ATTESTATION PAPER.

No. ~~8288~~ 113012.
Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? James Doody
2. In what Town, Township or Parish, and in what Country were you born? Castlebar Ireland
3. What is the name of your next-of-kin? Edith Doody
4. What is the address of your next-of-kin? 583 Downie St Peterboro Ont
5. What is the date of your birth? Mar 8 - 1878 15
6. What is your Trade or Calling? Shoemaker 37
7. Are you married? yes
8. Are you willing to be vaccinated or re-vaccinated? yes
9. Do you now belong to the Active Militia? no
10. Have you ever served in any Military Force? If so, state particulars of former Service. Connaught Rangers - 7 years
11. Do you understand the nature and terms of your engagement? yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? yes

James Doody (Signature of Man).

S H Elliott (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

James Doody (Signature of Recruit)

Date March 29 1915 S H Elliott (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, James Doody, 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.

James Doody (Signature of Recruit)

Date March 29 1915 S H Elliott (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 Ottawa this 29 day of March 1915.

[signature] J. P. Carleton (Signature of Justice)

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

[signature] (Approving Officer)

M. F. W. 23.
150 M.—12-14.
H.Q. 1772-39-841.

3

Description of James Doody on Enlistment.

Apparent Age 37 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 7½ ins.

Chest measurement: Girth when fully expanded ..... 38 ins.
Range of expansion ..... 3½ ins.

Complexion ..... fair

Eyes ..... dark Blue

Hair ..... Brown

Religious denominations:
Church of England .....
Presbyterian X
Wesleyan .....
Baptist or Congregationalist .....
Other Protestants .....
(Denomination to be stated.)
Roman Catholic .....
Jewish .....

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).

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 25th March 191 5 ..... G Gillenbery

Place Ottawa Ont ..... Capt. A.M.C. ✓

Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

James Doody. ..... 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.

A Dennis Lt Col ..... (Signature of Officer)

Date 29/3/15 ..... 191 .

C.E.F.

DOODY JAMES

113012

C.E.R.

21129

MED UNFIT

2599

H

113012
SIN/NAS

DOODY
Surname/Nom
04 Janvier
Died 1925

James
Given names/Prénoms

CANADIAN FORCES
FORCES CANADIENNES

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

"CONTENTS CONFIDENTIAL"
"CONTENU CONFIDENTIEL"

Box : 2599

CF 478 (10/74)
7530-21-870-6931

COMPONENT
ÉLÉMENT

CEF

FORM R. 149.
7106—250m—7/2/17.

Name. DOODY.James. *Rank* Dvr. *Reg. No.* 113012.

Unit C.E.T.D.

Next of Kin Edith Doody.North St.Crowboro.Sussex.

Date 1917.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
31-7.	Moore.Bks.C.H.Shornclfe.		G.P.I.	401		
22-8.	Loed Derby W.H.Warrington.		G.P.I.	418.		
1911	Invalided to Canada		do	(77)		1794

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

H. Q. FILE No. 649-

NAME Woody James.

REGT'L. No. 113012

RANK AND CORPS ~~Pte~~ Spr (for the Can. Mtd. Rifles) 1st RD

now Can Eng's Training Depot

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
M 6434 2-2	29-11-17	C Re. your telegram Nov 27th M 6336, regarding James Woody G.P.I. means, General Paralysis ~~offertor~~ of the Insane Returned to Can. per H.S. Araguaya 28-11-17. Insane

NO. 1103.

X FOLL.

L. L. Job 83225—M. & D. 5842.

M. F. W. 42—50m 7-15.
H. Q. 1772—39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
✓ 3.	Mil. Canterbury	7-8-15	Gastritis. Disc. to duty.
1.	" "	2-8-15	N.Y.D.
84	Can. Mil. Shorncliffe.	15-10-15	Dyspepsia
84	" " "	13-11-15	Sick to Light Duty
401	Moore Bks Can Shorncliffe	31-7-17	G.P.I.
H 18.	Lord Derby, W.H. Warrington	22-8-17.	G.P.I.
C 77	Invalided to Canada	19-11-17	G.P.I. (Can. Eng.)
340	M.H. C.C. Kingston	4-12-17	Adm. Cobourg.

(649-D-10248)

CARD NO. V

SURNAME. Doody. Deceased - 4-12-25

CHRISTIAN NAMES James. auth S.C.R. - 5-1-26

S.O.S. Dis. 18-5-18-3

REGL. No. ~~8288~~ 113012 RANK Pte. Elec. 9-1-26 P.C. II 5612-6-18 3 D.D.

UNIT 8th. C.M.R. (1st. R.D.)

FORMER CORPS

NEXT OF KIN.

NAMES IN FULL Doody. Edith.

RELATIONSHIP TO SOLDIER

ADDRESS × ~~288 Queen St~~ Kingston Ont

53 Barrack St. ~~85 Tower Union St.~~

Auth. L. 25-12-18 ~~Auth. 649-D-10248 5-11-17 Lo.~~ ~~auth. 54~~

COUNTRY OF BIRTH Ireland. Castlebar. DATE

PLACE OF ATTESTATION Ottawa Ont. DATE Mar. 29th 1915.

of S10-6-15 104/1

R/C. 28/11/14.

L. L. 90589.—M. & D. 6312. M. F. W. 22. 100m.—1-16. H. Q. 1772-39-839.

MARRIED Yes. 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

19034.

REG. NO. 113102. NAME. Doody James. 14
(SURNAME FIRST)

RANK. Pte CORPS R.C.M.R.

AGE. 35. SERVICE

NAME OF HOSPITAL Ontario Military PLACE Cobourg.

DATE OF ADMISSION 4-12-18

DISEASE General Paresis

DISCHARGE

OPERATION

DISCHARGED TO DUTY

TRANSFERRED TO Rockwood Hosp. 27-2-18.

DISCHARGED BY MEDICAL BOARD

100M—9-17—H.Q. 1211-8-30.

REMARKS .....

Name Doody J. Rank Pte Reg. No. 113012

Unit ~~8th Can. Mounted Rifles~~ Cavalry Depot. Fort Garry Horse Res. Regt.

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
2.8.15	Military Hosp.	Canterbury	R. G. D	1		
7.8.15	do (Disc. to duty)		Gastritis	3		
15-10-15	Cent. Mil. Hos.	Shorncliffe	Dyspepsia	84		
13-11-15	— do- Disch. to L. Duty			84		

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

Yes

Number 113012 Rank Pte

Surname DOODY

Christian Name James

Units 8th C.M.R. Theatre of War Eng

Date of Service 3/8/15

Remarks Mrs. Edith Doody (w) 835 Princess St., Kingston, Ont.

Latest Address X Albion St

Rostdale

Sussex

Eng

BPC 79418

Roll No. a Page 3141

200m.-2-21.M.

REGT. NO. ..... RANK ..... NAME .....

UNIT ..... AGE ..... SERIAL NO. IN A. AND D.

TOTAL SERVICE WHERE AND HOW LONG ..... DATE AND PLACE OF ORI

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 CA

DATE OF DISCHARGE AS AN INVALID .....

DATE OF DEATH .....

DATE OF TRANSFER (STATE WHERE TO) NAME OF HOSPITAL .....

OTHER INDEPENDENT CONDITIONS DIAGNOSED .....

DESP. MAR 3 1926
REGN. No. 11026

H.Q.649-D-10248

DOODY,Jas. # 113012

M & D widow Mrs. Edith Doody,
835 Princess St.,
Kingston,Ont.

P & S Death not due to service,

Death not attributable to Military Service

26/2/26

No. 8288 RANK Pte. NAME Doody, James

T. O. S. UNIT 8th Regt. C.M.R.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914-15.	1914-15.			
	Feb:	✓		
	Mar:	✓		
	Apr.	✓		
	May	✓		
	June	✓		

UNIT SAILED
OCT 9 1915

Name DOODY J. Rank Dvr. Regt. No. 113012 Unit D 3

Battn. 8 CMR Camp or O. S. O. File M. H. C. C. H. Q. File

Next of kin Wife. 85 Law Union Str. Kingston. Ont.

Discharged to Class D. of D. Total. Conduct

Pension awarded Date of first payment

Address on discharge. 125 Queen St. Kingston. Ont.

Diagnosis Gen. Paresis Insane. Date boarded 2-12-17

DATE	CLASS	REMARKS	Part 2 Order
4-12-17	2	Cobourg	#340
29-12-17			
30-12-17		A.W.L. Ffts. 2 Days Pay	#3
4-1-18	2	Cobourg Outpatient without Subs.	#7
16-1-18	2	Cobourg	#18
27-2-18	2	Rockwood Asy.	#60
18-4-18		Trans. to D.D.3 Hosp. Sec.	108 1.
		over	

L. L. Job 24571 M.H.C. F. 29. 75-7 17.—50M.

DATE	CLASS	REMARKS	Part 2 Order
18-5-18		DISCHARGED	56

19034.

~~T. B. OR~~ INSANE CASE

REG. No. 113102. UNIT 8th. C. M. R. NAME Doody games (SURNAME FIRST) M. D. No. 3

AGE 35. SERVICE 2yr. 8 mo. DIAGNOSIS General Paresis.

INSTITUTION Ontario Military STATION Cobourg.

CONDITION ON ADMISSION Physically:- Patient is poorly developed and nourished, about 140 lbs. weight, height 5' 7½", knee jerks, left normal, right active. Argyle Robinson pupil. Patient denies syphilis but English papers show Wasserman positive.

FAMILY HISTORY Father is thought to have died of insanity.

DISCHARGE OR TRANSFER TO

CONDITION ON DISPOSAL OF CASE

M. F. W. 152
10M.—11-17.
1772 39—1179.

(OVER)

REMARKS

Surname: Doody

Christian Name or Names: J.

Reg. No.: 113012

Rank: Pte.

Unit: (8th can Mounted Rifles)

Co.

Troop

Batty.

Hospital: Can. Eng. Training Depot.

Date of Admission

Transferred: Mil. Hosp. Canterbury — Hosp.

Shoreclife Mil — Hosp. 15.10.15

Moore Barracks. — Hosp. 31-7-17

Lard Derby War Warrington — Hosp. 22-8-17

Diagnosis: Gastritis

(1) Dyspepsia

Later Diagnosis (if changed)

(2) G.P.I. gt

(3)

Additional Diagnoses, if more than one state present

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

DISPOSITION

Date

Dis to duty 7-8-15

REMARKS

To light duty 13.11.15.

C.L. 20-8-15 3

14.11.15. 84

C.L. 4-8-17 #401

29-8-17 -418

1.12.17. C77

Dis. to Canada per H.S. Araguaya from L'pool. 19-11-17.

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

LABORATORY. Canadia

Unit. C. C. D. D

No. 113062 Ward 9

Name. Doody. Ph. J. Med. Off. J. Blackmore

History of Case

Clinical diagnosis

Particulars of information required

Examination of Urine. (routine will not include microscopical exam:)

Colour. yellow Albumin. neg Odour

Sugar. neg Deposits Acetone

Re-action. acid Sp.gravity. 1018

Microscopic examination. Epitholium

Blood Pus Phosphates

Uric acid Oxalates

Examined by. W. N. Kirkup

This sheet must accompany all specimens of urine sent to the Laboratory.

92431.—W6490/1535.—2,000,000—J. J. K. & Co., Ltd.—Forms B. 103/1.

Army Form B. 103.

Casualty Form—Active Service.

SOLICITOR DEFENCE AUG 23 1919 CANADA

Regiment or Corps Fort Garry Horse Res. Regt.

Regimental No. 113012. Rank Pte. Name Doody, James.

Enlisted (a) 29/3/15 Terms of Service (a) Dur of War. Service reckons from (a) 29/3/15.

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) Shoemaker.

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked CANADA			
		Disembarked England			
		Taken on strength CCD	Shorncliffe	21.6.15.	CCD Pt Two No 141 d 21.6.15
		do FGHRR	do	12.6.16	FGHRR Pt Two No 32 d 13/7/16
11/8/16		Taken on strength of C.E.T.D. CCD.	S'cliffe	8/8/16	Part II Order No. 189 DO. 4173
27/9/16	D.O.	Transferred to C.M.P	Shorncliffe	26-9-16	D.O. 5060 - 27-9-16
26/9/16		Taken on Strength of C.M.P	"	26-9-16	Part II Order 272 - 28-9-16
16~~10~~-10.16	C.M.P	Transferred to C.E.T.D	Shorncliffe	16-10-16	D.O. 5410. 17-10-16
					Z Jhuaquin Capt. LT.-COL. ASST. PROVOST MARSHAL, CANADIANS, SHORNCLIFFE.
-10-	CETD.	Taken on strength of C.E.T.D. from C.M.P.	S'cliffe	16-10-16	Part II Order No. 248 D.O. 5410

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

[P.T.O.

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
15.10.17	C.E.T.D.	S.O.S. of C.E.T.D. to C.E.R.D. pending invaliding to Canada	Shoreham	6.10.17	Part 11 Ord 241 RD 0219 Lieut. C.E. Adjutant, C.E.T.D.
13-10-17	C.E.R.D.	T.O.S. C.E.R.D.	Shoreham	6-10-17	PT.11.DO. 218
"	"	in C.R.C.S. Hospital	Buxton	"	" "
"	"	(Pend. invaliding to	Canada	"	" "

.....Lieut & Adjt for C.E.R.D.

INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT

W. H. Seed CAPT:

HOSPITAL REPRESENTATIVE FOR A. G. CANADIANS.

18-4-18 T.O.S Posted to Hosp. Sec. Rockwood HD 1

18-5-18 S.O.S Disch P.U. M.D. 88-B+151 HD 56

Lieutenant

For O. C. No. 3 District Depot.

~~133~~
187

L. L. Job 4503.—M. & D. 6832.

CMP Feb-1916

45861

MILITIA AND DEFENCE

ASSIGNED PAY Duplicate.

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—6-16.
H. Q. 1772-39-819.

CHECKED Checked LAB 2 F.
Officer I/C Pay 2 F.

PAY OFFICE, C.E.F.
7, MILLBANK, LONDON, S.W.
12 DEC. 1916
PAYMASTER 2: C
SUB-DIVISION —

To Whom Edith Doody

Address 1 Sowden Villa
Beeches Road Crowborough, Sussex
~~Shorncliffe~~ England

Rate $20.00 July 1915.

By Whom Assigned Doody James

Regtl. No. ~~? 113012~~ 8288.

Rank Pte.

Corps ~~8th C.M.R. advance Party~~

~~C.E.F.~~ CMP

Ch I D 8.8.16 (Compulsory.)

RECEIVED FROM
DEC 5 1916
OTTAWA.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Edith Doody
Sept.				1 Sowden Villa
Oct.				Beeches Road
Nov.				Crowborough
Dec.				Sussex
Jan.	1915			Eng.
Feb.				
March				
April				RECEIVING SEPARATION ALLOWANCE $20.00
May				EFFECTIVE Feby/15
June				RELATIONSHIP Wife
[illegible]ly		U. 208	20 -	
[illegible]		M. 5624	20 -	
[illegible]		L. 639	20 -	
Oct.		L. 3375	20 -	
Nov.		O 9954	20 -	
Dec.		L. 10119	20 -	
Jan.	1916	R. 2209	20 -	
Feb.		T. 12626	20 -	
March		W. 14753	20 -	
			180	

ASSIGNED PAY.

By whom assigned

Regtl. No.

Month	Year	Cheque No.	Amt. ASSIGNED PAY		Pay Sheet SEPARATION ALLOWANCE		REMARKS.
Jan.	1916						
Feb.							
March			180				
Apl.	Q	238	20				
May	R	2999	20				
June	S	6428	20				
July	H	7211	20				
Aug.	N	13135	20				
Sept.	M	15810	20				
Oct	M	20400	20				
Nov.		–	–				Pay $40 in Dec to adj Nov
Dec.		–	–				
Jan.	1917	345052	60	X	478	00	Total Sep.. allce paid to 31 Jany 17
Feb.		358036	20		20	–	
March		406054	20	X	20		A.P & S.A. checked & found correct. S. Newton
			420		518		
Apl.							
May							
June							
July							
Aug.							
Sept.							
Oct.							
Nov.							
Dec.							

L. L. Job 4 M. & D. 6832

31173

4-2-15

MILITIA AND DEFENCE Duplicate

31173

M. F. W. 11.
50m.—6-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Edith Doody,

Address Shorncliffe,
Kent, England.
1 Snowden Villas
Beeches Road
Crowborough
Sussex

Relation to Soldier wife, child or mother } Wife

Name of Soldier Doody, James

Regtl. No. 8288 113012

Rank Pte

Corps 8th C. M. R.

To what Corps belonging when called out }

SEPARATION ALLCE. BRANCH
DEC 12 1916
CANADIAN EXPED. FORCE

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March	H	2047	38 -	
Apl.	F	5899	20 -	
May	H	4188	20 -	
June	J	4693	20 -	
J[illegible]	J	5874	20 -	
Aug.	K	3331	20 -	
Sept.	N	4478	20 -	
Oct.	E	18667	20 -	
Nov.	O	9266	20 -	
Dec.	I	19494	20 -	
Jan.	1916 H	22367	20 -	
Feb.	G	28737	20 -	
March	L	25287	20 -	
			278	

VEB
Marriage Certificate Produced
24. Nov. 1916.
Marr. 29.12.06. MC.
[illegible]

F+E

JW

MILITIA AND DEFENCE.

SEPARATION ALLOWANCE.

Name of Dependant	Doody. Edith.	Name of Soldier	Doody Jas.
Relation to Soldier	Wife.	Regtl. No.	8288
1	Snowdon Villas Beeches Rd	Rank	Pte
		Corps	(late 8 b M.R) Can: Engrs.
P.O.	Crowborough Sx	To what Corps belonging when called out	
2		4	
P.O.		P.O.	

Month.	Year.	Cheque No. or Postal Draft Book No.	Amount. $ c.	Amount. £ s. d.	Date.	£ s. d.	REMARKS.
		Brought Forward ...	278 -				
Apl.	1916	K 1425	20 -				
May		V 255	20 -				
June		O 9172.	20 -				
July		B 6234.	20 -				
Aug.		P 12322.	20 -				
Sept.		W 15481.	20 -				
Oct.		V 18757.	20 -				
Nov.		Y 21951	20 -				Y 21951 cancelled
Dec.		A 14160	40 -	✓			40 £8 4 4. Nov & Dec 1916.
Jan.	1917	D 98443	20	✓			
Feb.							
Mar.			$ 478				Total Separation Allowance paid to end of January 1917
Apl.							
May							
June							
July							
Aug.							
Sept.							
		Carried Forward ...					

TRANSFERRED TO ASSIGNED PAY LE...

ENTERED

CHECKED

MILITIA AND DEFENCE

Duplicate

M. F. W. 11a.
50m.–6-16.
1772—39—818.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2. Edith Doody Wife

PAYMENTS. Pte

Name of Soldier Doody, James

L. L. Job 4503.—Req. 6332.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	K 1425	20 -	
May		V 255	20 -	
June		O 9142	20 -	
[illegible]		B 6284	20 -	
Aug.		P 12322	20 -	
Sept.		W 15481	20 -	
Oct.		V 18757	20 -	
Nov.		~~Y 21951~~	~~20 -~~	Y 21951 Cancelled
Dec.				40
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				Passed for Pay 12-12-16 D

SEPARATION ALLOWANCE BRANCH * DEC 12 1916 * CANADIAN EXPED. FORCE

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.				

File No. 4856-J-1.

WAR SERVICE GRATUITY.

Register No. D1760

Inv. 21. 4. 20.

Reg. No. 113012. P/te

Name Doody J.

Address

Dependent Mrs. Edith Doody (Wife)

Address 4 Claws Terrace
Chatham St.
Kingston, Ont.

Ck drawn in favor of Dept. of S.C.R., Ottawa 14/5/20 W.J.

Pay Soldier $ 420.01

E. B. Gayler
T. R. Ullett.

Clerk W. J. Kinney

Pay Dependent $ 180.00

Days 420 Rate 100 Due 600.00

Less P.D.P. credited

Less further Dr. Bal. or overpayment.

Net 600.00

R 113 18-5-20

Date	Ck. Order	Ck. No.	Amount	Remarks.	Date	Ck. Order	Ck. No.	Amount.
1 15/5/20	27032	1818065	600 00		1			
2					2			
3					3			
4					4			
5					5			
6			600 00		6			

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
W. Hol.
Date 14/5/20

R. Evans
21 4/20

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Doody J
Surname Christian Name

Regimental Number 113012 Rank Spr.

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Address (in full)

Rates:—Regimental pay $ per diem; Field Allowance $ per diem. Separation Allowance $ per month.

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127
300M-1-19
1772-39-1140

Remarks: No record of P.D.P.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
60m.—12-15.
1772—39—819.

L. L. Job 89002.—Req. 6213.

Sheet No. 2. Edith Doody

Name of Soldier Doody James
8th C.M.R

Month.	Year.	Cheque No.	Amt.	$20.	Remarks.
April	1916	Q 238	20		
May		R2999	20	—	
June		S6428	20		
July		H7211	20		
Aug.		M17135	20		
Sept.		M 15810	20		
Oct.		M20400	20		
Nov.					
Dec.					
Jan.	1917				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

ENGLISH

A/c Closed 31/10/16

220 Ret'd per Aragua

Date 28-11-17 2-7-18

Clerk RS.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

L. L. Job 71782—M. & D. 5292.

M. F. W. H.
5m.-12-14.
H. Q. 1772—39-819.

add. chg 9/8/15.

4—2—15

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name Mrs Edith Doody,

Address ~~583 Downey St.~~ ~~Peterboro~~ ~~Ont.~~
Rideau St
Kingston
Ont.

Relation to Soldier wife, child or mother: Wife

Name of Soldier: Doody, James,

Regtl. No.

Rank Pte.

Corps 8th C M R.

To what Corps belonging when called out

PAYMENTS

Month	Year	Cheque No.	Amount	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				CANCELLED
Dec.				
Jan.	1915			
Feb.				
March		H2047	31 —	31
Apl.		H5899	20 —	20
May		H4188	20 —	20
June		H4693	20 —	20
July		H5874	20 —	20
Aug.		K.3331	20 —	20
Sept.		N4478	20 —	20
Oct.		E/8667	20 —	20
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

~~Os 34 D. V. H.~~

CASE HISTORY SHEET.

No. 113102 Rank. Pte. Name Doody, James Age 35

Unit 8th C.M.R. Completed years of service (Where and how long) Enlisted Mar. 25th, 1915.

Date of admission Dec. 4th, 1917. Date of discharge

Diagnosis General Paresis Place of origin England

CONDITION ON ADMISSION AND PROGRESS OF CASE

Physically Patient is poorly developed and nourished, about 140 lbs. weight, height 5' 7½", knee jerk, left normal, right active. Argyle Robinson pupil. Patient denies syphilis but English papers show Wasserman positive.

Mentally His mental symptoms started April 13th, 1917 and from that until going into hospital, he was frequently absent without leave. He was neglecting duty and leaving quarets while on duty. Patient claims that he is in best of health. He has feelings of well being and in his own mind is a well educated and very capable man. He is quite sure that he would prosper if he were in the Green Grocery business of which he understands nothing. He has early delusions of grandeur and wealthy.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

Father is thought to have died of insanity.

TREATMENT

(Especially any specific or special form.)

Rest.

CONDITION ON DISCHARGE,

(and disposal made of case.)

Patient's condition will not improve. He was transferred to Rockwood Hospital for Insane, Kingston on Feb. 27th, 1918.

Date Jany. 1st, 1918.

Medical Officer i/c case. Capt.

M. O. i/c Ontario Military Hospital
Cobourg, Ont.

19034

M. F. B. 313a.
50M.-11-17.
1772—39-439.

Further Amended #2.

COPY

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1133 (D.P. 250M-12-18.
1772-39-903.

/GM

LAST PAY CERTIFICATE

Regimental No. 113012 Rank Pte. Name (Surname first) Doody, J.

Unit 8th C.M.R. who was* Struck off strength of D.Depot #3 Pay account transferred to Military H.Q. for transfer to Comm. of Lunatics Est.

On May 18th 18, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from May 1st to May 18th 18 the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month		129 70
Regimental Pay 18 days at $ 1 c		18 00
Field Allowance 18 days at $ c. 10		1 80
Separation Allowance		14 00
Clothing Allowance		
Post Discharge Pay		
*Other Credits		
Advances		
Separation Allowance and Assigned Pay Cheque No. 9630	14 00	
*Other Charges		
Balance on transfer or ~~on discharge, cheque No.~~ to be paid by new unit	149 50	
Total	163 50	163 50

*Give particulars.

A monthly stoppage of $ 20.00 (†) has (‡) been paid on account of

Assigned Pay for the month of April 1918
and Separation Allce. for month of 18/5/18 191

(to) Assignee Mrs. E. Doody, 53 Barrack St., Kingston, Ont.

(Address)

(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

Outfit Allowance of $ has been paid by Paymaster, Military District No.

REMARKS:—

State (1) date of enlistment March 29/16 married or single

(2) Separation Allowance, entitled or not Yes (3) Reason for discharge

(4) Authority for discharge or ~~transfer~~ 3D-88-D-151

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date April 15th, 1919

Place Kingston, Ont.

D. J. Rissonnette Captain,
OFFICER I/C DEMOBILIZATION PAY DIV.
MILITARY DISTRICT No. 3
Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purposes of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT				Signature of Officer Making Payment.
			Dr.		Cr.		
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....

Forms
I. 1237
10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
5728	113012	Pte	Doody	James
Year 1915	Unit. C, C, D.		Age. 37	Service. 9 months

Station and Date.

Mc B, 16
Shorncliffe
Moore Barracks

Disease

Complaints (1) Pains in Stomach
(2) " " Chest.

Duration 3 days ago

Past illness Stomach trouble
6 week ago

Present illness
Patient says food & after eating took pains in Stomach
Bowels ordinary Appetite good
Sweating & Vomiting
Etc

J Blackwood

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

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S.

P.T.O.

Station and Date.	

MARRIED OR SINGLE M.

PLACE OF BIRTH Ireland

NAME AND ADDRESS OF NEXT OF KIN Edith Doody.
533 Downie St. Peterborough Ont.

RELATIONSHIP OF NEXT OF KIN Wife

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ 20 — Ch of adv effec 1/8/17 — EFFECTIVE (DATE) Feb/15

PAYABLE TO Mrs Edith Doody, ~~Lowden Villa~~ ~~Albion Street, Parkdale~~ Beecher Rd Peterborough ~~Dundas Ont~~

RELATIONSHIP OF DEPENDANT Wife

A.P. & I.A. checked & found correct. Brenton

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

113012
REG'L NO. 8 2884 RANK Pte. NAME Doody James.

IF IN PERMT. CORPS | WHAT UNIT — UNIT 8th. B. M.R. Off — TRANSFERRED TO C.C.S. DATE — AUTHORITY

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO C.G.T.D. DATE 8.8.16 AUTHORITY Lo 63

PLACE OF ATTESTATION Ottawa — TRANSFERRED TO C.M.P. DATE 16/10/16 AUTHORITY B.O. 272 C.M.P. 28-4-16

DATE OF ATTESTATION 29th. March 1915. — TRANSFERRED TO C.G.T.D. DATE 1/2/17 AUTHORITY 8/2 21-2-17

" " "L" Br. Distolau 30/9/17 Brighton A 20W 17.

ASSIGNED PAY MONTHLY $ 70.00 — DATE EFFECTIVE — Ch of adv effec 1/8/17

PAYABLE TO ~~Next of Kin Edith Doody 533 Downie St. Peterborough Ont.~~ Mrs Edith Doody ~~Lowden Villa Albion Street Parkdale Toronto~~ ~~Beecher Rd Peterborough Sweden~~ — RELATIONSHIP Wife

ASSIGNED PAY MONTHLY $ 20.00 — DATE EFFECTIVE 1-1-17 — Form D.367 23 May 1917.

PAYABLE TO Mrs Edith Doody. 85 Lower Union St. Kingston Ontario — RELATIONSHIP wife

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) Stopped — EFFECTIVE 1/10/17 — REASON Disch to Canada

DISCHARGE DATE AND PLACE 29/9/17 Canada — REASON AND AUTHORITY Brighton A 20W 17 6/10/17

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) — Checked by J. Scott — Invalided

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) — Form A 205 copy 6 Ottawa

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
			275 -				27 50							- 13	302 63												134 44	160 -	c	294 44	8 19					
Apr. 1-30	30	1st.	30	00	30	.10	3	00							33 00	1701 5/4/16	1736 29/4/16							486 -	973 -			70 00 -		54 59		13 40			March omitted
May.	31		31	00	31		3	10							34 10	1367 15/9/16	4539 30/9/16							973 -	243 -			20 00		32 16		11 46			
June	30		30	00	30		3	00							33 00		~~1835~~ 15.6.16								487 -			20 00		~~36 33~~ 24 87		3 33			
July	31		31	-	31		3	10							34 10	1603 30.6.16	1760 15.7.16							243 -	487 -			20 .		27 30	3 47				
Aug 1-7	7		7	-	7			70							7 70	1814 30.7.16								487 -				20 .		24 87	. .	13 70			
8.31	24		24		24		2	40							~~26 40~~																12 70			
1-30 Sept	20	-	30	-	30	-	2	-							33 -	1725 31/8	1837 15/9	1994 15/9						973 -	487	487 -		20 .		39 47	6 23				
Oct 1-10	10		10	-	10	-	1	-							11 -											487		20 -		20 -		2 77			Trans to C.M.P. 10/10/16 Pt II 272 C.M.P. 28-4-16
11-31	21	1st	21		21	25	5	25							26 25											7 30		5 7 70		12 17	11 31				
Nov	30	30		30		30	25	7	50						37 50													20		20 00	28 81				
1-31/12 1917.	31		1st	31		31	..	7	75						38 75			2356 15/11							487		20		24 87	42 69				
1-31/1	31		25	67 30											88 75			2570 15/12 2523 29/12							487		20		27 74	57 70				Trfd to C.G.T.D. 1/2/17. Contra Pp 21. 21/2/17
				886 05										- 13	656 18									31 67	24 77	31 65	134 44	380 00		604 48	51 70				

Small Ledger Sheet.

.113012 Spr Doody Jas.

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	Acquittance Rolls 1 Date	Acquittance Rolls 2 No.	Acquittance Rolls 2 Date	Acquittance Rolls 3 No.	Acquittance Rolls 3 Date	Acquittance Rolls 4 No.	Acquittance Rolls 4 Date	Cash Payments 1	Cash Payments 2	Cash Payments 3	Cash Payments 4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
			656	05										13	656 18									31 62	26 77	31 65	134 44	380 00		604 48	51 70				
Feb 1/28	28	1.10	30	80											30 80	2856	15/1/17	3014	30/1/17	2696	29/2/16 CRTD			4 86	9 74	4 87		20		39 47	43 03				
Mar	31		34	10			518								34 10	3554 / 3134	30/3 / 15/2/17	3504 / 3341	18 3/17 / 28/2/17					4 86 / 4 87	4 87 / 9 73			20 518 / 420		44 33	32 80				$518 S.A. paid to Mar. 1917
Apl	30		33				20								53							459 846						20 20		40	45 80				
May	31		34	10			20								54 10	167 / 41	30/4 / 15/4					499 133		9 73 / 4 86				20 20		54 59	45 31				
June	30		33				20								53	289	15/5					A33 162		4 87				20 20	4 40 / 9 90	59 17	39 14				3 days FP #2 / 1 " pay. } Part 2 121 22/5/17 not charged in May
July	31		34	10			20								54 10							A68 495						20 20	3 30	43 30	49 90				7 days FP #2 days per RW PII 151 26/6/17 Crowborough
Aug	31		34	10			20								54 10	28 / 227						A156 301		4 87 / 4 87				20 20		49 74	54 30				3 days FP P II 172 26/7/17
Sept	29		31	90			20								51 90							A184 625		75 41	51 11	36 52	134 44	20 20		40	66 20				
Oct.																															66 20				Trans to "L" Br. Dis. to Canada 30/9/17. Am. Buxton 20W 4/17

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
Oct.	Balce FORWARD	66 20							66 20		

Balance transferred to Canadian Liability a/c.

Balance transferred to E. E. Branch. Nil

A3M. FORM REN'D Sickle in force EFFEC. 1/10/17
DISCHARGED TO Can. DATE 29/9/17
PAYBOOK VERIFIED 13/10/17
Cr. BAL 66.20 L.P.C. REN'D 13/10/17
AUTHY Buxton 20W 4/17 6/10/17
Invalidea

ASSIGNED PAY AND SEPARATION ALLOWANCE BEING PAID IN ENGLAND UNTIL ADVICE FROM OTTAWA OF DISCHARGE OF SOLDIER NAMED HEREIN.

Checked Graham L.P.C.

This space to be for numbers

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page).

No. 113012

Rank Private

Surname Doody

Christian Name James

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 4. G. A. Res Regt

Date of Discharge 18 - 5 - 18

Place of Discharge Kingston Ont

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	40 years ..... months.
Height	5 feet 7½ inches.
Complexion	Fair
Eyes	Dark Blue
Hair	Brown
Trade	Shoemaker
Intended place of residence (To be given as fully as practicable.)	Unknown

Descriptive Marks

2. The above-named man is discharged in consequence of Being Medically unfit for further Service

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

— Fair —

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

— Shoemaker —

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

5. He is in possession of the following number of G. C. Badges:

No reference to G. C Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Kingston

Major
for O. C. District Depot No. 3

(Date) 15-5-18

Commanding

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Kingston Insane *(Signature of Soldier.)*

(Date) 15-5-18 *(Signature of Witness.)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed) 3 years 101 days.

Total 3 years 101 days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) Kingston

(Signature) Major
for O. C. District Depot No. 3

(Date) 15-5-18

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a.
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia Form B. 313	
Medical Report for Invalid*	"	B. 227.
Statement of Man's Account on Transfer and Last Pay Certificate,	"	D. 877.

*Only if discharged "Medically unfit."

Attestation Paper,	Militia Form B. 235.	
Proceedings on Discharge	"	B. 218.

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

Fo[illegible] 307.

CANADIAN EXPEDITIONARY FORCE.

THIS COPY FOR RECORD OFFICE.

RECD. CENTRAL REGISTRY
P.A. JUN 26 1917 D
PAY OFFICE, C.E.F., LONDON.

Re James. Doody. 113012

Canadian Engineers,

Crowborough.

Date 23rd May, 1917

20th June, 1917.

CHANGE OF ADDRESS.

NAME Mrs. Doody,

OLD ADDRESS Snowdon Villas,

Beeches Road

Crowborough.

NEW ADDRESS North Street,

Crowborough,

Sussex.

Please note.

Lieut

For Chief Paymaster.

HW

Entered on Rec Sheet

CANADIAN EXPEDITIONARY FORCE.

THIS COPY FOR RECORD OFFICE.

Re

Date

CHANGE OF ADDRESS.

NAME

Old Address

New Address

Please note.

C. 307.

CANADIAN EXPEDITIONARY FORCE.

ASP/P.2.E.7817.

THIS COPY FOR RECORD OFFICE.

Re 113012 J. Doody,

C.E.T.D.

Date 7th August, 1917.

CHANGE OF ADDRESS.

NAME Mrs. J. Doody,

OLD ADDRESS North Street,

Crowborough,

Sussex.

NEW ADDRESS 1, Albion Street,

Portslade,

Sussex.

Entered on Rec Shelf

Please note.

[signature]

Capt.,

For Chief Paymaster.

B.

CANADIAN EXPEDITIONARY FORCE.

THIS COPY FOR RECORD OFFICE.

Re

Date

CHANGE OF ADDRESS.

Name

Old Address

New Address

Please note

For Chief Paymaster.

Army Form B 181.

CLINICAL CHART.

(*To be attached to Case Sheet*).

Corps C. C. D. Military Hospital Moore Barracks

No. 30 12 Rank and Name Pte. Doody James. Age 37 Service 9/12

Disease Gastro Enteritis Date of admission 15/10/15 Date of discharge Result

Dates of Observation	15	16	17																														
Days of Disease	1st																																
Temperature Fahrenheit	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.
107°	8 6 4 2																																
106°	8 6 4 2																																
105°	8 6 4 2																																
104°	8 6 4 2																																
103°	8 6 4 2																																
102°	8 6 4 2																																
101°	8 6 4 2																																
100°	8 6 4 2																																
99°	8 6 4 2																																
98°	8 6 4 2																																
97°	8 6 4 2																																
	8 6																																
Pulse per Minute	84	76	68																														
Respirations per Minute	24	20	20																														
Motions per 24 hours	0	1																															

S. I. D. D. A.

Wt. W. 5449-626. 200m. 9/14. J.J.K. & Co., Ltd. Forms B 181/3.

Signature J Bullmore In Charge of Case.

Army Form B. 183.

Report on a Case of Mental Disability.

1. Regimental Number. 113012. Rank. Dvr.

   Surname. Doody, Christian Name. James.

2. Regiment or Corps. C.E.T.D.

3. Age last birthday. 38 years. Religion. Presbyterian.

4. Place of birth. Castle Bar, Mayo. Ireland.

5. Married or single. Married.

6. Names and Addresses of nearest surviving relatives.

Mrs, James Doody, (Wife.)
1, Albion Street,
Portslade,-by-the-Sea.
Near Shoreham.
Sussex.

7—**Service.**

COUNTRY	PERIODS	
	From	To
Canada.	Feb. 1915.	June 1915.
England.	June 1915	Present.

Years. Days.

The answers to the following questions will be in the handwriting of the Officer in medical charge of the case.

8. Character, especial regard being paid as to whether temperate or otherwise.
   (For guidance in forming an opinion, the Company Conduct Sheet will be obtained from the soldier's Commanding Officer.)

9. Form of mental disease. G.P. Insane.

(8 2 25) W 10941—1992 25,000 1/15 H W V (R) Forms/B. 183/10

10. Is this a first attack ? Yes.

11. Duration of present attack. Since July 1917.

12. Was the attack sudden or insidious ? If the latter, mention any peculiarity of behaviour or change in habits which preceded it.

Insidious - careless and neglectful of discipline - a happy self-complacent attitude.

13. Was it preceded or accompanied by any particular illness, such as fever, rheumatism, syphilis, &c. ?

SYPHILIS.

14. What are the supposed causes (moral or physical) of the attack ?

Has the patient suffered from sunstroke, concussion, or injury of the head ?

Syphilis.

15. Has the disability been caused or aggravated by his service as a soldier? If so, how?

Yes - general service conditions precipitating the condition.

16. Does any hereditary predisposition exist?

No.

17. What are the particular ideas or actions which have induced the belief of insanity?

(*a*) Observed by you.

(*b*) Communicated to you by others.

(a.) Grandiose ideas.

- Incoherent Speech at times.
- Slurring Speech.
- Pupils fixed.
- Left knee jerk absent.
- Wasserman positive ~~1 1 1~~

18. (*a*) Is the disease complicated with epilepsy, paralysis, or homicidal or suicidal impulses? No.

(*b*) If suicidal tendency exists, the way in which self-destruction has been attempted should be stated. Not applicable.

19. (*a*) Is the patient noisy, dangerous, mischievous, or given to steal? No.

(*b*) Are his habits cleanly or the reverse? Cleanly.

(Sgd.) G.B.Paine, Captain, C.A.M.C.

Station Moore Barracks Canadian Hospital, Shorncliffe.

Officer in medical charge of the case.

Date August 2nd. 1917.

The A. D. M. S. (or D. D. M. S.)

~~Canadians, Shorncliffe.~~ District (or Command).

I recommend that this soldier be brought before a Medical Board, with a view to his mental condition being definitely affirmed, and his disposal determined.

~~(Sgd.) Graham Chambers, Lt.Col.~~

Station Shorncliffe.

Officer in charge, Military Hospital.

Date August 17th. 1917.

Army Form B. 183.

Report on a Case of Mental Disability.

1. Regimental Number 113012 Rank Dvr

Surname. Doody Christian Name. James

2. Regiment or Corps. C.E.F.D.

3. Age last birthday. 38 Religion. Presbyterian

4. Place of birth. Castlebar Mayo Ireland.

5. Married or single. married

6. Names and Addresses of nearest surviving relatives. Mrs James Doody (Wife)
1 Albion St.
Portslade By the Sea
near Shoreham -
Sussex

7—Service.

COUNTRY	Years.	Days.	PERIODS From	PERIODS To
Canada			Feb 1915	June 1915
England			June 1915	Present

The answers to the following questions will be in the handwriting of the Officer in medical charge of the case.

8. Character, especial regard being paid as to whether temperate or otherwise.
(For guidance in forming an opinion, the Company Conduct Sheet will be obtained from the soldier's Commanding Officer.)

9. Form of mental disease. G. P. 2.

(8 2 25) W 10941—1992 25,000 1/15 H W V (R 979/3) Forms/B. 183/10
5016—2121 30,000 6/15

10. Is this a first attack? yes

11. Duration of present attack. since July 1917

12. Was the attack sudden or insidious? If the latter, mention any peculiarity of behaviour or change in habits which preceded it. Insidious - careless & neglectful of discipline - a happy self complacent attitude

13. Was it preceded or accompanied by any particular illness, such as fever, rheumatism, syphilis, &c.? Syphilis

14. What are the supposed causes (moral or physical) of the attack? Syphilis

Has the patient suffered from sunstroke, concussion, or injury of the head?

15. Has the disability been caused or aggravated by his service as a soldier? If so, how?

Yes - general service conditions ~~ha~~ precipitating the condition

16. Does any hereditary predisposition exist?

no

17. What are the particular ideas or actions which have induced the belief of insanity?

(*a*) Observed by you.

(*b*) Communicated to you by others.

a/ - Grandiose ideas
- Incoherent speech at times -
- slurring speech
- pupils fixed
- Left knee jerk absent -
- Wasserman positive +++

18. (*a*) Is the disease complicated with epilepsy, paralysis, or homicidal or suicidal impulses? no

(*b*) If suicidal tendency exists, the way in which self-destruction has been attempted should be stated. not applicable

19. (*a*) Is the patient noisy, dangerous, mischievous, or given to steal? no

(*b*) Are his habits cleanly or the reverse? Cleanly

G C Paine Capt Camc

Officer in medical charge of the case.

Station M B C H

Date Aug 2nd/17

The A. D. M. S. (or D. D. M. S.)

Canadians. Shorncliffe District (or Command).

I recommend that this soldier be brought before a Medical Board, with a view to his mental condition being definitely affirmed, and his disposal determined.

Graham Chambers
COLONEL C.A.M.C.
OFFICER i/c MOORE BARRACKS,
CANADIAN HOSPITAL, SHORNCLIFFE

Officer in charge, Military Hospital.

Station

Date

ORDERLY ROOM * 17 AUG 1916 * MOORE BARRACKS CANADIAN HOSPITAL

MEDICAL HISTORY OF AN INVALID.

1. Station. O.M.H.C.

2. Regiment or Corps. 8th C.M.R.

3. Regimental No. and Rank. 113012 Driver

4. Name. James Doody

5. Age last Birthday. 35

6. Enlisted on 25/3/15 at Ottawa

7. Former trade or occupation. Shoemaker

8. General remarks on his:—

(a) Conduct.

(b) Habits. No conduct sheet on file

(c) Temperance.

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

Date. Jan 4th 1918.

9. Service.

	Years.	Days.	PERIODS From	PERIODS To
Canad & England			25/3/15	30/7/17
Hospitals			July 30th 1917	Present

10. (a) Disease or disability. General Paresis of Insane

(b) Date of origin. April 13, 1917.

(c) Place of origin. England

(d) Cause. Syphilis

11. Present condition. (Most Important.)
(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, *i.e.*, debility, breathlessness on exertion, necessity of treatment by rest, etc.)

Physically:-Patient is poorly developed and nourished Weight 140 Height 5' 7½" Knee jerk, left Nl. right active. Argyrl Robertson pupil. Patient denies s philis, but English papers show Wasserman positive ! ! !

Mentally. His mental symptoms stated April 13, 1917. and from then until going into hospital he was frequently absent without leave. He was neglecting duty and leaving quarters while on duty. Patient claims that he is in the best of health. He has feelings of well being and in his own mind is a well educated and very capable man . He is quite sure that he would prosper if he were in the Green Grocery Business of which he understands nothing . He has early delusions of grandeur and wealth.

12. (a) Is the disability the result of service or climate? No.

(b) Has it been aggravated by intemperance, vice or misconduct? No.

M. F. B. 227.

200M. 8 16.
1772-39-117.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Nil.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held ?

Not applicable

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Not Applicable

14. Treatment.

Moore Barracks Canadian Hospital .

Lord D erbyy War Hospital

O.M.H. Cobourg-since D ec. 4th 1917.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent ?

Pricipated by service

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes ?

Permanent

17. To what extent will it prevent his earning a full livelihood in the general labour market ? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

Total

18. State if for discharge on account of unfitness for Service.

No.

~~Capt. A.M.C.~~

H E Preston

Capt. A.M.C.

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD

Does the Board concur with the preceding report? If not, give differing opinion.

10. Yes

11. Yes

12. Yes

15. Yes

16. Yes

17. Yes

18. Is he unfit for Military Service. Yes

Recommendations:

The board recommends that he be transferred to Rochwood Hospital for the Insane for custodial care and Treatment.

Signatures:—

H A McKay President.

H E Preston Capt. A.M. C

Members.

Capt. A.M.C.

Station. 03 M.H.C.

Date. Jan 4th 1918.

Date. JAN 9 - 1918

C E Lettle Major, A.M.C.

Asst. Director of Medical Services.

D/ A.D.M.S. Mil. District No. 5

For A.D.M.S. Mil. District No.3

Approved.

Date.

Director-General of Medical Services.

(At Station or Hospital where finally disposed of.)

Station and Hospital } ..... Arrived from } .....

Date .....

If admitted.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
Index No.	From	From			
Date	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

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Date of final Medical Board or decision. } .....

Administrative Medical Officer.

Militia Form B. 227.

200m. 8. 6.
H. Q. 1772-39-11.

DETAILED MEDICAL HISTORY OF INVALID.

Station .....

Corps .....

Regimental No. ..... Rank .....

Name .....

Disability .....

Date .....

Hospital or Station transferred to for final disposal. } .....

Date of final disposal } .....

How finally disposed of } .....

The original Report is invariably to accompany the discharge documents of invalids.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S AND MEN

MEDICAL HISTORY OF AN INVALID

STATION Kingston DATE Apr 23/18

1. (a) Unit 8 C. M. R. (b) Regimental No. 113012 (c) Rank Dr.

(d) Surname Doody (e) Christian name James

2. Age last birthday 39 Date of birth 1877.

3. Enlisted at Peterborough on Feb 6/16.

4. Personal description :—

(a) Height 5'8" (b) Weight 145 (stripped) (c) Complexion dark

(d) Colour of hair brown (e) Colour of eyes grey (f) Identification marks

5. Address after discharge (for the use of the Board of Pension Commissioners)

125 Queen St. Kingston

6. Former trade or occupation Harness maker

7. (a) Service

	Years	Days	Periods From	Periods To
8 C M R			Feb/16	July/16
Ft. Garry Horse			July/16	July/17
Hospitals			July/17	Date

(b) Has he been overseas? Yes. England

8. Present disease or disability (use authorized nomenclature if possible) General Paresis of Insane

(a) Date of origin Apr 13, 1917 (b) Place of origin England

(c) Cause* Syphilis.

*(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

Subjective - Mental symptoms stated in April 1917 & from that time until going into hospital, he was frequently A. W. L. & neglecting duty. Patient says he is in excellent health & has never had Syphilis. Wassermann taken in England was positive.

objective - Definite argyle Robertson pupil no Rhombergism. Knee jerks abolished

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

Slurring speech, tremor of tongue & outstretched fingers. His mentality is childish. Says there is nothing untoward the matter with him

M. F. B. 227.

75M.-12-17.
1772-39-117.

10. History :

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

12. Did the disability arise on or off duty? Symptoms 1st noticed while on duty.

13. Was a Court of Inquiry held? no.

14. If the disabling condition had its origin before enlistment, has it been aggravated on service?

If the answer is in the affirmative, state in percentages, *to what extent the soldier is incapacitated by that aggravation.*

Precipitated on service

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? no.

(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.)

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

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

English & Canadian hospitals from July 1917 to date.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

yes.

19. Can the former trade or occupation be resumed? no.

20. Recommendations

This case is a permanent one & no recovery is possible & I recommend that he be discharged from the service & handed over to civil authorities

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

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

James Doody

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

22. Is the soldier fit for

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

23. It is certified that the soldier

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

Permanent treatment in a public institution

~~(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).

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

as his case is incurable the board recommends his discharge from the service & handed over to the civil authorities for treatment Category E — with disability due to service.

.....*President*

.....
.....
} Members.

STATION.....

DATE.....

APPROVED BY

DATE APR. 27 1918 .....

.....Captain A. M. C.
For A. D. M. S. Mil. District No. 3 *Assistant Director of Medical Services.*

APPROVED BY

DATE.....

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

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 soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier'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 soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 14. Please read the questions carefully. All questions must be answered.
5. The nomenclature of diseases to be followed is that 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 and Sons.

MEDICAL HISTORY OF AN INVALID.

1. Station. O.M.H.C.

2. Regiment or Corps. 8th C.M.R.

3. Regimental No. and Rank. 113012 Driver

4. Name. James Doody

5. Age last Birthday. 35

6. Enlisted on 25/3/15 at Ottawa

7. Former trade or occupation. Shoemaker

8. General remarks on his:—

(a) Conduct.

(b) Habits. No conduct sheet on file

(c) Temperance.

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

Date. Jan 4th 1918.

9. Service.

	Years.	Days.	PERIODS From	PERIODS To
Canad & England			25/3/15	30/7/17
Hospitals			July 30th 1917	Present

10. (a) Disease or disability. General Paresés of Insane

(b) Date of origin. April 13, 1917.

(c) Place of origin. England

(d) Cause. Syphilis

11. Present condition. (Most Important.)
(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, i.e., debility, breathlessness on exertion, necessity of treatment by rest, etc.)

Physically:-Patient is poorly developed and nourished Weight 140 Height 5' 7½" Knee jerk, left Nl. right active. Argyrl Robertson pupil. Patient denies syphilis, but English papers show Wasserman positive ~~1 1 1~~

Mentally. His mental symptoms stated April 13, 1917. and from then until going into hospital he was frequently absent without leave. He was neglecting duty and leaving quarters while on duty. Patient claims that he is in the best of health. He has ,feelings of well being and in his own mind is a well educated and very capable man . He is quite sure that he would prosper if he were in the Green Grocery Business of which he understands nothing . He has early delusions of grandeur and wealth.

12. (a) Is the disability the result of service or climate? No.

(b) Has it been aggravated by intemperance, vice or misconduct? No.

M. F. B. 227.

200M. 8 16.
1772-39-117.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Nil.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held ?

Not applicable

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Not Applicable

14. Treatment.

Moore Barracks Canadian Hospital .

Lord D erbyy War Hospital

C.M.H. Cobourg-since D ec. 4th 1917.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent ?

Pricipated by service

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes ?

Permanent

17. To what extent will it prevent his earning a full livelihood in the general labour market ? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

Total

18. State if for discharge on account of unfitness for Service.

No.

~~Capt. A.M.C.~~

H E Preston

Capt. A.M.C.

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. Yes

11. Yes

12. Yes

15. Yes

16. Yes

17. Yes

18. Is he unfit for Military Service. Yes

Recommendations :

The board recommends that he be transferred to Rochwood Hospital for the Insane for custodial care and Treatment.

Signatures :— H MacKay President.

H E Preston Capt. A.M.C.

Members.

Capt. A.M.C.

Station. 03 M.M.C.

Date. Jan 4th 1918.

Date. JAN 9 - 1918

Approved. R Gaetz Major, A.M.C.

D/ A.D.M.S. Asst. Director of Medical Services. Mil. District No. 5

For A.D.M.S. Mil. District No. 5

Date.

Director-General of Medical Services.

(At Station or Hospital where finally disposed of.)

Station and Hospital } ..... Arrived from } .....

Date .....

If admitted.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
Index No.	From	From			
Date	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

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Date of final Medical Board or decision. } .....

Administrative Medical Officer.

Militia Form B. 227.

200m, 8-6.
H. Q. 1772-39-11.

DETAILED MEDICAL HISTORY OF INVALID.

Station .....

Corps .....

Regimental No. ..... Rank .....

Name .....

Disability .....

Date .....

Hospital or Station transferred to for final disposal. } .....

Date of final disposal } .....

How finally disposed of } .....

The original Report is invariably to accompany the discharge documents of invalids.

PART I. W. 24 Form (D.M.S. 1312). A.F.B. 179 Canada (Revised). 3737. 50M.

THIS MAN HAS NOT SERVED WITH AN EXPEDITIONARY FORCE

Reserved for M.H.C.

Regt. No. 113012 Rank Driv. Surname Dowdy Christian Name James

Unit or Corps—(a) Overseas from United Kingdom ——— (b) In United Kingdom C.E.T.D.

Born at—Town Castlebar County or Province Mayo Country Ireland

Date of Birth—Day 10 Month March Year 1879 Age 38 yrs. 5 months.

Joined at Kingston Canada Date Feb 1915

Former Trade or Occupation Shoemaker

Permanent marks or peculiarities that will serve for future identification :—

Height—feet 5 inches 8 Colour of eyes Light Brown

Signature of Soldier (*for identification purposes*) James Dowdy

Medical Report.

☞ *The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.*

1. DISABILITY (*State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted*). (*Follow the official nomenclature as far as possible.*)

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

Disabilities Group (*a*) GENERAL PARESIS OF THE INSANE.

Disabilities Group (*b*)

Disabilities Group (*c*)

2. CAUSE OF DISABILITY. (*Follow the official nomenclature in stating the disease or injury.*)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	syphilis	unknown	unknown
(*ii.*) As to Group (*b*) above.			
(*iii.*) As to Group (*c*) above.			

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

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

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

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

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

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

(*i.*) As to Group (*a*) above ? not applicable

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

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

PART I. *(continued).*

5. If a cause of disability was an injury received on Active Service, was it received—

(*i.*) While on duty? not applicable (*ii.*) While off duty? not applicable

(*iii.*) Was a Court of Inquiry held? (*iv.*) Where? (*v.*) When?

(*vi.*) Opinion of the Court?

6. HISTORY OF THE CASE. *(State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records).*

- Born in County Mayo Ireland - Has been a cavalryman in the Imperials ~~previous~~ - Was on Boer war - also in India. - Canada four years ago - Enlisted Feb 1915 - Has not been to France - Has recently been punished several times for breaches of discipline - leaving parades etc - leaving his work to shirk - When questioned said it was just as well to do that as anything else - was admitted to this hospital July 30/17 diagnosed as G.P.I

7. PRESENT CONDITION. *(Give previous and present weight if likely to indicate progress of disability.)*

Physical - Left knee-jerk absent.
- Pupils ~~fixed~~ don't react to accommodation - speech slow + slightly slurring - expression vacuous. Robinbergs sign negative. Wasserman Positive + + +.
Mental Has feeling of well being - Ideas which border on the grandiose - When given the lead will discourse at great length on his capabilities + exploits. - Conversation at times somewhat incoherent - Habits - ~~Cleanly~~ - When left alone is quiet + contented -

8. OPERATION. (*i.*) Was one performed? no

(*ii.*) If so, state what.

(*iii.*) Was one advised and declined?

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

9. (*i.*) Is there loss or decay of teeth attributable to Active Service? no

(*ii.*) If so, describe.

10. DO YOU RECOMMEND:—

(*a*) Fit for duty? no

(*b*) Fit for base duty? no

(*c*) Invalid to Canada? yes

(*d*) Discharge from the Service as permanently unfit? no

Date of Report Aug 2nd 1917 Signed G.B. Paine Capt. A.M.C.
Officer in medical charge of case.

Station M.D.C.H.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except

Graham Chambers Capt
Officer i/c Hospital / S.M.O. / Brigade } Strike out one of these.

Dated at Station, on 191

* Delete if inapplicable.

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

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)? Yes.
If not, indicate it.

12. Is the cause of the disability fully indicated in Part I. (2)? Yes.
If not, indicate it.

13. Was the disability caused or aggravated by— (a) Negligence of the Soldier { Caused? / Aggravated? } No (b) Misconduct of the Soldier { Caused? / Aggravated? } No.

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(*Estimate at none*, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, *or* 100%.)
NA

15. THE PENSIONABLE DISABILITY.—*see Part I.* (3). *Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate*).
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?
(*Estimate at none*, $\frac{1}{5}$, $\frac{2}{5}$, $\frac{3}{5}$, $\frac{4}{5}$, *or all.*)
NA

16. Permanency of the Pensionable Disability estimated next above in (15).
(*i.*) Is it permanent?
(*ii.*) If not permanent, what is its probable minimum duration (*in months*)? NA

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? NA

18. Remarks.

19. Recommendation:—(*a*) Fit for duty?
(*b*) Fit for base duty?
(*c*) Invalid to Canada? Yes.
(*d*) Discharge from service as permanently unfit?

Classification for the Military Hospitals Commission.

Date of Board

THE LORD DEGBY WAR HOSPITAL Date 1/10/17 WARRINGTON

Station

Signatures of the Board. [signature] Capt. RAMC President. [signature] Capt. RAMC. C. W. Ewing Lt. R.A.M.C.

Approved [signature] ~~A.D.M.S.~~ Captain C.A.M.C., for A.D.M.S. Canadians, London Area.

Dated at ..... Station

A.D.M.S. CANADIANS, LONDON AREA. LONDON. 4 OCT 1917

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board :—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend :—

Dated at this day of 191

Signatures of the Board

.....
President.

.....

.....

.....

CONFIDENTIAL INFORMATION

Report No. HEH 13934 D

Category D ~~or E~~ Diverted to New Market.

Doody, James
85 Law Union Street,
Kingston, Ont.

No. of M. H. C. File	No. of Local File	No. of H. Q. File

No. 113012 Rank Pvr. Original Unit C.E. Present Unit CE

Age 35 Height 5 ft. 7½ ins. Complexion fair Eyes d.blue Hair brown Character Indifferent

Date of enlistment 25-3-15 Where enlisted Ottawa Where seen service England.

Ship returned by HSH-2 Date of arrival 28-11-17 Port of arrival Hfx.

Birthplace Ireland Religion C of E.

Name and address next of kin Wife, Mrs.Edith Doody, same address.

Notification of return to be sent to -do-

Cause of disability Gen. paresis- insane.

Condition in detail which prevents the soldier from earning a full livelihood

[illegible] man with exalted ideas bordering on grandiose. General feeling of well being, rambling talk as to his ~~xxxxx~~ own cleverness and that of the members of his own family and of the high mark he is going to set in the green-grocery business. Knee-jerks. Left nil, right active. Right pupil slightly larger than left. Argyll Robertson pupil, plus Rhomberg, Oppenheim and Babinski negative. Cremasteric and abdominal reflexes active. Patient gives no history of chancre, has two children living, wife had one mis-carriage of three months, six years ago. Father died of pain in the forehead - 75 years of age, and states his mother died of old age. Patient has fairly well marked slurring of speech.

Degree of incapacity (Please state in fractions) Eng. Board p-- Canadian Board Total

Probable duration of incapacity Permanent

Does it render him permanently unfit for Military Service? Yes.

Would operation, Special treatment, or use of appliances etc., lessen incapacity? New Market

Destination to which transportation issued New Market.

Members of Board K.C.CAIRNS CAPT. A. MAIG CAPT. F.J.COUGHLIN LIEUT. [illegible].CARRICK MAJOR

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife	Wife	34			
Children 1					
2	eldest (girl)	11			Good
3					
4					
5					

Occupation prior to enlistment Foreman

Regular trade or profession Green grocer

Average earnings previous to enlistment 2.25 a day Any other income?

Name and address of last employer Peterboro, Lock Works, Peterboro, Ont.

Rent per month 8.00 If purchasing property amount due and annual payment, $ $

Taxes If Homestead, when is patent due?

If carrying life or accident insurance, annual premium

If in receipt of sick benefits or other insurance—name of society Amt. per mo. $

If unable to follow previous occupation, name preference

~~xxxx~~ ~~xxxxxxxx~~

At what age soldier left school? What grade, standard, &c., was he in?

Has he taken any Technical or Continuation Classes, if so what?

Whether given Vocational Training while in Hospital in England. If so, what subjects? N.A.

References Last empl.

Witness J.E.Woodley I declare that the above statement is correct.

Date Quebec 2-12-17. Signature James Doody

Recommendation by Interviewer as to classes likely to be of use, and general remarks:

Last Pay Cert. Cr., $ Dr., $ Amount paid at Depot H.Q., $ L. P. C. leaving Depot, $

Amount forwarded to H. Q. Unit, $ Credit Clothing allowances, $

Transf'd to Unit—Date Transf'd Class 1—Date Transf'd Class 3—Date

PENSION—Class..... Amount per year, $..... Period granted for..... Dating from.....

First payment date.....

Form No. 5a.

E. 1. Discharge, no pensionable disability.
E. 2. Waiting Reclassification.
E. 3. Discharge with claim for pension.
C. Service in Canada.
D. Treatment.
A. General Service.
B. Service abroad, not general.

CONFIDENTIAL INFORMATION

Report No. | Category D or E | No. of M. H. C. File | No. of Local File | No. of H. C. File

No. Rank Original Unit Present Unit

Age Height ft. ins. Complexion Eyes Hair Character

Date of enlistment Where enlisted Where seen service

Ship returned by Date of arrival Port of arrival

Birthplace Religion

Name and address next of kin

Notification of return to be sent to

Cause of disability

Condition in detail which prevents the soldier from earning a full livelihood

Degree of incapacity (Please state in fractions) Eng. Board Canadian Board

Probable duration of incapacity

Does it render him permanently unfit for Military Service?

Would operation, Special treatment, or use of appliances etc., lessen incapacity?

Destination to which transportation issued

Members of Board

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Occupation prior to enlistment

Regular trade or profession

Average earnings previous to enlistment Any other income?

Name and address of last employer

Rent per month If purchasing property amount due and annual payment, $ $

Taxes If Homestead, when is patent due?

If carrying life or accident insurance, annual premium

If in receipt of sick benefits or other insurance—name of society Amt. per mo. $

If unable to follow previous occupation, name preference

At what age soldier left school? What grade, standard, &c., was he in?

Has he taken any Technical or Continuation Classes, if so what?

Whether given Vocational Training while in Hospital in England If so, what subjects?

References

Witness I declare that the above statement is correct.

Date Signature

Recommendation by Interviewer as to classes likely to be of use, and general remarks:

Last Pay Cert. Cr., $ Dr., $ Amount paid at Depot H.O., $ I. T. C. leaving Depot, $

Amount forwarded to B. O.-Unit, $ Credit Clothing allowances, $

Transfd to Unit—Date Transfd Class 1—Date Transfd Class 2—Date

PENSION—Class Amount per year, $ Period granted for Dating from

First payment date

Form No. 20

Rank Pte Name DOODY James Reg'l No. ~~8288~~ 113012 R—122.

Unit 8th C.M.R.Dft If in perm. Corps, What Unit? Married or Single Married

Place and Date of Enlistment Ottawa, 29 March 1915 Place of Birth Ireland

Name and Address, Next-of-Kin ~~Edith~~ James Doody . 1. Albion Street. Portslade. Sussex. Eng. (auth. AS.P./P.2.E.7817.) d/7-8-17.
~~North Street~~ ~~Crowborough~~
~~583 Downie St, Peterborough, Ont.~~ auth. Chief Paymaster d/23 5/17.

Relationship

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Spr Character

N/E. R.B. No. 2069
File R.L.
Category Mulcan

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
		Taken on C C D	Canterbury	3.8.15.	Nom Roll.
12/8/15	W.O.	Adm Mil Hosp.	Canterbury	12/8/15	Cas #1 N.Y.D.
10.8.15	"	Dischd. to duty	"	7.8.15	C.R. #3. Gastritis
14-12-15.	"	Admitted to Hospital	Shorncliffe	15-10-15	Cas #84 Dyspepsia
17-11-15	R.C.C.D	Discharged from Hospital	Shorncliffe	13-11-15	Part II 291 Cas 84 14 12/15
13-7-16	F.G.H. R.R	Taken on strength.	— Do —	12-6-16	" " 32.
17.8.16	C.C.D.	S.O.S. to F.G.H. R.R.	— Do —	12.6.16	" " 168.
13.8.16	"	S.O.S on transfer to CETD	do.	13.8.16	Pt II DO 13.8.16
10.8.16	C.E.T.D.	T.O.S. — " — from F.G.H. (C.C.D.)	do.	8.8.16	— Do — 189 (D.O. 4173)
28.9.16.	Do	S.O.S to C.M.P.	Do.	26.9.16.	Pt II O-231
28-9-16	C.M.P	T.O.S from C.E.T.D.	Do.	26.9.16	" " 272

113012 Doody James,

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
	C				
18-10-16	C.M.P.	SoS to C.E.T.D	Scliffe	16-10-16	Pr Do 292.
18.10-16.	C.E.T.D.	T.O.S. from C.M.P.	— do —	16-10-16.	Pt II.O.248
14.4.17	"	Admd Brigade Hospl	Crowboro	14.4.17	pt 2 #89 Spr Knee
25.4.17	"	Discharged from ditto	"	25.4.17	pt 2 #98
4.8.17	"	Adm. Moore Bks. Can Mil Hpl.	Shorncliffe	31.7.17	Ch No 401 G.P.I.
29.8.17	C.E.T.D	Adm. Lord Derby War Hosp. Warrington from Moore Barracks Can. Hosp. Shorncliffe	Warrington	22.8.17	Cas. List No 418 GPI
13,10,17	C.E.R.D	T.O.S on admit to Hosp. Pending invaliding to Canada	S. Ham	6.10.17	pt II 0218 pt II 0241 of C.E.T.D S.O.S d 15.10.17
30.11.17	C.E.T.D	Invd to Can fm Lord Derby War Hosp.	Warrington	19.11.17	CL 677 GPI & {C.E.R.D. 12.2.D.O. 269 d/3.12.17.
	Vis Depot	To Asylum		28/11/17	NR 407 Newmarket - Ont

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 113012 RANK Pte NAME (IN FULL) Doody J (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN Mrs E Doody RELATIONSHIP

ADDRESS 53 Barrack St Kingston

IS SEPARATION ALLOWANCE PAID? DATE EFFECTIVE

TO WHOM PAID Yes RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
	1/10	

ORIGINAL UNIT C.E.F. 8 C.M.R. IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY $ 20- DATE EFFECTIVE D197

PAYABLE TO Mrs E Doody RELATIONSHIP

ADDRESS 85 Lower Union St Kingston

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

ANY CHANGE IN ASSIGNEE OR ADDRESS

53 Barrack St Kingston

DISCHARGED PLACE Kingston DATE 18-5-18, REASON for Custodial Care AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.		TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.		TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT							129	70	129 70																							129 70	Cr
May/18	18	1/10	19	80	14	-			33 80													14	-					14	-			149 50	96301
									163 10																									Discharged
																																		19.5.18 Landed by mil Dr.
21/5/18					35				35																				35					bln. all. in discharge
																																		Inc to State 7 Days
																																		Insane

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

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

This is to Certify that No. 113012 (Rank) Private

Name (in full) James Doody enlisted in

the Fort Garry Horse Res Regt

CANADIAN EXPEDITIONARY FORCE at Ottawa on the 29th

day of March 1915

HE served in England

and is now discharged from the service by reason of Medical Unfitness for further Service

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

Age 40 yrs

Height 5' 7½"

Complexion Fair

Eyes Dark Blue

Hair Brown

Marks or Scars

Signature of Soldier

[signature] Major
for O. C. Distrct Depot No. 3
Issuing Depot

Rank

Date of Discharge 18-5-18

Appointment

Signed at Kingston this 18th day of May 1918

in Military District No. 3

File Reference No. 88-D-151

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 113012 (Rank) Pte Name James Doody

Unit Fort Garry Horse — District Depot No 3

Address on Discharge

Character and Conduct — Fair —

Former Occupation Shoemaker

Special Qualifications of Value in Civil Life

Medals and Decorations Such as may be issued for Great European War

Remarks

Signed at Kingston this 15th day of May 19

Major
for O. C. Dist. No. 3
Name of Officer

Rank

Appointment

FO[illegible]305.
2283-7½M-6/12/16

Ref. No. .....

MILITIA AND DEFENCE
ASSIGNED PAY.

To whom Mrs. Edith Doody

Address ~~1 Albion St~~

48 Regent St. 14/10/17 ~~Portslade~~
Liverpool.

Rate 20.00 SA. $20.00

Date to commence ~~W~~ 1/10/17

Wife.

By whom assigned Doody, James

Regtl. No. 113012 8288

Rank Pte

Corps, &c. 8th C M R

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Pay Sheet Deduction.	REMARKS.
Jan 1917	1916				Disch to Canada 29.9.17
Feb.					Auth. Buxton 20 a/17 - 6/10/17
Mar.					Noted on L.P.C.
April					
May					
June					
July					
Aug.					
Sept.			5 20	6 18	
Oct.	Supp. list	9122520	20	20	Dep't retg to Canada
Nov.			Stop	Copy	to Ottawa
Dec.					
Jan 1918	1917				
Feb.					
Mar.					
April					
May					
June					
July					
Aug.					

ASSIGNED PAY.

By whom assigned

Regtl. No.

Month.	Year.	Cheque No.	Amount.	Pay Sheet.	REMARKS.
Sept.	1918 ~~1917~~				
Oct.					
Nov.					
Dec.					
Jan.	1919 ~~1918~~				
Feb.					
Mar.					
April					
May					
June					
July					
Aug.					
Sept					
Oct.					
Nov.					
Dec.					
Jan	1920 ~~1919~~				
Feb.					
Mar.					

113012

P—56

Rank — Name: DOODY James — Reg'l No. 8288

Unit: 8th C.M.R.Dft — If in perm. Corps, What Unit? — Married or Single: Married

Place and Date of Enlistment: Ottawa, 29 March 1915 — Place of Birth: Ireland

Name and Address, Next-of-Kin: Edith Doody

583 Downie St, Peterborough, Ont. — Relationship: wife

Assigned Pay Monthly $ 20. (Twenty) Payable to Next of kin

Relationship Wife.

Separation Allowance $ — Payable to — Relationship

Discharge, Date and Place — Reason — Character

PAY OFFICE C.E. BRANCH — JAN 19 1918 — CANADIAN CONTINGENT

Entered on N.E. Card [illegible]

Checked by [illegible]

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
July 1	31	31		31	31		3 10		34 10			5	15		20	14 10	
								14 10									
				Bal of Exchange				13									
1-8-15	31-8-15	31	12c	31	31	10c	3 10		48 33			14 60	25	-	39 60	8 73	Correct assign 20 c
1-9-15	30-9-15	30	100	30	30	10	3		33 -			24 82	20		44 82	3 09	
1-10-15	31-10-15	31		31	31		3 10		34 10			4 87	20		24 87	6 14	
Nov 1	30	30		30	30		3		33			17 03	20		37 03	2 11	
Dec		31		31	31		3 10		34 10			29 19	20		49 19	12 98	
Jany		31		31	31		3 10		34 10			14 60	20	22 98	34 60	13 48	
Feb 1	28	28		28	28		2 80		30 80			4 87	20		24 87	6 45	
Mai		31		31	31		3 10		34 10			19 46	-		19 46	8 19	Mo Pay adjusted in Hp. Rd. Hospital March 16. $ 20.
				275 00			27 60	13	302 63			134 44	160		294 44	8 19	

Checked [illegible]

Carried forward to Large Ledger sheet

BALANCE TRANSFERRED TO NEW LEDGER.

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						

M. F. W. 41
1 0M —7-16
1772-39 889.

Name Private James Doody

S & K

Regimental No. 113012

Unit 8th C.M.R. 8288

Date of enlistment

Place of "

Married (yes or no) Yes.

Amount of pay assigned monthly $20.11

To whom payable Mrs. Edith Doody
1 Albion St. Portsdale England

Name and address of next-of-kin

Continued by C.P.M. - England.

Date and place discharged

Reason for discharge

Character on discharge

b 5351—M. & D. 6880.

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
Sept 30	Jan 31	124	1-	124 -	124	10	12 40	66 20	202 60					Cr. B.	202 60	FPL
1 Feb.	28	28	1-	28 -	28	10	280	202 60	233 40					Cr. B.	233 40	FPL

Hold account.

LR returned Mar 1/18

M. F. W. 41
1 0M—7-16
1772-39-889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

42013 THE MORTIMER SYSTEMS, OTTAWA, CANADA

Eur

570

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

#85 Lower Union St Kingston. Ont. R. 9-11-17

Shorncliffe Eng.

~~288 Queen St~~

~~1 Rideau St Kingston~~ Ont.

~~Kingston Ont.~~

To Whom Edith Doody

Address ~~583 Downie St~~, ~~Peterboro, Ont~~

Rate $20.00 JUL 1 1915

By Whom Assigned Doody James

Regtl. No. 113012

Rank Pte

Corps 8th C. M. R. Advance Party

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			ENGLISH
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				Duplicate sent to England 6/11/16
March				
Apl.				NOV 9 1916
May				
June				
July		U208	20 00	
Aug.		M5624	20 –	
Sept.		L639	20 –	
Oct.		L3325	20	
Nov.		O9954	20	
Dec.		210119	20	
Jan.	1916	R12209	20 –	
Feb.		T12626	20	
March		W14753	20 –	