Original

PERMANENT FORCE OF CANADA

ATTESTATION PAPER.

REGT. NO. P.F. 2779985

FORMER REGTL. No. 3181730 260th Regt. P.F. UNIT sp. guard. C. M. P. C.
(1) PERMANENT FORCE
(2) C.E.F.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

[ANSWERS]

1. What is your surname? FOGARTY
2. What are your Christian names? JOHN.
3. What is your present address? Hazel Hill, N. S.
4. What are particulars of your birth? (a) Jan 24-1886 (b) Hazel Hill (c) N. S. (d)
   (a) date, (b) town, (c) township or parish, (d) country.
5. Are you a British subject? yes
   (If not, to what country do you owe allegiance.)
6. What languages, other than English, do you speak? none
7. Are you single? Married? yes or Widower
8. What is your trade or calling? Fisherman
   (See Attestation Paper completion guide.)
9. What is your religious persuasion? R. C.
   (See Attestation Paper completion guide.)
10. Are you willing to be vaccinated, or revaccinated and inoculated? yes
11. Have you ever served in any Military Forces? 260 Rgt. 1 yr. C. E. F.
    (If so, give particulars of former service.)
12. Are you willing to be attested in the Permanent Military Forces of Canada? yes
13. Have you ever been discharged from any branch of H.M. Forces as medically unfit? no
14. If so, what was the nature of the disability? —
15. Have you ever offered to serve in any branch of H.M. Forces and been rejected? no
16. If so, what was the reason? —

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, John Fogarty, do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers to the foregoing questions made and signed by me are true; and that I am willing to be attested for the term of 7 months, provided His Majesty should so long require my services, or until legally discharged, and do understand the nature and terms of this engagement.

J. H. Fogarty
Signature of man.

J. A. Paquette.
Signature of witness.

Dated this 15 th day of Nov 1919 at Halifax

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John. Fogarty, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

J. H. Fogarty
Signature of Recruit.

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER.

The recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers 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 Halifax this 15 th day of Nov 1919.

For D.A.G. M.D. Nº 6
Signature of Magistrate, Justice or Attesting Officer.

Capt.
Office or Rank and Unit or Appointment.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

M. F. B. 235.
15M-10-19-D.P.755.
1772—39—87.

Auth. P.M. File 128-2-10-19

F.D.S. sp. guard. C. M. P. C.
Pat. 11 Nov 13
16-11-19

MILITARY AND FAMILY HISTORY SHEET.

1. Service at Home and Abroad (including former service of re-enlisted men, when allowed to reckon towards Increased Pay for Length of Service or Pension).

COUNTRY	FROM	TO	YEARS	DAYS	N.B.—The country only to be shown—it is not necessary to show separately the services in the different stations of the same country.

		Initials of Officers
2. Passed classes of Instruction		
3. Campaigns		
4. Wounded		
5. Effects of wounds.		
6. Special instances of gallant conduct		
7. Medals, Decorations and Annuities		

	(a) Christian and surname of woman to whom married and whether spinster or widow; (b) Place and date of marriage; (c) Name of officiating Minister or Registrar, and (d) Name of two witnesses.				Date of being placed on Married Roll.	Initials of Officers.
	(a)	(b)	(c)	(d)		
8. Particulars as to Marriage						

	Christian Name	Date and Place of Birth		Date and Place of Baptism, and Name of Officiating Minister
9. Particulars as to Children				

NOTE.—These entries are to be made from time to time as they occur, and initialled by the officer making the entry. Deaths at 8 and 9 to be indicated by deleting in Red Ink, giving date, etc., directly above.

STATEMENT OF THE SERVICES OF NO. 2779985 NAME John Fogarty

Corps	Squadron, Battery, Company or Detachment	Promotions, Reductions, Transfers, Casualties, Etc.	Place.	Rank Shown	Effective Date.	Authority for Entry.		Service towards completion of engagements.		Signature of Officers Certifying Correctness of entries.
						Part II. D.O. Cas. List, Etc.	Dated	Years	Days	
Sp guard C.M.P.C		Service towards engagement reckons from 13th Nov 1919 joined at	Halifax Pte		15-11-19					G.F. Bertram Capt.
"	T.O.S.	Special Guard. C.M.F.C.	"	"	15-11-19	No. 63	16-11-19			
"		Appointed L/Cpl. with pay	"	A/C.	15-11-19	"	"			
D.M.P.C.		Sol. on demobilization Authy K.O. 1328, para 1 (a) of 18.11.18	Halifax N.S.	Lt.	4.3.20	No. 64	4.3.20			

Total services as above

DESCRIPTION OF John Fogarty ON ENLISTMENT

AND CERTIFICATE OF MEDICAL EXAMINATION.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 14th day of Nov 1919, by the undersigned Medical Board sitting at Halifax

1. Age as stated 33 Years ..... Months
2. Apparent Age 33 Years ..... Months
3. Height 5 Feet 9 Inches
4. Weight 152 Pounds.
5. Chest Measurement { Minimum ..... Ins. / Maximum ..... Ins.
6. Complexion Medium { Eyes Blue / Hair Black
7. Physical development Good { Good / Fair / Poor
8. Smallpox marks nil
9. Number of Vaccination marks. { Right arm ..... / Left arm One
10. When vaccinated last 1918
11. Distinctive marks and marks indicating congenital pecularities or previous disease nil
    (Should the Medical Officers 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).

12. Slight defects, but not sufficient to cause rejection

13. The man denies having had { Rheumatism, / Tuberculosis, / Nervous or Mental disorder. / Epilepsey, / Syphilis, / Asthma.

14. We find no evidence of past { Rheumatism, / Tuberculosis, / Nervous or Mental disorder. / Epilepsey / Syphilis / Asthma

(Strike out disease admitted or suspected)

We have examined the above named man in accordance with the Permanent Military Forces of Canada Regulations for medical examinations, and he is placed in Category [A]

15. (a) Vision R. 6/6 L. 6/6
    (b) Hearing R. 20/20 L. 20/20

Lawrence Capt A.M.S. President.

R. K. Thomson Capt A.M.S. Member. Member.

(Any special remarks of Medical Officers may be added below.)

PARTICULARS OF NEXT-OF-KIN.

Name and Relationship.	Address.	Subsequent Changes.
Mrs Isabel Fogarty (wife)	French River P.O. Prince Edward Island,	

CERTIFICATE OF OFFICER COMMANDING UNIT.

John Fogarty 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, and that his service reckons from the 15th day of Nov 1919.

Date Nov 15th 1919.

R. Rosstaine (Signature of Officer)
Lt. Colonel
O. C. special Guard C. M. P. C.

NOTE.—Service reckons from date commenced to draw pay. A.A. (1914), Part II., S.S. 100, para. (2).

ORIGINAL

6th. M. D. 1st. Depot Battalion N. S. Regiment

Regtl. No. 3181730

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class ONE)

1. Surname: FOGARTY
2. Christian name: John Michael
3. Present address: Hazel Hill, Guys, Co. N. S.
4. Military Service Act letter and number: NOT APPLICABLE
5. Date of birth: 24th. Jan. 1885
6. Place of birth (town, township or county and country): Hazel Hill, Guys Co. N. S.
7. Married, widower or single: Married
8. Religion: Roman Catholic
9. Trade or calling: Fisherman
10. Name of next-of-kin: Isabel Fogarty
11. Relationship of next-of-kin: Wife
12. Address of next-of-kin: Hazel Hill, Guys Co. N. S. Sufficient Address
13. Whether at present a member of the Active Militia: Yes
14. Particulars of previous military or naval service, if any: 6 mos. 94th. Regt. (A.M.)
15. Medical Examination under Military Service Act:—
    (a) Place Halifax, N. S. (b) Date 18/4/18. (c) Category "A-2"

DECLARATION OF RECRUIT

I, John Michael Fogarty, do solemnly declare that the above particulars refer to me, and are true.

John Michael Fogarty (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	33 yrs.	4 mths.	
Height	5 ft.	5 ins.	
Chest measurement	fully expanded	34½ ins.	
	range of expansion	3½ ins.	
Complexion	Light		
Eyes	Blue		
Hair	Dark		

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

J. J. MacPherson Major
for O. C. 1st. Depot Btln.
N. S. Regt.

Place Halifax, N. S. Date 16/4/18.

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

PARTICULARS OF RECRUIT

DRAWN UNDER MILITARY SERVICE ACT, 1916

3181730

REGIMENTAL DOCUMENTS

(1) 260th Bn of 94th Defence Militia

NAME FOGARTY, John (1) Mitchell (2) REGT. No. 2779985 UNIT Special Guard

NON-EFFECTIVE BY (1) Demob (2) Dunsk CATEGORY 11300

1st End.	2nd End.	CONTENTS
3	3	ATTESTATION PAPER (M. F. W. 235 ~~122 or 51~~)
/		CASUALTY FORM (M. F. W. 54 or A. F. B. 103)
/		TRAINING HISTORY SHEET (M. F. W. 113)
	/	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)
		REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 121)
		COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121
/	2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)
/	/	DENTAL HISTORY SHEET (M. F. B. 465)
		MEDICAL REPORT (M. F. B. 227 or A. F. B. 179)
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		TRANSFER CLOTHING STATEMENT (M. F. W. 97, or D. O. S. 2)
		PROCEEDINGS, COURT OF INQUIRY (M. F. B. 303 or A. F. A. 2)
		DECLARATION, COURT OF INQUIRY (M. F. B. 259 or A. F. B. 115)
/		LAST PAY CERTIFICATE (M. F. W. 44)
/		PROCEEDINGS ON DISCHARGE (M. F. W. 218 or A. F. B. 268)
		PARTICULARS OF CHARACTER (A. F. W. 3226)
/		COPY OF PARCHMENT DISCHARGE CERTIFICATE (M. F. W. 39A)
		DENTAL CERTIFICATE ON DISCHARGE (C. A. D. C. 5009)
/		UNIT INDEX CARD (M. F. W. 71 or 192)

M F W 129

a F B 122

M F W 113

pay card

M. or S. Married

Name and Address of Next of Kin Mrs Isabella Fogarty. (wife)
French River, New London
P.E.I.

Separation Allowance $ 25.00 Effective Date 1.10.18

By Whom Paid Ottawa.

Payable to Mrs Isabella Fogarty Relationship Wife

Address French River, New London P.E.I.

CASUALTIES, AFFECTING PAY AND ALLOWANCES

PARTICULARS	EFFECTIVE DATE	AUTHORITY

Re
If i
Wh
Pla
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Da
Att
Ass
Pa
Ad
Sto
Dis

L. L. Job 48205
M. & D. 20-9-18-12M

MONTH 1918	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT C	OTHER CREDITS $	OTHER CREDITS C	ASSIGNED PAY CREDITS $	ASSIGNED PAY 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	COL. No. 4 No.	COL. No. 4 DATE	CASH PAYMENTS COL. No. 1 $	COL. No. 1 C	COL. No. 2 $	COL. No. 2 C	COL. No. 3 $	COL. No. 3 C	COL. No. 4 $	COL. No. 4 C	ASSIGN PAY CANA
Oct	31	1.10	34	10					34	10	15	21 10/18	57	31 10/18					5	-	8	21					15
Nov.	30	1.10	33	00					33	00	91	14 11/18	111	30 11/18					12	31	9	64					15
Dec	31	1.10	34	10					34	10	1	17 12/18	30	21					10	-	9	41					15
Jan.	31	1.10	34	10					34	10	50	15	142	31					8	65	10	36					15
Feb	28	1.10	30	80					30	80	170	15	183	28					8	25	7	84					15
Mar	31	1.10	34	10	21	05			55	15	195	15	210	31					10	39	14	98					15
April	30	1.10	33	00					33	00	224	19	239	30					6	37	12	50					15
May	31	1.10	34	10					34	10																	15
			26	30																							
											Bal 48								1000								

Evacuated 3/

Carried Forward

Base Guard

Paymaster

Auditor

TIES, AFFECTING PAY AND ALLOWANCES

TICULARS	EFFECTIVE DATE	AUTHORITY

Regimental No. 318,730 Rank Private Name Fogarty John Michael

If in P.F. What Unit — P.F. Allowances — Original Unit C.E.F. 8 Base Guard

Place of Attestation Hazel Hill N.S. — Transferred to — Date — Authority

Date of Attestation 25. 11. 17 — Transferred to — Date — Authority

Assigned Pay $ 15.00 — Date Effective 1/10/18 — Authority M.S.W. 2883

Payable to Mrs Isabella Fogarty — Relationship wife

Address French Road Mon London N.E.2

Stop-Payment Form (Assigned Pay) Rendered (Date) — Effective

Discharged. Date and Place — Authority

No. 4 / DATE	CASH PAYMENTS COL. No. 1 $ C	COL. No. 2 $ C	COL. No. 3 $ C	COL. No 4 $ C	ASSIGNED PAY CANADA	ASSIGNED PAY OTHER COUNTRIES	OTHER CHARGES $ C	REGIMENTAL CHARGES $ C	TOTAL DEBITS $ C	BALANCE DEBIT $ C	BALANCE CREDIT $ C	DEFERRED PAY $ C	PAY AVAILABLE FOR ISSUE $ C	SEP. ALL'CE	REMARKS
	5 —	8 21			15 00				28 21		5 89		5 89 25.00		
	12 31	9 64			15 00				36 95	3 95			19 425.00		
	10	9 41			15				34 41	31			163		
	8 65	10 36			18 00				34 01		09		17 2		
	8 25	7 84			15 00				31 09	29			143		
	10 39	14 98			15 00				40 37		14 78		16 21		Bal a/c Pte. 30/9/18. Pd 260 Batt. Pro 27. 7
	6 37	12 50			15 00				33 87	87			15 34		
					15 00				15 00		19 10		34 44		
	10 00														

Evacuated S.S. Empress of Japan. 9-5-19

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

MONTH	PAY				OTHER CREDITS	ASSIGNED PAY CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS								CASH PAYMENTS								ASSIGNED PAY CANADA	ASSIGNED PAY OTHER COUNTRIES	OTHER CHARGES		REGIMENTAL CHARGES		TOTAL DEBITS	
										COL. No. 1		COL. No. 2		COL. No. 3		COL. No. 4		COL. No. 1		COL. No. 2		COL. No 3		COL. No. 4								
	No. OF DAYS	RATE	AMOUNT							No.	DATE	No	DATE	No.	DATE	No	DATE															
			$	C	C	$	C	$	C									C	$	C		C		C				$	C	$	C	$	C

L. No. 4 C	ASSIGNED PAY CANADA	ASSIGNED PAY OTHER COUNTRIES	OTHER CHARGES $	OTHER CHARGES C	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C	TOTAL DEBITS $	TOTAL DEBITS C	BALANCE DEBIT $	BALANCE DEBIT C	BALANCE CREDIT $	BALANCE CREDIT C	DEFERRED PAY $	DEFERRED PAY C	PAY AVAILABLE FOR ISSUE $	PAY AVAILABLE FOR ISSUE C	SEP. ALL'CE	REMARKS

M. or S. Married

Name and Address of Next of Kin Mrs Isabella Fogarty
French River, New London
P.E.I.

Separation Allowance $ 25.00 Effective Date 1. 10. 18

By Whom Paid Ottawa

Payable to Mrs Isabella Fogarty Relationship wife

Address French River, New London
P.E.I.

CASUALTIES, AFFECTING PAY AND ALLOWANCES

PARTICULARS	EFFECTIVE DATE	AUTHORITY

L. L. Job 48205
M. & D. 20-9-18-12M

MONTH	PAY				OTHER CREDITS		ASSIGNED PAY CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS								CASH PAYMENTS							
											COL. No. 1		COL. No. 2		COL. No. 3		COL. No. 4		COL. No. 1		COL. No. 2		COL. No. 3		COL. No. 4	
	No. OF DAYS	RATE	AMOUNT $	AMOUNT C	$	C	$	C	$	C	No.	DATE	No.	DATE	No.	DATE	No.	DATE	$	C	$	C	$	C	$	C

Carried Forward

Paymaster ✓

Auditor

TIES, AFFECTING PAY AND ALLOWANCES

TICULARS	EFFECTIVE DATE	AUTHORITY

Regimental No. 3181730 Rank Pte Name Fogarty John michael

If in P.F. What Unit — P.F. Allowances — Original Unit C.E.F.

Place of Attestation Hazelhill N.S. — Transferred to — Date — Authority

Date of Attestation 25.11.17 — Transferred to — Date — Authority

Assigned Pay $ 15.00 — Date Effective 1.10.18 — Authority

Payable to Mrs Isabella Fogarty — Relationship wife

Address French River, New London P.E.I.

Stop-Payment Form (Assigned Pay) Rendered (Date) — Effective

Discharged. Date and Place — Authority

No. 4 DATE	CASH PAYMENTS COL. No. 1 $ C	COL. No. 2 $ C	COL. No. 3 $ C	COL. No. 4 $ C	ASSIGNED PAY CANADA	ASSIGNED PAY OTHER COUNTRIES	OTHER CHARGES $ C	REGIMENTAL CHARGES $ C	TOTAL DEBITS $ C	BALANCE DEBIT $ C	BALANCE CREDIT $ C	DEFERRED PAY $ C	PAY AVAILABLE FOR ISSUE $ C	SEP. ALL'CE	REMARKS

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

MONTH	PAY				OTHER CREDITS	ASSIGNED PAY CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS								CASH PAYMENTS								ASSIGNED PAY CANADA	ASSIGNED PAY OTHER COUNTRIES	OTHER CHARGES		REGIMENTAL CHARGES		TOTAL DEBITS
										COL. No. 1		COL. No. 2		COL. No. 3		COL. No. 4		COL. No. 1		COL. No. 2		COL. No 3		COL. No. 4							
	No. OF DAYS	RATE	AMOUNT							No.	DATE	No	DATE	No.	DATE	No	DATE														
			$	C	C	$	C	$	C									C	$	C		C		C				$	C	$	C	$

L. No. 4 C	ASSIGNED PAY CANADA	ASSIGNED PAY OTHER COUNTRIES	OTHER CHARGES $	OTHER CHARGES C	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C	TOTAL DEBITS $	TOTAL DEBITS C	BALANCE DEBIT $	BALANCE DEBIT C	BALANCE CREDIT $	BALANCE CREDIT C	DEFERRED PAY $	DEFERRED PAY C	PAY AVAILABLE FOR ISSUE $	PAY AVAILABLE FOR ISSUE C	SEP. ALL'CE	REMARKS

3181730

M.S.A. 15.

MILITARY SERVICE ACT, 1917.

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 Hogarty Christian name John M

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule .....

3. Consecutive number on schedule of men reporting for service (if he appears on it) .....

4. Address (including street and number, if any) Hazel Hill

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 18 day of April 1917, by the undersigned medical board sitting at Halifax

5. Age as stated 33 Years 4 Months. 6. Apparent age 33 Years 4 Months

7. Height 5 Feet 5 Inches. 8. Weight 146 Pounds.

9. Chest measurement { Minimum 31 Ins. / Maximum 34½ Ins. } 10. Complexion light { Eyes blue / Hair dark }

11. Physical development. Good { Good / Fair / Poor } 12. Smallpox marks Nil

13. Number of vaccination marks { Right arm ..... / Left arm ..... } 14. When vaccinated last Nil

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

Scar on left forefinger

16. Slight defects but not sufficient to cause rejection .....

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(Strike out disease admitted or suspected.)

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

R D—20
L D—40

Signature of Man J Hogarty

Manwaring Capt. President. Hearing - Normal

Member. Member.

Date	Result	Vaccinations		Date	Result	Anti-Typhoid Inoculations, Etc.	
23/4/18	Manwaring	M.O.		23/7/18	Manwaring		M.O.
		M.O.		23-9-18	TY ½	[illegible]	M.O.
		M.O.		9/6/18	D T McDonnell		M.O.

Joined 16th day of June 191 at Halifax N.S.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st. Depot Bt'n. N. S. Reg't.	3/81730		
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Aldershot N.S.	10-8-18	nil	Cat. A II

[illegible] Capt.
A.D.M.S. Maritime Prov.

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

Surname Rogers Christian Name John M.

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 1st. DEPOT BATTALION, Nova Scotia Regiment.

Regimental No. 3181730 Rank Pte C. E. F. Name Dogary, John Michael

Enlisted (a) 16-4-18 Terms of Service (a) WAR and 6 Mos. Service reckons from (a) 16-4-18

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) N I L (Marksman)

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 11/10/18			
		Arrived Siberia 26/10/18. with Base Coy.			
10.12.18	O.C. Base Hdq	On command to Force Hdqrs	Vladivostok	5.11.18	Pt. II DO #16.
20.12.18	— " —	Attd to Base Headquarters for Rations & Quarters	"	5.12.18	Pt. II DO #19
6-5-19	Base Depot	attached for Rtg	— " —	30.4.19	#21
		Embarked Siberia MAY 9 1919 S.S. Empress of Japan			G Grump MAJOR D. A. A. G. BASE RECORDS CAN. EXPED. FORCE (SIBERIA)
9-5-19	O/S	D. Os. 6 D.D. posted Base Coy.		28/5/19	D.O. 148
					C A Blakeney Lieut. Officer i/c Records No. 6 D.D.

(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		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				
2/6/19	Trans. from Cas. Coy. to Hdq. Staff.				D.O. 153
25.10.19	Posted from Adm. Staff. Cas Coy to Cas Coy.				D.O. 298
25.10.19		S.S. on Discharge			D.O. 298

O. C. DISCHARGE SECTION No. 6 DISTRICT DEPOT.

C.E.F. (SIBERIA) RECORD SHEET

Next -of- Kin	Isabel Fogarty, (Wife) ~~Hazel Hill, Guys. Co., N.S.~~ French River, P.E.I. Auth. L. 7-9-18.
Also Notify	
Subsequent changes in Next-of-Kin	

Country of Birth	Married or Single on Enlistment	Subsequent Marriage Date
Hazel Hill, Guys. Co., N.S.	Married.	

Surname	Fogarty ✓
Christian Names	John Michael
Regimental No.	3181730
Rank	Pte.
Unit	Base Guard, 260th Bn.
Place and Date of Enlistment	Halifax, 16-4-18 M.D. 6
NON-EFFECTIVE: (1) Place (1)	M.D. 6.
(2) Date (2)	31-10-19.
(3) Reason (3)	Demobilization
H.Qs. File No.	

M.F.W. 2581 (25M-9-18). 1772-89-1868. L L Job 48477.

Record of Promotions, Reductions, Transfers, Casualties, Reports, &c.	Place	Rank Shewn	Effective Date	Unit	Authority: Part II D.O. No., Cas. List, &c.	Authority: Dated
Embarked for Overseas. "Emps. of Japan"	Vancouver		OCT 11 1918	Base Gd. 260th Bn	Sailing List	
Shown "on command" to Force H.Q.	Siberia	Pte.	5-11-18.	Base Gd.	No. 16	13-12-18.
Returned to Canada. (M.D. 6)	Vlad.	"	Arr'd 21-5-19.	"	Sailing list 3/3.	
"Emps. of Japan".						
Ceases to be att. to Force H.Q.	"	"	30-4-19.	"	#18.	6-5-19.
S.O.S. on evacuation to Canada.	"	"	9-5-19.	"	#19.	13-5-19.
S.D.S. Dis. on Demobilization	M.D. 6	L/pl.	31-10-19	-	Does.	

Record of Promotions, Reductions, Transfers, Casualties, Reports, &c.	Place	Rank Shewn	Effective Date	Unit	Authority		
					Part II D.O. No., Cas. List, &c.	Dated	

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 2779985 Rank ..... Surname Fogarty John
(Give name in full)

age 33. address.

Unit or Corps Special Guard C.M.P.C. Birthplace Hazel Hill N.S.

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

1. **GENERAL DESCRIPTION:**

Physique good Weight 152 lbs. Height 5 ft. 9 in. Color of Eyes Blue

Nutrition good

Pulse 72 reg

Condition of arteries ---

Vision Rt. 6/9 Left 6/9

Hearing (conversational voice) Rt. 2 ft.

Left 2 ft.

Identification marks, scars, or deformities. (Give cause and date of origin.)
Scar Left thumb finger 1906

Opinion as to general health and physical condition good

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

Nervous System no Genito Urinary System no Cardio-Vascular System no

Special Senses no Integumentary System no Respiratory System no

Disturbance of mentality no Muscular System no Digestive System no

Osseous and Joint System no Any other general condition no

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

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at ..... (Canada)

Date ..... Signed ..... M.O.

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

Signautre .....

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

THIS SECTION FOR USE IN CANADA—

Examined at Halifax ... (Canada)

Date 27-12-20 Signed [illegible] M.O.

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

Signature John J. Fogarty

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

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

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

[OVER]

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 3181730 Rank Gnr. Surname Fogarty
(Give name in full) John Michael
Unit or Corps 46 D.D. Birthplace Canso N.S.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 146 lbs. Height 5 ft. 9 in. Colour of Eyes Blue.
Nutrition Good
Pulse 70
Condition of arteries Normal
Vision Rt. 20/20 Left 20/40
Hearing (conversational voice) Rt. 30 ft.
Left 30 ft.

Identification marks, scars, or deformities. (Give cause and date of origin.)
Scar on left groin.

Opinion as to general health and physical condition Good!

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

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

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

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date ..... Signed .....M.O.

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

Signature .....

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

THIS SECTION FOR USE IN CANADA—

Examined at Halifax (Canada)

Date 24/10/19 Signed Major A.M.O.

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

Signature John Michael Fogarty

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

(This space to be used, if necessary, in connection with Section 8, overleaf, only.)

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-89-1142.

CANADIAN EXPEDITIONARY FORCE (SIBERIA).

Original

LAST PAY CERTIFICATE.

No. 3181739 Rank. Pte. Name. Fogarty, John. Michael. Unit. Base. Coy.

Nominated for embarkation to Canada: Date .....

CREDIT.	$	c
Balance Forward as at 30th April 1919	15	34
EARNINGS:—		
From 1-5-19 to 31-5-19		
31 days at $ 1.10	34	10
.....days at $.....		
.....days at $.....		
ANY OTHER CREDITS:—		
Interest on Deferred Pay		
.....		
.....		
	49	44

"VICTORY" WAR LOAN

Amount Subscribed - $.....

Amount Paid - - - .....

Balance due - - .....

I hereby Certify that I am satisfied that the balance of my account as shown on this statement is correct.

J. M. Fogarty

.....

(*Signature of Soldier.*)

DEBIT.	$	c
CASH PAYMENTS:—		
Date / A.F. No. / Paying Unit. / Amount		
.....		
OTHER CHARGES:—		
Assigned Pay. May. 1919	15	00
.....		
WAR LOAN INSTALMENTS CHARGED:		
.....		
X ASSIGNED PAY for period from 1-10-18 to 31-5-19 at $ 15.00 per month in favour of:—		
Name Mrs. Isabella. Forgarty		
Address ...French. River		
.New. London, P.E.I.		
Relationship .....wife.....		
X SEPARATION ALLOWANCE, if any, in favour of same party as Assignment at $...30.00...per month.		
X BALANCE CREDIT	34	44
	49	44

BALANCE GIVEN IS SUBJECT TO ANY CHARGES AND/OR CREDITS ENDORSED ON THE REVERSE HEREOF.

THESE PAYMENTS TO DEPENDENTS:— X (Strike out whichever inapplicable.)

X Have been stopped. Effective .....191....

or

X Are being continued in England for three months from ..... unless other instructions are received from Ottawa

or

X Being a Canadian Payment, cancellation or otherwise of future payments will be dealt with by Ottawa.

COMPILED BY ..T.J.F.....

CHECKED BY .....

Date .....191...

CERTIFIED CORRECT ..... Capt. Lieut.

FOR CHIEF PAYMASTER, C.E.F. (SIBERIA).

M.F.W. 44b.
175-D.P.-12M-2-19-1772-39-903.

ENDORSEMENTS.

DEBITS AND/OR CREDITS SUBSEQUENT TO ISSUE OF L.P.C.

Date	Unit	AR. No. or Other Particulars.	Amount. Cr.	Amount. Dr.	Paymaster's Signature.
9/5	P.M. Detail	Boat Expense		10 00	
16/5	At sea	Train Expense		5 00	

EXPLANATION OF DEBIT BALANCE:—

STATEMENT OF ACCOUNT.

Date		Particulars.	Dr.		Cr.	
		Balance on proceeding to Canada				
		Pay and Allowance to				
		Civilian Clothing Allowance			35	00
		First Instalment War Service Gratuity			70	00
		Assigned Pay				
		Boat Expense Money				
		Train Expense Money	5	00		
		Cheque No. ..... Balance				

PLACE OF EMBARKATION Vladivostok, Siberia.

DATE OF EMBARKATION 9/5/19

H.M. Transport "Empress of Japan"

PLACE OF DISEMBARKATION .....

DATE OF DISEMBARKATION .....

455

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

11/2

OTTAWA, CANADA.

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

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

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

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names John Michael 2. Surname Fogarty
3. Rank Capl. 4. Original Unit 94 Reg't. 5. Reg. No. 3181730
6. Address, in full, to which future payments of gratuity are to be forwarded
Hazel Hill Guysboro Co. N.S.
C/o Mrs. John Fogarty
7. Date of enlistment in the C.E.F. 14.2.18
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Mrs. Isabella Fogarty.
9. Relationship of such dependent wife
10. Present address, in full, of such dependent Hebridi River P.E.I.
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? no
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
from 11.10.18 to 29.5.19
260 Bty Siberia
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? no
14. Were you on active service only in Canada or the United States? If so, give particulars of units and dates of such service no
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served from 14.2.18 94 Reg't. Active Militia 1st D.R.S.P. Canada to 11.10.18
260 Bty Canada & Siberia 11.10.18 to 29.5.19 6 D.D. Canada to 1.10.19
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department no
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? no

M.F.W. 2595.
1772—39—1389.
122—D.P.—250M-2-19.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units .....
94 Regt Active Militia from 27.11.17 to 14.2.18
Reg No 2239 transferred to 1st D.B.A.S.C.
& 260 Bty for overseas Service

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid ..... no .....

20. Have you been issued with a War Service Badge? If so, what class? .....

21. Have you, during the present war, served in the Imperial Forces? ..... no .....

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled ..... no .....

23 (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England ..... no ..

(b) If so, was such reversion in consequence of misconduct or inefficiency? ..... no .....

24. Are you now serving in the C.E.F. ..... yes ..... If not, give:—(a) Date of discharge
1.10.19 ..... (b) Reason for discharge .....
for purpose of Demobilization

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit ..... C.D. Depot .....

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit .....
from 25.10.18 to 9.5.19
260 Bty Siberia

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? ..... no ..
(b) If so, are you in receipt of full pay and allowances from that Department? ..... no .....

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

Signature of Applicant: J. M. Fogarty
Place of Residence: Hazel Hill. Guys Co N.S.
Declared before me at: Halifax N.S.
This 30th day of Sept. 19.19.

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of the Administration of Oaths.

Commissioner to take declaration
re ..... W. S. Gratuity.

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
OCT 2 1919	70.00	30.00	12 Days	280.00
			4 Months	120.00
				$400.00

Certified Correct.
District Paymaster.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT Mar 6

NAME OF SOLDIER A.J. Gogarty John

REGIMENT 1st DEPOT BATTALION Nova Scotia RANK Pte No. 318123

INSTRUCTIONS

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

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

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

	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
Condition on first Examination	23-7-18										15.12 16.19 29.30 31									a.g. Wicks	6	Cavities 17.18.28
	11-9-18	28		28	17 Treat.																	
	13.9.18																			A.J. Gogarty	6	

M.F.B. 2/40M-1-1 1772-39 8-50

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 2779985 (Rank) Lance/Corporal.

Name (in full) FOGARTY, John. enlisted in

the Special Guard, C.M.P.C.

CANADIAN EXPEDITIONARY FORCE at Halifax, N.S. on the Fifteenth

day of November 19 19.

HE served in Canada.

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

Auth: R.O. #1328, Para. 7 (e), dated 18-11-18.

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

Age	34 years 4 months.	Marks or Scars	
Height	5 feet 9 inches.		
Complexion	Medium.		Nil.
Eyes	Blue.		
Hair	Black.		

J Fogarty
Signature of Soldier

H.H. Brown. Lieut/Col.
Issuing Officer

O.C. Special Guard, C.M.P.C.
Rank

Appointment

Date of Discharge March 4th, 1920.

Signed at Halifax, N.S. this Fourth day of March 1920.

in Military District No. Six.

File Reference No.

SPECIAL GUARD
MAR 4 1920
Canadian Military Police Corps

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.
250m —6-18.
H. Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

On cancellation the
original is to be called upon
by the bearer of this
certificate will not be com-
pleted.

.....
Name of Officer

.....
Rank

.....
Appointment

M.F.W. 44
154 (D.P.) 150M-2-19.
1772-39-903.

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

Regimental No. 2779985 Rank L/Cpl. Name FOGARTY, J.
(Surname first)

Unit Special Guard, C.M.P. C.M.D. 6 who was* Discharged

On March 4th. 1920, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-3-20 to 4-3-20 191... the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month		10 00
Regimental Pay 4 days at $ 1.05		4 20
Field Allowance 4 days at $ .10		40
Separation Allowance		4 00
Clothing Allowance		
Post Discharge Pay		
*Other Credits E.D.Pay		4 00
Advances		
Separation Allowance and Assigned Pay Cheque No. A.R.126 3-3-20	6 00	
*Other Charges		
Balance on transfer or on discharge, cheque No. A.R.126 3-3-20	16 60	
Total	22 60	22 60

*Give particulars.

A monthly stoppage of $ 6.00 (†) has (‡) been paid on account of

Assigned Pay for the month of March, 1920
and Separation Allce. for month of March, 1920
} (to) Assignee Mrs. Isabel Fogarty.

(Address) French River Post Office, P.E.I.

(†) 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 15-11-20 married or single Married

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

(4) Authority for discharge or transfer D.O.#

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 March 4th. 1920

Place Halifax, N.S.

Captain,
Paymaster Spec. Guard, C.M.P. C.M.D. 6

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 purpose 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 Certificates 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.		
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
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.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....

Number 3181730 ~~Rank~~ 92-Pte-48

Surname FOGARTY

Christian Name John Michael

Units C.E.F. Theatre of War Siberia

Date of Service 26-10-18

Remarks St Louis Hotel Calgary Alta

Latest Address ~~Hazel Hill~~ ~~Guysboro Co~~ Nova Scotia

Roll No. B Page 15940

200m.-2-21.M.

DESP. JUL 15 1935
REGN. NO. 565

M. F. W. 71—500M.—6 18.
1772—39—951.

NAME John Fogarty

REGIMENTAL NO. 277986 RANK L/Cpl

ENLISTED AT Halifax PROMOTIONS, &c. AND DATE 63-16-11-19

DATE 15-Nov-1919.

IF SERVED PREVIOUSLY. STATE UNIT. &c. 26 8th Regt

MARRIED, WIDOWER, OR SINGLE married

NEXT OF KIN Mrs Isabel Fogarty RELATIONSHIP wife

ADDRESS OF French River P.E.I. P.E. Island

ASSIGNMENT OF PAY $15 C. TO Mrs Isabel Fogarty.

ADDRESS French River. P.E.I. P.E.I.

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c.
	No.	Date	
15.11.19			
Promoted L/CPL	63	16-11-19.	
T.D.S. 15.11.19	—	—	
SoS on demobilisation (with effect from 3.3.20 Army R.O. 1358. para 4 (a) of 18.11.18	bt	4.3.20	

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

War Service Badge
Class. C No. 325260

This is to Certify that No. 318173 (Rank) Cpl

Name (in full) Fogarty John Michael enlisted in

the 94th Active Militia

CANADIAN EXPEDITIONARY FORCE at Canso - N.S. - on the Twenty seventh

day of November 1916

HE served in 94th 1st D.B. N.S.Rin Canada 260th in Siberia

and is now discharged from the service by reason of Demobilization

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

Age 33 years 10 months

Height 5 feet 9 inches

Complexion Fair

Eyes Blue

Hair Dark Brown

Marks or Scars on left fore finger

J. M. Fogarty
Signature of Soldier

Geo. J. Shaw
Issuing Officer

Rank Captain
Appointment

Date of Discharge October 31, 1919

Signed at Halifax. N.S. this 25th day of Oct 19

in Military District No. Six

File Reference No.

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. 1772-39-582

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

War Service Badge
Class. A No. 325-260

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 3181730
2. Rank Corporal
3. Name Fogarty John Richard
4. Unit 94th Active Militia
5. Date of Discharge 31.10.19 | Place Halifax N.S.
6. Reason for Discharge Demobilization
7. Authority R. O. 1420
8. Proposed Residence after Discharge Hazel Hill, Guysboro. Co. N.S

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. ? 34

J. R. Fogarty
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Halifax N.S.

Date October 31, 1919

J. J. Shannon
CAPT. & ADJ'T.
FOR LIEUT. COL. No. 6 DISTRICT DEPOT.

Signature
(O. C. Discharging Unit.)

M.F.B. 218a—50M.-2-19 1772-39-113.

AS 13-2-57

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

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

SPECIAL GUARD
MAR 4 1920
Canadian Military Police Corps

1. No. 2779985

2 Rank. Lance/Corporal.

3. Name. FOGARTY, John.

4. Unit. Special Guard, C.M.P.C.

5 Date of Discharge | Mar. 4, 1920. | Place Halifax, N.S.

6 Reason for Discharge Demobilization.

7. Authority. Auth: R.O. #1328, Para. 7 (e), dated 18-11-18.

8. Proposed Residence after Discharge

Hazel Hill, N.S.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.? 39.

J. Fogarty
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Halifax, N.S.

Date March 4th, 1920.

Signature J H Brown Lieut./Col.
(O. C. Discharging Unit.)
O.C. Special Guard, C.M.P.C.

M.F.B. 218a—300M.-11-18—1772-39-113.

16/2/11 AS 13-2-57

LIST OF DISCHARGE DOCUMENTS.

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Former Regtl No. 315/1730

Permanent Force

C. E. F. 26th Regt

PERMANENT FORCE OF CANADA

MEDICAL HISTORY OF—

Regtl. No. P.F. 2779985

P.F. Unit A.P. Guard

Region C.M.P.C.

Surname FOGARTY Christian Names JOHN

TABLE I.—General Table.

Birthplace { Town Hazel Hill / Province Nova Scotia

Examined { on 14th day of Nov 19 19, / at Halifax

Declared age 33 years days

Apparent age 33 years

Trade or occupation Fisherman

Height 5 feet 9 inches. Weight, stripped 152 lbs.

Colour of Hair Black Complexion Medium

" Eyes Blue

Chest Measurement { Girth when fully expanded ..... inches. / Range of expansion ..... inches

Physical development ..... (Good, fair or poor)

Vaccination marks { Arm, | RIGHT | LEFT / Number | — | One

When vaccinated .....

Vison { R.E.—V. 6/6 With Glasses { R. ..... / L.E.—V. 6/6 { L. .....

Hearing R. ear 20 L. ear 20

Identification marks, such as Tattoo, Moles, Scars, etc.—

.....

.....

Defects or ailments:—

.....

.....

Examined and found—

FIT FOR CATEGORY { A A / B / C

(Strike out those which do not apply.)

Signature .....

K. F. Morton Capt. A.M.S. President

Member

Member

Re-examined for posting at .....

On 14th day of November 19 19

Enlisted { at ..... / on ..... day of 19

	Corps	Regtl. No.
Joined on enlistment	A.P. Guard C.M.P.C.	2779985
Transferred to		

TABLE III.—Boards, Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service: Extention, Re-engagement, or Prolongation of Service, Issue of Surgical Appliances, etc.

Date	Brief Details and Signatures

Special remarks: state if a discharged soldier

TABLE IV.—Service Table.

Station or Troopship	Date of Arrival or embarkation	Date of Departure or disembarkation

Became non-effective by .....

on ..... day of 19

(Signature) .....

(Rank) .....

For disposal of this form use K.R. & O. paras. 1594 and 1606.

M. F. B. 313b.

[illegible] D.P.-50M-10-19.

TABLE II.—Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Each entry will be accurate, brief and revelent. Remarks bearing on the cause, nature or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet. Rubber stamps will not be used.	Signature Medical Officer
	Day	Month	Year	Day	Month	Year				

Date of Enlistment Nov. 25- 1918.

Oct 1 1918

MILITIA AND DEFENCE F 9496

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment Oct 1 1918

RATE OF SEPARATION ALLOWANCE

25-00 XX	30 1-9-18 P6 2753 MRO 3824		

RATE OF ASSIGNMENT

15-00 XX			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion Siberian Draft.

Beneficiary Mrs. Isabelle Fogarty

Relationship Wife

Address French River, New London, P. E. I.

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2 MRS.ISABELLA FOGARTY,
FRENCH RIVER,
NEW LONDON,P.E.I. 15 25 40.00

3 % 3181730 PTE JNO.MICHAEL FOGARTY
FORTY DOLLARS

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	
Oct	4 5 1511	25	15	40	T
Nov	2 61296	25	15	40	M
Dec	2 65148	45	15	60	M
Jan	2 74387	30	15	45	M
Feb	4 81394	30	15	45	M
Mar	2 84290	30	15	45	M
Apr	0 4247	30	15	45	
May	A 5514	30	15	45	C
~~June~~		~~30~~	~~15~~	~~45~~	C
		245	120		

REMARKS 6156-J-20.

A/c Closed 31-5-19.

Ret'd per Empress of Japan.

Date 21-5-19. M.F.W.187 30-5-19

Closed ..... M. Cameron

M.R.O. 11424

M. D. 6

AUTHORITY FOR NEW ACC'T. 6156 J 20 Violet Holt Nov. 1918.

AUDITED.

M. F. W. 128
400M.—6-17—172-39-1141
L. L. 22520—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

CANCELLED

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22220—M. & D. 7983.

AUTHORITY FOR NEW ACCT.

AUDITOR | PAYMASTER

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

M. OR S. M | REGT. NO. 2779985 | RANK L/Bpl | NAME (IN FULL) Fogarty . J. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN: Mrs Isabel Fogarty | RELATIONSHIP: Wife
ADDRESS: French River / P.O Prince Edward Island
IS SEPARATION ALLOWANCE PAID? yes 6156-J-32 | DATE EFFECTIVE: 15-11-19
TO WHOM PAID | RELATIONSHIP
ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
From L/Bpl	15-11-19	D.O. 63
Regtl Fund	1.00	
Field	.10	
ED Pay	1.00	

ORIGINAL UNIT C.E.F. | IF IN P.F. WHAT UNIT?
PLACE OF ATTESTATION: Halifax N.S. | TRANSFERRED TO | DATE | AUTHORITY
DATE OF ATTESTATION: 15-11-19 | TRANSFERRED TO | DATE | AUTHORITY
ASSIGNED PAY $: 1.00 | DATE EFFECTIVE
PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE
DISCHARGED | PLACE: Halifax N.S. | DATE: 4-3-20 | REASON: Demobd | AUTHORITY: D.O #64 | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.			TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																				
Nov 10-30 4 19	16	1.15	18	40	16 00				34	40																								34	40	
					34 40																															
Dec	31	1.15	35	65	31 00				147	05	62	11/12	63	12/12			10	00	30	00			71	00			46	00			157	00	9	95			Overpaid 1A. 15 11/19 to 31 12/19
					46 00																														SA 15 11/19 to 31 12/19 + 25 AR BK = 584783
					31 00																															
Jan	31	1.15	35	65	30 00				96	65	77	5/1	82	12/1	79	8/1	15	00	10	00	12	00	45	00	1	50	9	95			93	45			3	20	AR 88 19
					30 00																															
					46 00																															
Feb	29	1.15	33	35	24 20 00		25		141	80	115	21/2	122	24/2			10	00	76	80			45	00							131	80			10	00	#46 20 Undercredited 1.A AR 104
					4 00																															
Mar	4	1.15	4	60	18 00				22	60					126	3/3					16	60	6	00							22	60					AR 126
	127	65	314	60			25		442	50							35	00	116	80	28	60	167	00	1	50	55	95			404	85	9	95	47	60	

Draft Copy.
R. Reilly. 6/10/20

200M-3-19.—L. — 58763-... & L. 9983.
M. F. W. 2-96.
1772-39-1390.

Emp. of Japan 21.5.19

AUDITOR 6 | PAYMASTER

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

M. OR S. | REGT. No. 3181730 | RANK Dvr | NAME (IN FULL) Fogarty J.M.

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes 30.00 | DATE EFFECTIVE 1.6.19

TO WHOM PAID Issue as A.P. | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Tos 9-5-19		Do 145
Class 28-5-19		
Posted Staff	2-6-19	Do 153
Promoted Cpl	8/9/19	Do 251

ORIGINAL UNIT C.E.F. Base Coy | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 15.00 | DATE EFFECTIVE 1.6.19

PAYABLE TO Mrs Isabella Fogarty wife | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Truck Rider, New London P.E.I. | Hazel Hill, Guys Co, NS

STOP PAYMENT FORM ASSIGNED PAY RENDERED. DATE | EFFECTIVE

DISCHARGED Halifax | DATE 31/10/19 | REASON Demob | AUTHORITY Do 298 | IF ENTITLED TO POST DISCHARGE PAY

11/2

Cancelled

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.		TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. No. 1 No.	DATE	COL. No. 2 No.	DATE	COL. No. 3 No.	DATE	CASH PAYMENTS COL. No. 1 $	C.	COL. No. 2 $	C.	COL. No. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.		TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																		To Bal Acct P.M.
31.5.19								34	44																									Details
	1.10							34	44					#3599				47	44							15	00		15	00		19	44	
June	30	1.10	33	00				19	44																			5	00	52	44				Advance
1/7/19 to 31/7/19	31	1.10	34	10	60	00		94	10	5944	1.7.19					800						90	00						98	00	3	90			Ck 3996 Harrington July
1/8/19 to 31/8/19	31	1.10	34	10	30	00		64	10	6199	1.8.19			6385	2.8.19	10	00			520		45	00						64	10					Ck 6384 Harrington Aug
1/9/19 to 30/9/19	30	1.10	33	00	30	00		65	30	6466	1.9.19			7320	2.9.19	10	00			1030		45	00			3	90		65	30					Ck 6500 Harrington Sept
1/10/19 to 31/10/19	31	1.20	37	20	30	00		67	20	7044	1.10.19			7544	2.10.19	10	00			1220		45	00						67	20					Ck 7484 Harrington Oct
					35	00		35	00					8310	2.10.19					35	00								35	00					To Collect
					5	00	⊗	5	00																							5	00	Amt Retained Allowance
								417	58																				397	04	39	0	5	00	

Over.

200M-3-19.—L. ... 58/53-... & L. 9933.
M. F. W. 2.46.
1772-39-1390.

27-10-17

	W Sls	Sa		W Sls	Sa		Soldier	Dependent	
122 ships	280 00	170 00	£400.00	70 00			210 00	90 00	ck 7382
	5 00 *		405.00		30 00				ck 7383
				70 00	30 00		140 00	60 00	ck 7547 + 7548 27/10/19
				70	35		70	30	* Amt charged in error now refunded see over
				70	30				1741 463/4 25-11-19
									1786 22/6 19-12-19
	280 00	170		280 00	175	405			

All payments made
R.C. Discoullop