. 20 ft.
 Left 2 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin).
no

Opinion as to general health and physical condition Good

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

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

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

Epididymitis 11/5/19 discharged from hospital 2/4/19
no disability at present

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Rijon (Overseas)

Date 29/4/15

Signed [Signature] 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]

BOHEMIA

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

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

REGT. No. *1072154* RANK *Pvt* NAME (IN FULL) *CAVANAGH, H.A.M. 33*

M. OR S. *1467*

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS					<i>250</i>		
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				PLACE OF ATTESTATION	TRANSFERRED TO	DATE
<i>No. Nil</i>					<i>Dis Str M</i>	<i>Dis Str M</i>	<i>MAY 14 1919</i>
TO WHOM PAID	RELATIONSHIP				DATE OF ATTESTATION	TRANSFERRED TO	DATE
<i>Mrs. E. J. Cavanagh</i>					<i>16-12-16</i>		<i>D. O. 155</i>
ADDRESS					ASSIGNED PAY \$	DATE EFFECTIVE	
<i>Kinville, Mass.</i>					<i>15.00</i>		
					PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
					<i>Mrs. E. J. Cavanagh</i>		
					ADDRESS		
					<i>Kinville, Mass.</i>		<i>KENVILLE</i>
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					<i>25/19</i>		<i>MAN (15-10-19)</i>
					DISCHARGED	PLACE	DATE
					<i>M.D.N.</i>		<i>MAY 30 1919</i>
						REASON	AUTHORITY
						<i>D</i>	<i>D O 155</i>
							IF ENTITLED TO POST DISCHARGE PAY

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL 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	DEBIT	
				<i>48 22</i>														<i>br BAL. ENG. L. P. C. 118 22</i>
<i>1/5-3/6</i>	<i>34</i>	<i>1.10</i>	<i>37.40</i>	<i>35.00</i> <i>70.00</i>				<i>9.73</i>	<i>4.84</i> <i>5.00</i>	<i>141.02</i>	<i>30.00</i>			<i>190.62</i>				<i>Apr to 3/6/19</i> <i>Clothing Allee. 1st payment W.S.G.</i> <i>Advances - Boat - Train</i> <i>A.P. chgd. on Eng. L. P. C. to</i>
				<i>105.00</i> <i>15.00</i>						<i>War Service Gratuity,</i>	<i>105.00</i>			<i>44.40</i>				<i>Soldier Dept.</i> <i>1st Payment W S G as above</i> <i>br 15.00 A.P. Not Paid</i> <i>Dr. 4.40 O.P. Paid</i>
<i>June 18</i>											<i>768652</i>	<i>70.00</i>		<i>220.60</i>				<i>2nd payment</i>
<i>June 24</i>											<i>771033</i>	<i>15.00</i>		<i>205.60</i>				<i>3rd</i>
<i>July 21</i>											<i>74293</i>	<i>70.00</i>		<i>135.60</i>				<i>4</i>
<i>Sept 12</i>				<i>70.00</i>							<i>1725331</i>	<i>70.00</i>		<i>65.60</i>				<i>Cheque No 765693 Dated 30-7-19</i>
<i>Oct 6</i>				<i>70.00</i>										<i>135.60</i>				<i>Re-deposited to Reg Gen 12-9-19 D.R. 2412</i>
														<i>205.60</i>				<i>Cheque No 1225331 Dated 30-8-19</i>
														<i>65.60</i>				<i>Re-deposited to Reg Gen 6-10-19 D.R. 2634</i>
														<i>65.60</i>				<i>No 374 pt</i> <i>65.60 5th Jul</i>
				<i>505.00</i>										<i>500.60</i>	<i>44.40</i>	<i>505.00</i>		<i>AP closed</i>

AUDITED
007 1919

BOMBAY

18 10 1900

MAY 11 1900

18 10 1900

Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME: CAVANAGH, Arthur Melville				
EFFECTIVE DATE: <i>1/2/18</i>	<i>Stopped off</i>	EFFECTIVE DATE: <i>1/5/19</i>		NUMBER: <i>-1072157</i>				
AMOUNT: <i>16.20</i>		AMOUNT: <i>115/19</i>		PARTICULARS OF RANK OR APPOINTMENT				
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.				AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT		
				<i>Eliza J. Cavanagh. Mother</i>	<i>8077. 18/3/18</i>	<i>16/3/18</i>	<i>P. 6</i>	
				<i>15/62 92. 2/4/18</i>	<i>2/4/18</i>	<i>2nd Lt</i>		
				<i>15/Res 152. 1/6/18</i>	<i>1/6/18</i>	<i>Fee</i>		
				UNIT AND TRANSFERS				
				ORIGINAL UNIT: <i>-249</i>				
				DATE ACCOUNT FIRST OPENED: <i>-1/3/18</i>				
				AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'F'D		
					<i>1/3/18</i>	<i>S 118</i>		
					<i>1/6/18</i>	<i>5th</i>		
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK.				<i>20/7/19 Can Sect</i>				
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	
<i>5/1/18</i>	<i>190</i>	<i>4. 12 days. 64 C-664.</i>	<i>6.76</i>	<i>2/2/18</i>				
<i>4/4</i>	<i>177</i>	<i>15 Res</i>	<i>9.75</i>	<i>L.P.C. 6 Bal. 48-22</i>				
<i>4/4</i>	<i>177</i>	<i>"</i>	<i>19.47</i>					
				DAILY RATES OF PAY AND ALLOWANCES				
				AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALL'CE
					<i>1.00</i>	<i>10</i>		
					<i>1.00</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE: <i>Trans to Can. 30/4/19. Ref. F-7676. 28/4/19. M.D-10. Ripon to Ripon</i>													
MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION		
<i>31/3/18</i>	<i>Bal Forward</i>								<i>13.50</i>				
<i>Apr</i>	<i>PP</i>	<i>33</i>		<i>C.A.P.</i>				<i>15</i>					
	<i>Underpaid 29 days. L.C.R. 2/4/18</i>	<i>145</i>		<i>AR 62. 8/4/18. 15 Res</i>	<i>19.47</i>								
				<i>" 294. 30/4/18 "</i>	<i>2.43</i>				<i>11.05</i>				
<i>May</i>	<i>L.C.P. Pay.</i>	<i>34.45</i>		<i>C.A.P.</i>	<i>21.90</i>			<i>15</i>					
		<i>35.65</i>		<i>AR 507. 15/5/18. 15 Res</i>	<i>5.35</i>			<i>15</i>					
				<i>" 634. 31/5/18 "</i>	<i>7.30</i>				<i>19.05</i>				
		<i>38.65</i>			<i>12.65</i>			<i>15</i>					
<i>June</i>	<i>L.C.P. Pra.</i>	<i>34.50</i>		<i>C.A.P.</i>				<i>15</i>					
				<i>WR 800. G.I.B.D. 6/6/18</i>	<i>4.46</i>								
				<i>AR 924. 20/6/18</i>	<i>4.46</i>				<i>29.63</i>				
				<i>A164 34005. 15th Res. 23/5/18</i>	<i>1.72</i>								
				<i>Overcredits as L.C.P. from June 30th. 30 days @ 50c.</i>					<i>26.41</i>				
		<i>34.50</i>			<i>10.64</i>			<i>1.50</i>					
<i>July</i>	<i>P. Pay</i>	<i>34.10</i>		<i>C.A.P.</i>				<i>15</i>					
				<i>WR 1174. 24. G.I.B.D</i>	<i>4.46</i>								
				<i>✓ 834. 20/7. 1 Dm Wing</i>	<i>4.46</i>			<i>15</i>	<i>36.59</i>				
		<i>34.10</i>			<i>8.92</i>								
<i>Aug</i>	<i>✓</i>	<i>34.10</i>		<i>C.A.P.</i>				<i>15</i>					
				<i>✓ 232. 1/8. 2 G.I.B.</i>	<i>3.57</i>			<i>15</i>					
		<i>54.10</i>			<i>3.57</i>				<i>52</i>				
<i>Sept</i>	<i>✓</i>	<i>33</i>		<i>C.A.P.</i>				<i>15</i>					
				<i>✓ 422. 5/9. ✓</i>	<i>4.14</i>								
				<i>✓ 484. 14/9. ✓</i>	<i>3.57</i>			<i>15</i>	<i>59.41</i>				
		<i>33</i>			<i>10.71</i>				<i>93.51</i>				
<i>Oct</i>	<i>-</i>	<i>34.10</i>		<i>C.A.P.</i>				<i>15</i>					
				<i>AR. 722. 20/10/18</i>	<i>3.73</i>				<i>74.78</i>				
				<i>- 978. 30/10/18</i>	<i>3.73</i>				<i>71.05</i>				
		<i>34.10</i>			<i>7.46</i>			<i>15</i>					

NUMBER 1072157 RANK

Pte

NAME CAVANAGH Arthur M

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Bal fwd								71 05		
Nov	P.P.	33	-	ca.P.				15-			
Dec	-	34	10	AR. 1211. 10/11/18. 1-20/18.	3 73						
				ca.P.				15-			
				- 1431. 19/11/18	3 73				100 69		
				- 1790. 16/12/18	9 08						
Jan	-	34	10	ca.P.	16 54			15	110 71		
		101	20		16 54			15			
Feb	-	30	80	AR 2222. 3/1/19.	3 77						
Mar	-	34	10	- 2014. 26/12/18	7 79						
				- 2450. 19/1/19	3 73						
				- 2804. 4/2/19	9 33						
				- 2616. 1/2/19	3 73						
				- 1887. 9/2/19.	9 33						
				ca.P.				30	107 93		
				- 2923. 17/2/19	3 73				104 20		
				- 15262. 19/3. 24.	4 87				99 33		
		64	90		46 28			30			
Apr.	-	33		ca.P.				15-			
				AR 712. 8/4/19.	48 67				68 66		
	SF. 8/4/19 / 20/4/19. Do. 107. 17/4/19. 15 Res 12 days.	8	76						77 42		
				AR 177. 28/4. 15 Res.	9 73						
				- 177.	19 47				48 22		
				✓ 3356. 9/5 (End)	9 93				38 49		
		41	76		87 60			15			

200 to Com 14/5 at 75.

14/12/19

96-87

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. 61).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group..... A
 Checked by No. 26
 Date..... 14/5/19
C.M. M.

M
 SHORT FORM
PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

Group 1

1.	No.	1072157	MAY 14 1919	EMBARKED FOR CANAD
2.	Rank.	Pte.	DISM. CAN. REE. L.F.A.X. 24-5-19	
3.	Name.	Cavanagh, M.		
4.	Unit.	15th Res.	249th Bn.	
5.	Date of Discharge	30/5/19	Place Winnipeg.	
6.	Reason for Discharge	Demob.		
		Mother		
		War Service Badge Class "A" No. 189867		
7.	Authority.	Do 155		
8.	Proposed Residence after Discharge	Kenville, Man.		
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. ?			
		<u>A.M. Cavanagh.</u> Signature of Soldier.		
10.	CONFIRMATION.			
	The discharge of the above named man is hereby confirmed.			
	Place	Dispersal Station "M"		
	Date	MAY 30 1919 Military District No. 10		
	Signature	<u>[Signature]</u> (O. C. Discharging Unit.)		

