

Woe

REGIMENTAL DOCUMENTS

NAME **COFFEY** *John Charles Jr*

REGT. NO. *3033645*

UNIT *H. B. Co*

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

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- 2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
- 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)
- 4 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)
- 7 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)
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- 1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)
- 1 *Death Cert*
- 1 *Form C-3*
- 1 *MFW-67*

15-7-19

*Deceased
April 19/61*

27337

DEATH

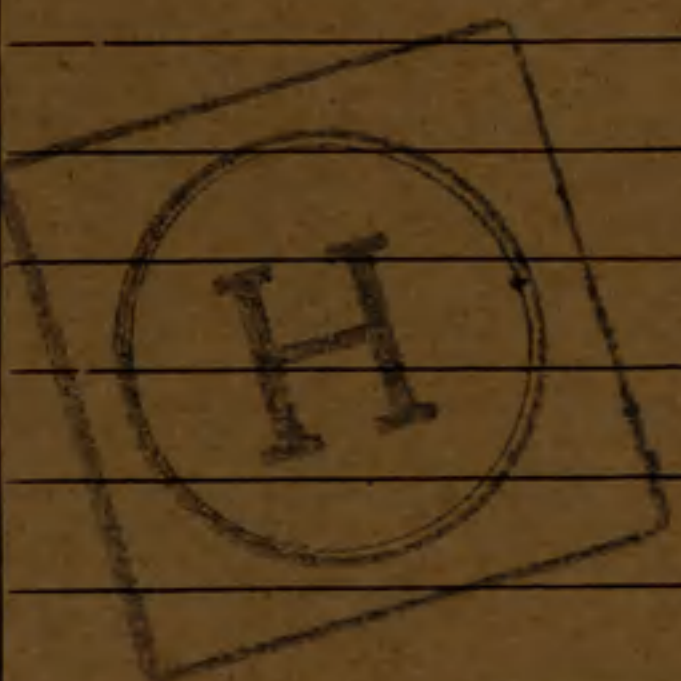
Category

DISCHARGE

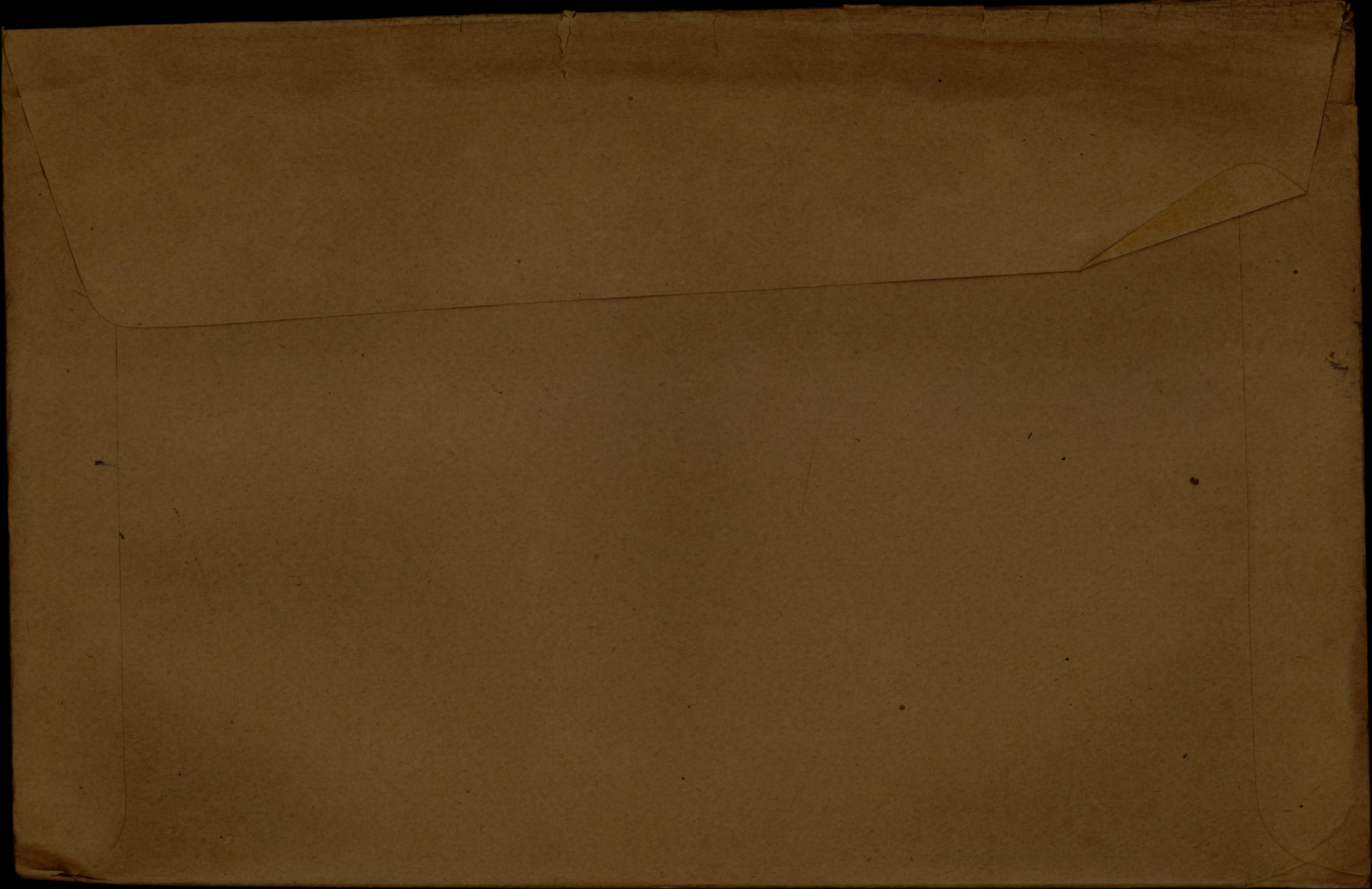
Category

Remob

DESERTION



X



ORIGINAL

8663

6

No. 2 M. D. 1st Depot Battalion 1st C.O.R. Regiment

M.S.A.

Regtl. No. 3033645

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One.)

1. Surname..... C. Coffey,
2. Christian name..... John CHARLES?
3. Present address..... Gravenhurst, Ont.
4. Military Service Act letter and number..... 785674
5. Date of birth..... May 1st, 1895.
6. Place of birth..... GRAVENHURST. ont.
(town, township or county and country)
7. Married, widower or single..... Single.
8. Religion..... Meth.
9. Trade or calling..... Labourer.
10. Name of next-of-kin..... Sarah Coffey,
11. Relationship of next-of-kin..... MOTHER?
12. Address of next-of-kin..... Gravenhurst, Ont.
13. Whether at present a member of the Active Militia..... NO.
14. Particulars of previous military or naval service, if any..... No.
15. Medical Examination under Military Service Act:—
(a) Place..... Orillia, (b) Date..... Nov. 23rd, (c) Category..... A-2.

DECLARATION OF RECRUIT

I, JOHN CHARLES COFFEY, do solemnly declare that the above particulars refer to me, and are true.

John Charles Coffey (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... 22 yrs..... 9 mths.
 Height..... 5 ft..... 10 1-4 ins.
 Chest measurement } fully expanded..... 35 ins.
 } range of expansion..... 3 ins.
 Complexion..... ruddy.
 Eyes..... blue.
 Hair..... dark.

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

John M. G. [Signature]
O. C. 1st Depot Btln.
1st C.O. Regt.

Place Toronto, Date 18-2-18.

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PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

Class

1. Name of recruit

2. Date of birth

3. Place of birth

4. Particulars of previous military or naval service, if any

5. Particulars of previous military or naval service, if any

6. Particulars of previous military or naval service, if any

7. Particulars of previous military or naval service, if any

8. Particulars of previous military or naval service, if any

9. Trade or calling

10. Name of next-of-kin

11. Relationship of next-of-kin

12. Address of next-of-kin

13. Whether it present a member of the Active Militia

14. Particulars of previous military or naval service, if any

15. Medical Examination under Military Service Act

(a) Place

(b) Date

DECLARATION OF RECRUIT

I, the undersigned, being the next-of-kin of the above-named recruit, do hereby declare that the particulars given above are true and correct.

DESCRIPTION ON CALLING UP

Height	5 ft 6 in
Weight	140 lb
Complexion	Fair
Build	Slender
Age	21 years
Complexion	Fair
Build	Slender
Age	21 years

Signature of Recruit

Signature of Next-of-Kin

Date

8663

War Service Badge
Class "A" No.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

3581314

THIS IS TO CERTIFY that No. 3033645 (Rank) Private

Name (in full) Coffey, John Charles enlisted in
the 1st Dep't Bn. 1st Co. R.

CANADIAN EXPEDITIONARY FORCE at Toronto on the 15th
day of February 1918.

HE served in 4th Battalion in France.

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

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

Age 24
Height 5' 10 1/4"
Complexion Ruddy
Eyes Blue
Hair Dark

Marks or Scars Nil

J. C. Coffey
Signature of Soldier.

R. S. Bellman
O. C. Dispersal Station "B"
Issuing Officer.

Date of Discharge



Rank

HALIFAX, N. S. JUL 4 1919
Date 19

N.B. - AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL, OTTAWA, CANADA.

- 1.—That discharge certificate must be carried when wearing uniform.
- 2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and
- 3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

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Canadian Corps Camp

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TO: Officer Commanding
The following is a special report on the undermentioned. Your attention should be called to it and the case should not be paraded with this report in triplicate, the Medical History Sheet and the Casualty Form. The IOPC Board as there is not a disability of the IOPC.

SECRET is

NAME: *Coffey J. E.* NUMBER: *3033691* RANK: *Pte* UNIT: *A Coy*
FORMER OCCUPATION: *Machine Gunner*
ORIGINAL CAUSE OF INJURY: *Hypertensive Retinopathy*
DATE OF ORIGIN: *England* PLACE OF ORIGIN:

DEGREE OF DISABILITY:

VISION	RT: - <i>6/6</i>	WITH GLASSES	LT: - <i>6/6</i>
	LT: - <i>6/36</i>		LT: - <i>6/9+</i>

CATEGORY RECOMMENDED: *X*
HISTORY OF PRESENT COMPLAINT: *England*

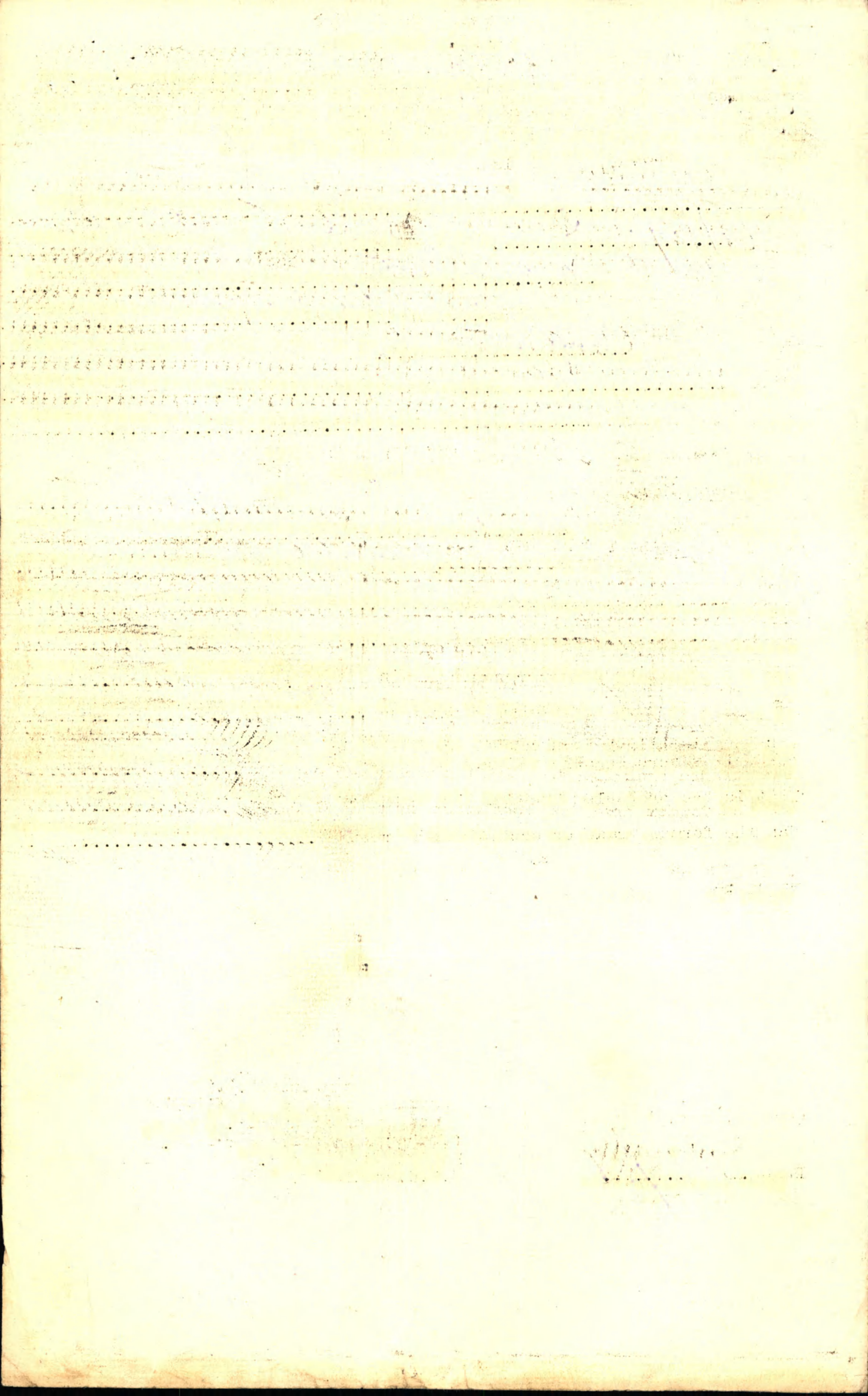
DID the disabling condition have origin before enlistment *Yes*
If so, has it been aggravated by service *No*
Has the disability been caused aggravated by intemperance or improper conduct or unreasonable refusal to accept treatment *No*
What is the probable duration (in month) of the disability *Permanent*
Can the former trade or occupation be resumed *Yes*

FUNDS :-
Normal

J. W. Branscott

Capt. C. W. O.
Officer i/c Medical Board Dept.
C.C.C. Branscott.

Date *2/6/19*



8663
1st Coy

~~ORIGINAL~~
MILITARY SERVICE ACT, 1917.
M.S.A.
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 Coffey, Christian name John Charles
 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 785674
 3. Consecutive number on schedule of men reporting for service (if he appears on it)
 4. Address (including street and number, if any) Gravenhurst, Ont.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 23rd day of November 1917, by the undersigned medical board sitting at Oeillia, Ont.

5. Age as stated 22 Years 6 Months. 6. Apparent age 22 Years 6 Months
 7. Height 5 Feet 101-4 Inches. 8. Weight 142 Pounds.
 9. Chest measurement { Minimum 32 Ins. 10. Complexion ruddy { Eyes blue.
 { Maximum 35 Ins. { Hair dark.
 11. Physical development good. { Good
 { Fair 12. Smallpox marks --
 { Poor
 13. Number of vaccination marks { Right arm ----
 { Left arm ---- 14. When vaccinated last ---

15. Distinctive marks and marks indicating congenital peculiarities or previous disease slight enlargement of thyroid. Middle lobe extra systole disappearing exertion probably effects of tobacco. False teeth upper plate.

16. Slight defects but not sufficient to cause rejection
 The man denies having had { Rheumatism We find no evidence of past { Rheumatism
 { Tuberculosis { Tuberculosis
 { Syphilis { 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 A2
 17. (a) Vision R. 30 L. 80
 (b) Hearing R. normal

W.E. Brown, Capt. President.

A.E. ARDAGH, Member. J.A. GILCHRIST? LT. Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>25/2/18</u>	<u>Good</u>	<u>Shawedip</u> M.O.	<u>19/2/18</u>	<u>Shawedip</u>	M.O.
		M.O.	<u>25/2/18</u>	<u>Shawedip</u>	M.O.
		M.O.	<u>6/3/18</u>	<u>Shawedip</u>	M.O.

Joined 18th day of FEBRUARY 1918 at TORONTO.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>st Depot Bn</u>	<u>3033645</u>		
Transferred to.....	<u>1st C.O.R.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Brampton</u>	<u>2-6-19</u>	<u>Hyperopic Astigmatism</u>	<u>Cat A - Exempt</u>

Signature of Man John Charles Coffey

CANADIAN

TO: Officer Commanding.....
 The following is a special EYE report on the und mentioned. Your M.O's
 attention should be called to it and the case should now be peraded with
 this report in triplicate, the Medical History Sheet and the Casualty Form to
 the Board as there is NOT a disability of the EYE.

NAME..... NUMBER..... RANK..... UNIT.....
 FORMER OCCUPATION.....
 ORIGINAL CAUSE OR INJURY.....
 DATE OF ONSET..... PLACE OF ORIGIN.....
 CAUSE.....
 PROBABLE DISABILITY.....

VISION RE:- 6/6 RE:-
 Lt:- 6/36 with glasses RE:-
 RE:-

Category Recommended.....
 HISTORY OF PRESENT CONDITION.....

Did the disabling condition have origin before enlistment.....
 If so, has it been aggravated by Service.....
 Has the disability been caused or aggravated by Intemperance or Improper
 conduct or unreasonable refusal to accept treatment.....
 What is the probable duration (in months) of the disability.....
 Can the former trade or occupation be resumed.....

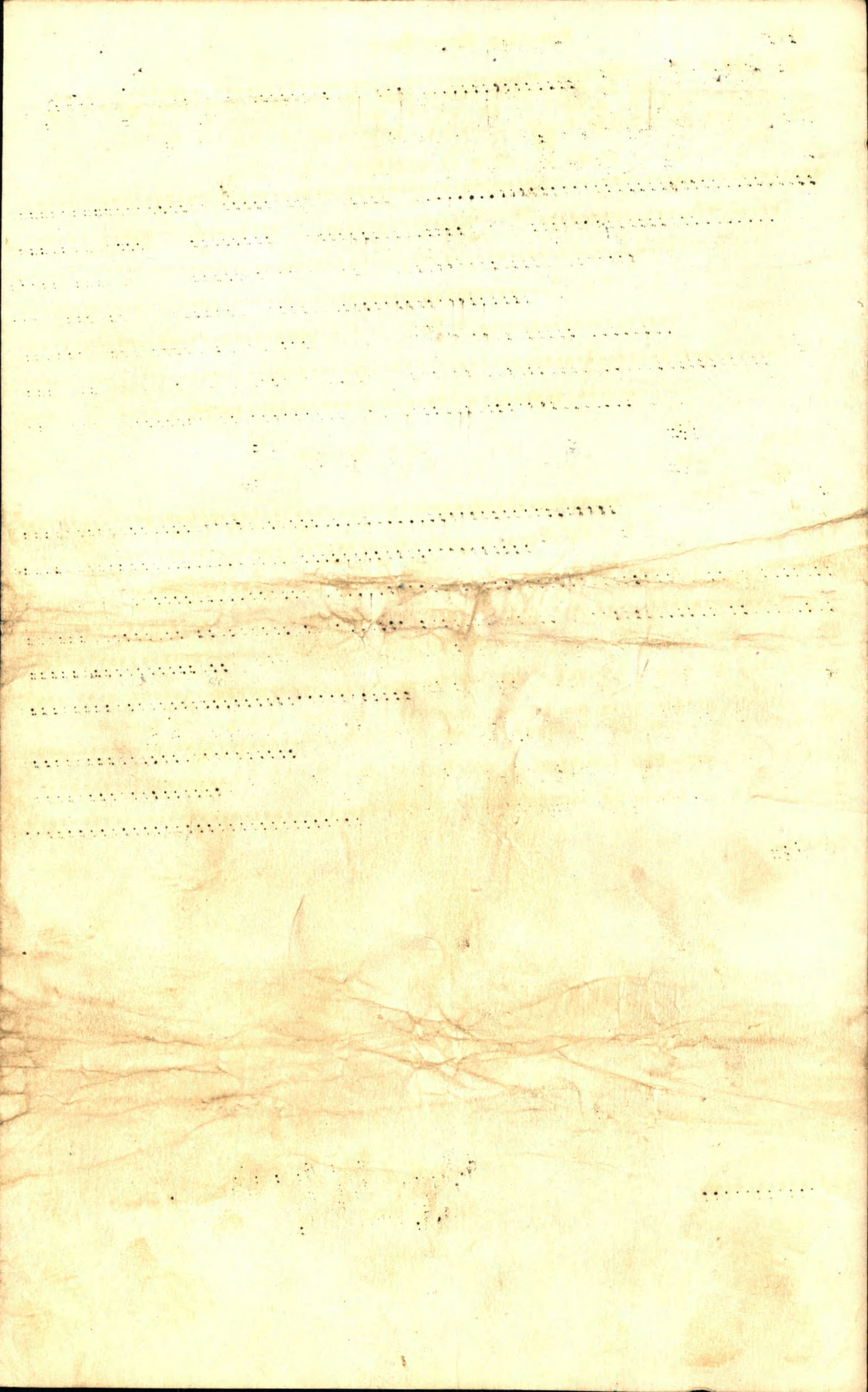
Fundi:-

Capt C.A.M.C.
 Officer i/c Eye & Ear Dept.
 Medical Board Dept
 C.C.C. Bramshott.

Date.....

1/17

[Handwritten signature]



DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

G Coy., 1st Depot Bn., 1st C.O.R.

(1) Name of Overseas Unit which Soldier joins.....

(2) Regimental Number 3033645.....

(3) Full Name of Soldier Coffey Charles John.....

(4) Place of Birth Isavenhurst Ont.....

(5) Are you married, or not? no......

(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?.....

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

Also their names and ages.....

(9) Is your Father alive? *Yes. John Coffey*
If so, state name and address *Gravenhurst Ont*

(10) Is your Mother alive? *Yes. Sarah Coffey*
If so, state name and address *Gravenhurst Ont*

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

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

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

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

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

FEB 22 1918

Date.....

John M. [Signature]
Officer Commanding.

8663

ET.

Rank **9th Dft 1st Bn 1st Cen Ont** Name **COFFEY, John Charles** Reg'l No. **3033645**
 Unit **Ont** If in perm. Corps, }
 What Unit? } **Single.**
 Married or Single **Single.**

Place and Date of Enlistment **Toronto. February 18th. 1918.** Place of Birth **Gravenhurst, Ont.**

Name and Address, Next-of-Kin **Sarah Coffey,**
Gravenhurst, Ont. Canada. Relationship **Mother.**

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

misc

N/E. B.D. NE
 FILED
 Date July 10. 1918
OR. Can

Discharge, Date and Place Reason Character

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents
Date.	From whom received.				
		Arrived in England		3-4-18	S/S MISSANABLE
5-4-18	3 Res	<i>7. J.D. from Canada</i>	<i>Witley</i>	<i>4-6-18</i>	<i>PT # 93</i>
31.7.18	3rd. Res.	Sentenced by D.C.M. on May 3rd. 1918 to undergo imprisonment with hard labour for six (6) months for (1) Stealing goods the property of a comrade in that he, on the 20th. April 1918 stole from C.S.M. G.A. Russell of the 3rd. Res. Bn. a safety razor the property of the said C.S.M. G.A. Russell. (2) Alternative. Receiving knowing them to be stolen, goods, the property of a comrade, in that he at Witley Camp on 21st. April 1918 was found to be in possession of a safety razor the property of C.S.M. G.A. Russell, which he knew had been stolen. Pleading:- Not guilty. Finding:- Guilty of 1st. Charge, but not guilty of 2nd. charge. Confirmed 13.5.18. Date of Arrest. 20.4.18. Commuted to six (6) months Detention, May 13th. 1918 by G.O.C. Can. Troops, Witley.	Witley.		Part 2-0. 212
15-10-18	3 Res. Bn.	<i>Comm. to Wandsworth D.B.</i>	<i>Witley</i>	<i>13-5-18</i>	<i>PT # 288</i>

1st COR

*7/13/18
 checked
 9/10/18 D*

8663

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) COFFEY, J.C.
 REGIMENT 4th BN RANK Pvt. No. 3033645
 Date of Examination in England 2/18/19 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



A.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 2-20
2. EXTRACTIONS _____
3. CROWNS _____
4. DENTURES
 - (a) Full Upper _____
 - (b) Part Upper _____
 - (c) Full Lower _____
 - (d) Part Lower _____

ASSISTANT DIRECTOR OF
 JUL 4 1919
 M. D. No. 8
 DENTAL SERVICES

HAS HE EVER REFUSED DENTAL TREATMENT?

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

- (a) In Canada _____
- (b) In England _____
- (c) In France yes

HANTS

Signature of Dental Officer E. J. Berry Capt.

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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				
	CCC	Attached for duty	A wing CCC	28.8.	NR/1 5 8
	A.A.G.	Transferred to Cdn. Record List.		MAR 22 1919	Pt. 2.O. No. 24 d/27 MAR 1919
1-2-19	A. Wing CCC	Transferred from 4 th Res Peramshott		7-1-19	DOI
		<p style="text-align: center;">RESIDENT OF CANADA ON PROCEEDING TO CANADA FOR DEMobilIZATION</p> <p style="text-align: center;">H.M.T. MAURETANIA LEKD. SPTN. 28-6-19 S.I. I.O. 94</p>			
28.6.19	T.O.S. No. 0 D D	from... 0/s... and posted.	Dimp St. B.	Alft	D.O. 190
13.7.19	S.O.S.	on Discharge.			" " 190
		<p style="text-align: center;"><i>W. Ferguson</i> Officer in Charge</p>			

LIEUT.
FOR LT COL.
A.A.G.

Geo. Mervick
for Lt Col i/c Records, etc
28/6/19

Casualty Form - Active Service.

Regiment or Corps *11th Canadian Infantry Battalion*
 Rank *Pte* Surname *Coffey* Christian Name *J. C.*
 Religion Age on Enlistment Years months
 Enlisted (a) Terms of Service (a) Service reckons from (a)
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and rate
 Occupation Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked ..			
<i>11-10-18</i>	<i>B D B D</i>	<i>Having arrived from Eng as a reinforcement from 3rd Cdn Inf Bn is taken on strength 11th Cdn Inf Bn</i>	<i>B D B D</i>	<i>5-10-18</i>	<i>NR/782 Pt 2 Ono 124 d/8-10-18</i>
<i>9-10-18</i>	<i>A J D Odu</i>	<i>Classified "TB" Dentures</i>	<i>B D B D</i>	<i>9-10-18</i>	<i>W3339/764</i>
<i>16-10-18</i>	<i>do</i>	<i>Classified "A"</i>	<i>do</i>	<i>16-10-18</i>	<i>do/776</i>
<i>6-11-18</i>	<i>do</i>	<i>Classified "TB"</i>	<i>do</i>	<i>6-11-18</i>	<i>do/819</i>
<i>13-11-18</i>	<i>do</i>	<i>Classified "O"</i>	<i>do</i>	<i>13-11-18</i>	<i>do/827</i>
<i>16-11-18</i>	<i>B D B D</i>	<i>Left for CCRC</i>	<i>do</i>	<i>16-11-18</i>	<i>NR/1468</i>
<i>16-11-18</i>	<i>CCRC</i>	<i>Arrived at camp</i>	<i>CCRC</i>	<i>16-11-18</i>	<i>NR/1820</i>
<i>13-1-19</i>	<i>do</i>	<i>S.O.S CCRC to 4th Bn & remains in command to CCC</i>	<i>Field</i>	<i>13-1-19</i>	<i>NR/02320</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

misc

WLB Class "A"

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

M. E. W. 54. (A. E. B. 10a.)
500M.—9-16
H. Q. 1772-39-9'0.

M. S. A.

Casualty Form—Active Service.

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Unit, Regiment or Corps 1st Depot Bn., 1st C.O.R.

Regimental No. 3033645 Rank Pte. Name John Charles Coffey
C. E. F.

Enlisted (a) Toronto Terms of Service (a) D. of W., 6 mths. Service reckons from (a) 18-2-18.

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				
		Embarked Canada		25-3-18.	
		Arrived England		3-4-18.	
5-4-18.	O.C. 3rd Res. Bn.	P.O.S. from Canada.	Witley.	6-4-18. PT. 11. P.O.S.	
31. 7/18	3rd Res Bn	<i>Sentenced by D.C. to 3 months imprisonment with hard labour for six (6) months.</i>	<i>Witley</i>	<i>13.5.17</i>	<i>Per D.O. 212</i>
3/10/18	O.C. 3rd Res. Bn. C.B.F.	Transferred to <i>HTH</i> Bn	<i>Witley</i>	<i>2/10/18</i>	<i>Pt II Bn O. 276</i>
					<i>Bonman 17 Lt. Col.</i>

CERTIFIED CORRECT.
RECORDED
31 OCT 1918

(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.

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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. 7. 18.	3 rd Res.	<p>Sentenced by D.C.M. on May 3rd. 1918 to undergo imprisonment with hard labour for 6 months for (1) stealing goods the property of a comrade in that he on the 20th 4.18. stole from C.S.M. G. A. Russell of the 3rd Res: a safety razor of the property of the said C.S.M. G.A. Res: (2) Alternative Receiving knowing them to be stolen goods. the property of a comrade in that he at Witley Camp on 21.4.18 was found to be in possession of a safety razor of the property of C.S.M. G.A. Russell, which he knew had been stolen: Pleadings: Not Guilty. Finding: Guilty of (1) charge but not guilty of (2) confirmed 13.5.18. Date of arrest 20.4.18. Committed to 6 months Dtm: May 13. 1918. by G.O.B. Ban: Troops Witley.</p>	Witley		Pt II D.O. 212.

ATIVED
ENGLAND
MARKED
CARRIED

CERTIFIED CORRECT.
10 OCT. 1918
LONDON.

D.
J. A. Ham.
Lieut.
for Lt Col G. Records Comd.

SURNAME.

Coffey

673" CARD NO. *X*
~~MIA #2~~
SOS. 26 13-7-19
PO. 1907 9-7-19
Demob. 6. 22

CHRISTIAN NAMES

John Charles

REGL. NO.

3033645

RANK

Pte.

T. O. S. *Rebel 1918*

UNIT

1st Cen. Ant. Regt. 1st Dps. Bn. Mil.

D.O. Part II No *50*

FORMER CORPS

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Coffey Mrs. Sarah

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

Gravenhurst Ont.

COUNTRY OF BIRTH

Canada, Gravenhurst Ont.

DATE

May 1st 1895.

PLACE OF ATTESTATION

Toronto, Ont.

DATE

Feb. 18th 1918.

O/S. 25:3-18-1125-

R/C. 3-7-19 364/18 Pte

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

TOTAL SERVICE WHERE AND HOW LONG DATE AND PLACE OF ORIGIN

DISEASE OR INJURY

OPERATIONS

RESULT OF OPERATIONS

(A) DATE OF ARRIVAL AT HOSPITAL AS AN ADMISSION

(B) AS A TRANSFER (STATE WHERE FROM)
NAME OF HOSPITAL

DATE OF DISCHARGE TO UNIT IN CASE

DATE OF DISCHARGE AS AN INVALID

DATE OF DEATH

DATE OF TRANSFER (STATE WHERE TO)
NAME OF HOSPITAL

OTHER INDEPENDENT CONDITIONS DIAGNOSED

NEXT OF KIN ADDRESS

..... HOSPITAL

DEPT. JAN 30 1934
REGN. NO. 237

HERB
Number 3033645- Rank Plt

Surname COFFEY

Christian Name John Charles

Units ~~1st Co A~~ Theatre of War England

Date of Service 3-4-18.

Remarks Gavenhurst, Ont 29th Dec

Latest Address ~~491 Grenadier Rd.~~

Toronto Ont

Roll No. A Page 4856

Date of Enlistment 18-2-18

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

C

14600

April 1st 1918

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

20.00	15		
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PARTICULARS OF SEPARATION ALLOWANCE

No. 3033645
 Rank Pte Promoted Reverted Discharge
 Soldier's Name Charles Coffey
 Battalion 1st Depot Balm 1st C.O.R. 9th Draft
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name Mrs Sarah Coffey
 Address Gravenhurst, Ont.
 Change of Address
 1
 2
 3
 4

MRS. SARAH COFFEY,
 GRAVENHURST,
 ONT. 20 20.00
 % 3033645 PTE CHARLES COFFEY
 TWENTY DOLLARS

Date	Cheque No.	Amount S/A	Amount A/P	Total
1918 Apr. X	12589		20	20
May	12742		20	20
June	24384		20	20
July	27763		20	20
Aug	37591		20	20
Sept	46051		20	20
Oct.	52257		20	20
Nov	55242		20	20
Dec	6588		10	10
Dec	63983		20	20
1919 Jan.	75256		15	15
Feb	79387		15	15
Mar	86340		15	15
Apr	4656		15	15
May	H 5490		15	15
June	G 9865		15	15
JUL	D 11638		15	15
			275	275

3386-15. REMARKS

In 30th April to 31st off 20999-a-18
 H-18. a/c det. Bal. 51476-a 3rd 18

Rec'd 16th 18

c.o. 5590 R 63983 cancel 6th 18

A/c Closed 31-7-19
 Ret'd per... Maretana
 Date... 4-7-19 M.E.W. 187 M.P. 6
 Closed... J. Shanahan 79
 M.R.O. 44612-16

AUDITED

AUTHORITY FOR NEW ACCT.

M. F. W. 128
 400M-6-17-1772-39-141
 L. L. 2320-M. & D. 7693.

AUTHORITY FOR NEW ACCT. R. M. D. 2. B. 1
G. A. McNeil
 22-4-18

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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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-517-1772 88-1141
L. L. 23301-M. & D. 1988.

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

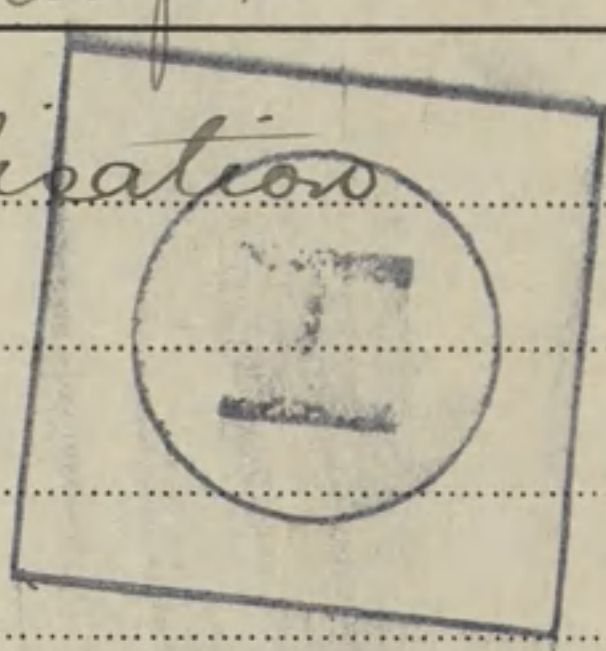
1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129).
5. Dental History Sheet (M.F.B. 465).
6. Medical Report (M.F.W. 129 or D.M.S. 1375).
7. Regimental Conduct Sheet (Militia Form B. 263).
8. Company Conduct Sheet (Militia Form B. 263a).
9. Copy of Last Pay Certificate (M.F.W. 44).
10. Certificate that missing documents are unobtainable.
11. Receipt for Discharge (M.G. Form (D.O.S. 2).
12. Last Pay Certificate (F. 5511) *40 up*
13. Pay Book (F. 564).
14. War Service Gracuity (Form M.F.W. 2595).
15. Sundry Documents.

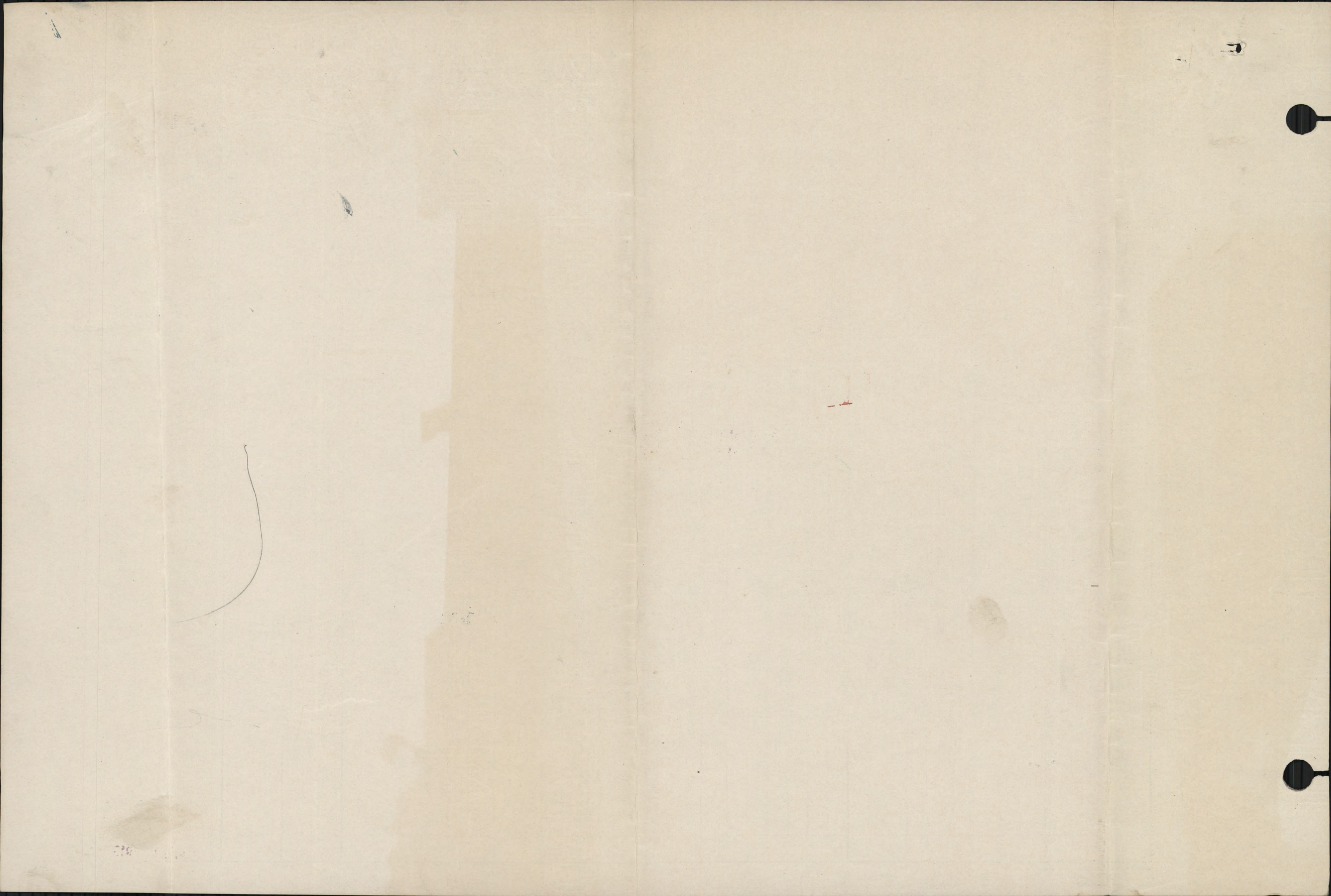
Group..... *B*
 Checked by No..... *13*
 Date..... *25 JUN 1919*

H.M.T. Manometania
28-6-19

War Service Badge
 Class "A" No. *381314*
 SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

12-0-39
at
D.A. H.B
 Occupational Group No. *13*

1. No.	<i>3033645</i>
2. Rank.	<i>Private</i>
3. Name.	<i>Coffey John Charles</i>
4. Unit.	<i>4th Battalion</i>
5. Date of Discharge	<i>13/7/19</i> Place <i>Halifax</i>
6. Reason for Discharge	<i>Demobilisation</i>
	
7. Authority.	<i>R.O. 1420</i>
8. Proposed Residence after Discharge	<i>491 #94 Grenadier Road, Toronto</i>
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. ?	
<i>J. C. Coffey</i> Signature of Soldier.	
10. CONFIRMATION.	
The discharge of the above named man is hereby confirmed.	
Place	<i>HALIFAX, N.S. JUL 4 1919</i>
Date	<i>9/16</i>
<i>R. S. Bellman</i> Signature..... O. C. Dispersal Station "B" (O. C. Discharging Unit.)	



NUMBER 3033645 RANK

Pt

NAME

COFFEY, J. C.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Balance Forward								56.31	✓	
Nov.	Pay - Nov. Dec & Jan	10	20	af 3916 - 4/11 - C.F.B.D.	1.87						
				af 4648 - 15/11 - ✓	.93						
				af 2165 - 20/11 - 10000000	2.50						
				Released from Attention Bk. and proceeded overseas as effect from 2-10-18. Remainder of sentence remitted from that date. (D.O. 254 cancelled by D.O. 246 4/12/18) auch. D.O. 297. 3rd pay 24/10/18. To be debited with pay from 10/9/18 to 1/10/18. (22 days)							
				af 2418 - 7/12 - 10000000	3.73						
				2711 - 21/12 - ✓	3.73						
	Cap. Nov. Dec & Jan							45	37.37	✓	
		10	20		13.06	24.20		45			
Feb & Mar		6	4	3082 ⁶ / ₁ - 1. D.W. c.c.c.R.C.	4.66						
				3352 ¹⁸ / ₁ ✓	3.73						
				3627 ⁵ / ₂ A. W. ing. c.c.c	4.87						
				4479 ¹² / ₂ ✓ ✓	7.30						
				4816 ⁵ / ₃ ✓ ✓	4.87						
				6829 ²⁶ / ₂ ✓ ✓	4.87						
				c.a.P Feb Mch				30	32.77		
		6	4		30.30			30			
Apr May	P.P.	6	7	151. A. W. ing 4/4. ✓	4.87						
				3917 ✓ 19/4. ✓	4.87						
				5492. ✓ - 5/5. ✓	4.87						
	Cap. Apr May.							30	10.28		
		6	7		14.61			30			
June	P.P.	3	3	cap				15			
				af 9651 - 5/6 - A. W. ing	4.87						
				af 7595 - 19/5 - ✓	4.87						
				af 10289 - 11/6 - ✓	38.93				40.95		
		3	3		48.67			15			

58
 202 Jan 19. has 54 CR
 ①

8663
OPINION OF THE MEDICAL BOARD

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

Yes.

19. Is the invalid fit for

- | | | | |
|--|--------------|--------------------------|---------------|
| (a) General service, | (Category A) | (Yes or No.) | <i>cat A.</i> |
| (b) Service abroad, not general service, | (" B) | (Yes or No.) | |
| (c) Home service (Canada only), | (" C) | (Yes or No.) | |
| (d) Temporarily unfit. | (" D) | (Yes or No.) | |
| (e) Unfit for service in Categories A, B and C | (" E) | (Yes or No.) | |

20. It is certified that the invalid

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

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

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

Boarded with AG reg 1083-11-11-18

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

L. L. Richmond Major President.

PLACE *Bramshatt* }
DATE *2-6-19* } Members
Richmond

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

..... President

PLACE..... }
DATE..... } Members

APPROVED BY..... APPROVED BY.....
for M. F. B. 227 Assistant Director of Medical Services. Director-General of Medical Services.

DATE *2/11/19* DATE.....

CERTIFIED A TRUE COPY

CAPT JAMG

8663
THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
- The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
- In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION *Bramshatt* DATE *2-6-19*

1. 1 (a) Unit *4th Bn* (b) Regimental No. *3033645* (c) Rank *Pte.*

(d) Surname *Coffey* (e) Christian name *John Charles*

(f) Home address *194 Grenadier Road, Toronto*

(g) Next of Kin *J. J. Coffey* (h) Relationship *Father*

(i) Address of Next of Kin *Same address*

2. Age last birthday *24* Date of birth *May 1, 1895*

3. Enlistment, or Appointment (if an Officer) (a) Place *Toronto* (b) Date *18-2-18*

4. Personal description:

(a) Height *5' 11 1/2"* (b) Weight *185* (c) Complexion *dark*

(d) Colour of hair *black* (e) Colour of eyes *blue* (f) Identification marks, Scars, etc. *nil*

5. Former trade or occupation *Machinist*

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	
	Years	Days
	<i>1</i>	<i>104</i>

	PERIODS	
	From	To
Canada	<i>18-2-18</i>	<i>25-3-18</i>
England	<i>25-3-18</i>	<i>2-10-18</i>
France or other theatres of War	<i>2-10-18</i>	<i>27-1-19</i>

7. Original disease, or injury *Hyperopic Astigmatism*

(a) Date of origin *Childhood* (b) Place of origin *Canada*

(c) Cause *Congenital*

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

Defective Vision L

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

Spec Report Bramshatt - 2-6-19.
Vision R 6/6
L 6/36 with glasses 6/9+
Sgd. J. Pennington

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

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

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

Vision always poor.

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

nil

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

nil

11.—(a) Did the disabling condition have its origin before enlistment? yes

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

no

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

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

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

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

nil / Spec Report attached

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

no

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

17. Recommendations

n.a.

H. Mitchell Capt RMC
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

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

I complain in addition of nothing

J.C. Coffey Rank.
Signature of invalid examined.