No. 3

1st Depot Bn., E.O. Regt., C.E.F.

ORIGINAL

M. D. Depot Battalion Regiment

Regtl. No. 3058637

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname: Moore
2. Christian name: Anthony
3. Present address: Napanee R.R.# 3 Ont.
4. Military Service Act letter and number: P.C.920002
5. Date of birth: 17/1/94
6. Place of birth (town, township or county and country): Deseronto, Ont.
7. Married, widower or single: Married
8. Religion: Meth.
9. Trade or calling: Farmer
10. Name of next-of-kin: Mrs. Vera Pearl ~~Anthony~~ Moore
11. Relationship of next-of-kin: Wife
12. Address of next-of-kin: Napanee R.R.# 3
13. Whether at present a member of the Active Militia: No
14. Particulars of previous military or naval service, if any: Nil
15. Medical Examination under Military Service Act:—

(a) Place Barriefield, Ont (b) Date May 9th., 1918 (c) Category B 2

DECLARATION OF RECRUIT

I, Anthony Moore, do solemnly declare that the above particulars refer to me, and are true.

Anthony Moore (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 24 yrs. 4 mths.

Height 5 ft. 8 ins.

Chest measurement: fully expanded 34 ins.; range of expansion 2 ins.

Complexion fair

Eyes blue

Hair brown

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

slight V.D.H.

140 lbs.

R W Smart Lt. Col.
O. C. 1st Depot Bn., E.O. Regt. C.E.F.
O. C. Depot Btln.

Regt.

Place Barriefield, Ont. Date May 9th., 1918

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

No. 3

M. D. Depot Battalion Regiment

Regd. No. 3058637

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname Moore
2. Christian name Anthony
3. Present address Napanee R.R. # 3 Ont.
4. Military Service Act letter and number P.O.920002
5. Date of birth 17/1/94
6. Place of birth Deseronto, Ont.
   (Give township or county and country)
7. Married, widower or single Married
8. Religion Meth.
9. Trade or calling Farmer
10. Name of next-of-kin Mrs. Vera Pearl xxxxxx Moore
11. Relationship of next-of-kin Wife
12. Address of next-of-kin Napanee R.R. # 3
13. Whether at present a member of the Active Militia No
14. Particulars of previous military or naval service, if any Nil
15. Medical Examination under Military Service Act—

(a) Place Barrieffield, Ont. (b) Date May 9th., 1918 (c) Category B 2

DECLARATION OF RECRUIT

I, Anthony Moore do solemnly declare that the above particulars refer to me, and are true.

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	24 yrs	4 mths		Distinctive marks, and marks indicating congenital peculiarities or previous disease.
Height	5 ft	8 ins		
Chest measurement	fully expanded	34 ins		
	range of expansion	2 ins		slight V.D.H.
Complexion		fair		
Eyes		blue		
Hair		brown		

Co.

O.C. Depot Bn. E.O. Regt. C.E.F.

Depot Bn.

Regt.

Place Barrieffield, Ont. Date May 9th., 1918

M. F. W. 183
400 M.—8-17
1772—28—1168

AB 26349

S

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1 paged

O. H. M. S.

C

H

29315

REGIMENTAL DOCUMENTS

Pte MOORE ANTHONY RE. 305 86 37 UNIT 1st D.B.E.O.R.

NON-EFFECTIVE BY ..... CATEGORY Demobn

H

M. F. B. 270.
350M-5-18
H. Q. 1772-39-67

1 Bdy

NAME. Moore, Anthony.

RANK. Pte.

No. 305-8637.

CORPS. East Ont. Regt.

REC. FILE. Sob. R. to R. 13/10/18. Ed. auth. D.O. Pt. 25, of 18/9/18

H. Q. FILE.

ENLISTMENT, PLACE. Barriefield, Ont. 1st. Dpo. Bn. DATE. May 9th., 1918.

~~DISCHARGE,~~ BIRTH PLACE, Canada, Deseronto, Ont. DATE. Jan. 17th., 1894

REASON.

T. O. S. May 8 1918.

D.O. Part II No 127.

ADDRESS ON DISCHARGE.

DOCUMENTS.

NEXT OF KIN Moore, Mrs. Vera Pearl RELATIONSHIP Wife

ADDRESS R.R. #3. Napanee, Ont.

L. L. 20496—M. & D. 7908—100m.

CHARGED OUT			RETURNED		CHARGED OUT			RETURNED	
TO	DATE	BY	RECEIVED BY	DATE	TO	DATE	BY	RECEIVED BY	DATE

No. 3058637. RANK Pte NAME Moore Anthony. Martin

T. O. S. 8-5-18. UNIT 1st Depot. Bn E.O. Regt.

DO. 127. 7-5-18.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PARTICULARS	AUTHORITY
1918 May 8.	1918. May 9	n	Leave from 10-5-18	DO. 130. 10.5-18
June no dates		n	Shawna Martin. A.	June paylist.

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 Bn., E. O. Regt., C. E. F.

Regimental No. 3058637 Rank pte Name Moore, Antony.

Enlisted (a) 8/5/18 Terms of Service (a) C. E. F. 6 E F Service reckons from (a) 8/5/18

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) farmer

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				
18.9.14.	1/EOR	Returned to Records of Deputy Registrar & S.O.S. Bn. O. 261		13-10-18	pt II 251

L. Blader, Lieut.
Capt. & Adjt.
1st Depot Bn., E.O. Regt., C.E.F.

I

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) 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				

3058637.

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 Moore Christian name Anthony,
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) Pb 920002
4. Address (including street and number, if any) Napaneen, Ont.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 9th day of May. 1918. 1917, by the undersigned medical board sitting at Barriefield, Ont.

5. Age as stated 24 Years 4 Months. 6. Apparent age 24 Years Months
7. Height 5 Feet 8 Inches. 8. Weight 140 Pounds.
9. Chest measurement { Minimum 32 Ins. / Maximum 34 Ins. } 10. Complexion fair. { Eyes Blue / Hair Brown }
11. Physical development. Good. { Good / Fair / Poor } 12. Smallpox marks Nil.
13. Number of vaccination marks { Right arm --- / Left arm One } 14. When vaccinated last Childhood.
15. Distinctive marks and marks indicating congenital peculiarities or previous disease Slight V. D. H.
16. Slight defects but not sufficient to cause rejection Small Goitre, Flat feet rigid.

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 B11

Vision R - 20 L. 20.
Hearing R - Nl. L. Nl.

J H Mogley Capt. AMC. President.
A Macdonald Capt. A.M.C. Member. [signature] Capt. A.M.C. Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 9 day of May 1918 at Barriefield Camp.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st Dep Bn 66 R			
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Barriefield	Sept 13/18	Small Goitre	C. T. Wyan M. J. Kennedy Capt

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.

Signature of Man A. Moore.

Surname Moore Christian Name Geo Henry

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				

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. Regtl.No.3058637 Serial No. PC-920002

2 Rank. Pte.

3. Name. MOORE, Anthony

4. Unit. 1st Depot Btn., E.O.R.

5 Date of Discharge 13th Octr 1918 Place Barriefield Camp. Ont.

6 Reason for Discharge DEMOBILIZATION
Struck off Strength
on return to Registrar's records 13th September 1918
Daily Order No. 251 of 18th Sept. 1918
Discharged
under authority PC-3051 of 11-12-18

I

7. Authority.

8. Proposed Residence after Discharge

R.R.No.3, Napanee, Ontario.

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.?

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date

Signature

(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

Prev noted me 14-3-19 mkw

SHORT FORM

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. Regtl.no.203637 Serial No. PC-920002

2. Rank Pte.

3. Name MOORE, Anthony

4. Unit 1st Depot Btn., E.O.R.

5. Date of Discharge 15th Oct 1918 Place Barnefield Camp Ont.

6. Reason for Discharge DEMOBILIZATION
Struck off Strength
on return to Registrar's records 15th September 1918
Daily Order No. 257 of 18th Sept 1918
Discharged
under authority P.C.-3051 of 11-12-18

7. Authority

8. Proposed Residence after Discharge

R.R.No.3, Napanee, Ontario.

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.?

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date

Signature

(O. C. Discharging Unit.)

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

Transfer to Registrars Records

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the soldier to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
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 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

STATION Barriefield DATE Sept.13/18.

1. 1 (a) Unit 1st.D.Bn.E.O.R. (b) Regimental No. 3058637 (c) Rank Pte.

(d) Surname Moore (e) Christian name Anthony

2. Age last birthday 24yrs. Date of birth ~~Xxx~~ Jan.17/94

3. Enlisted at Barriefield on May 9/18.

4. Personal description:—

(a) Height 5'8" (b) Weight 140 (stripped) (c) Complexion Fair

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks Nil

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

Napanee R.R.No. 3, Ont.

6. Former trade or occupation Farmer

7. (a) Service

	Years	Days

	Periods	
	From	To
1st. Depot Battn.E.O.R	May 9/18.	Date

(b) Has he been overseas? ~~Xxx~~ No 8. Original disease or disability Small goitre

(a) Date of origin Unknown (b) Place of origin Unknown

(c) Cause* Usual

(d) Present disease or disability Small goitre

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

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

Subjective:- Complains of shortness of breath pain around the left nipple noticed neck being large for some years. Objective:- Man has slight enlargement of the isthmus of thyroid. Some Exopthalmous. No Tachycardia. No

M. F. B. 227.

300M.—2-18.
1772—39—117.

9. Present condition.—(*Continued.*)

xxxxxxx

Tremor. Chest-Lungs normal. Heart normal. Both feet are moderately flat.

(b) Are the following systems normal ? If not, briefly state abnormality

Nervous Normal Digestive Normal Respiratory Normal Cardiac Normal

Genito-Urinary Normal Skin, Middle Ear, Eye or any other part As above.

10. History: (*a*) of Condition referred to in "a" section 9.

History of goitre in family.

(*b*) 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. If the disabling condition had its origin before enlistment, has it been aggravated on service ?

No.

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

The regimental documents will be referred to.

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

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

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

Nil

OPINION OF THE MEDICAL BOARD

14. (*Continued*).

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

No

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

17. Recommendations

Fit Category Ci.

J. P. Greenlees
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 and either "satisfied" or "not satisfied" struck out.)

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

Anthony Moore.
Signature of soldier examinea.

OPINION OF THE MEDICAL BOARD

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

Yes.

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

20. It is certified that the soldier
(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration).

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

OPINION OF THE MEDICAL BOARD—(*Continued*).

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

Fit Category Ci. With no disability due to service.

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

President.

PLACE Barriefield

DATE Sept. 13/18.

Members.

APPROVED BY

Captain A. M. C.

For *Assistant Director of Medical Services.*

DATE SEP 16 1918

APPROVED BY

Director-General of Medical Services.

DATE

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.

President.

PLACE

DATE

Members.