

59th Bn. C.E.F.

49 3

A 54674
6

Duplicate
ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Triplicate

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?.....
2. In what Town, Township or Parish, and in what Country were you born?.....
3. What is the name of your next-of-kin?.....
4. What is the address of your next-of-kin?.....
5. What is the date of your birth?.....
6. What is your Trade or Calling?.....
7. Are you married?.....
8. Are you willing to be vaccinated or re-vaccinated?.....
9. Do you now belong to the Active Militia?.....
10. Have you ever served in any Military Force?.....
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?.....
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?.....

John Moore
Norwich, Norfolk England
Father
12 Adelaide Sq. Islington, London, Eng.
October 12, 1889
Labourer
No.
Yes
No.
No.
Yes
Yes
John Moore (Signature of Man).
St Muller (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *John Moore*, 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.

Date *July 7th* 1915 *John Moore* (Signature of Recruit)
St Muller (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *John Moore*, 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.

Date *July 7th* 1915 *John Moore* (Signature of Recruit)
J. J. Dorney (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 *9.45 A.M.* this *9th* day of *July* 1915

Geo. H. Gillespie (Signature of Justice)

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

H. Dawson (Approving Officer)

RR

Description of John Moore on Enlistment.

Apparent Age.....26 years..... months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height.....5 ft. 2 1/2 ins.

Chest measurement { Girth when fully expanded.....34 ins.
 Range of expansion.....3 1/2 ins.

Complexion.....ruddy

Eyes.....blue

Hair.....brun

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

None

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.....July 8..... 1915

Place.....Bransfield

K. E. Volk
Leut. Col.
 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.

John Moore..... 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.

H. Dawson..... Lt. Col. (Signature of Officer)
 G. C. 59th Bn. C. E. F.

Date.....JUL 9 1915..... 1915



MOORE JOHN

454674

13 BN

29718

DEMOB

Deceased 7-11-52

H

ICEF. REGIMENTAL DOCUMENTS
WAR SERVICE RECORDS D.V.A.



CARD NO.

SURNAME. *Moore*CHRISTIAN NAMES *John.*REGL. NO. *4574674*RANK *Lieut. Cpl.*UNIT *59th.*FORMER CORPS *Nil.*

Pos. 28/7/19 Demob.
do. 188 of 12/8/1928
 Batt. *OK*

NEXT OF KIN.

NAMES IN FULL *Moore, Mr.*RELATIONSHIP TO SOLDIER *Father*ADDRESS *12 Adelaide Sq, Islington, London,*
Eng.

CHANGE OF ADDRESS

COUNTRY OF BIRTH *England, Norwich, Norfolk.*DATE *Oct. 1st. 1889*PLACE OF ATTESTATION *N. S.*DATE *July. 9th. 1915.*

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Labourer.

RELIGION

Church of England.

DESCRIPTION.

APPARENT AGE

26

YEARS

— MONTHS

HEIGHT

5

FEET

2½. INCHES

CHEST MEASUREMENT

34

INCHES

EXPANSION

3½. INCHES

COMPLEXION

Ruddy.

EYES

Blue.

HAIR

Brown.

DISTINGUISHING MARKS

Nil.

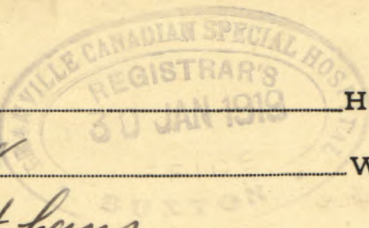
MEDICAL EXAMINATION.

PLACE

Barriefield, Ont.

DATE

July. 8th. 1915.



HOSPITAL.

A. & D. No. 15298 Ward BA.

Unit 13th guns Sick or Wounded.

Regtl. No. 454674 Pl. of Act'n 2d. Mel Hosp London

Rank Pvt Name Moore J.

Age 37 Religion Cap.E.

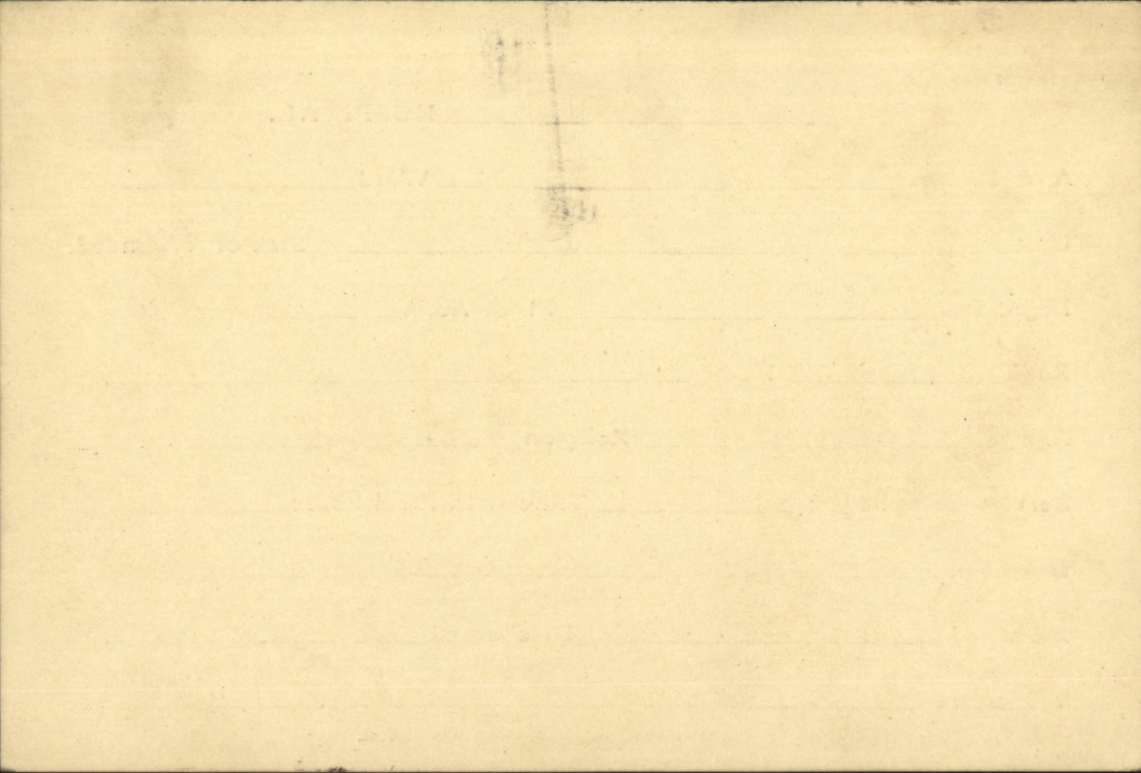
Service Compl'd 43/12 Time with Field Force 34/12

Diagnosis sdw Lt thigh amp.

Admitted 30 JAN 1919 Discharged

Transferred 5th Can Gen Hospital

99



Name *Moore John* Rank *Lieut*Reg. No. *454674*Unit *13th Battⁿ**Edward Moore*Next of Kin *"Father"**12 Adelaide Sq**ISLINGTON LONDON ENGLAND.*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>1918</i> <i>12.8</i>	<i>No 5 Gen Hosp</i>	<i>Reuerv</i>	<i>GSW Knee L.</i>	<i>A 29</i>	<i>H 25</i>	<i>3219-6</i>
<i>22-8</i>	<i>DANG. ILL</i>		<i>penetrating</i>	<i>A 30</i>	<i>H 27</i>	<i>0134705</i>
<i>25-8</i>	<i>Dang ill</i>		<i>do</i>	<i>A</i>	<i>H 29</i>	<i>3610 1/2</i>
<i>1-9</i>	<i>still Dang ill</i>		<i>do</i>			<i>3791</i>
<i>8 9</i>	<i>still Dang ill</i>					<i>3081-1</i>
<i>22 9</i>	<i>still Dang ill</i>		<i>do</i>	<i>A 329</i>	<i>H 29</i>	<i>4333-1</i>
<i>29 9</i>	<i>still Dang ill</i>					<i>4477-3</i>
<i>6 10</i>	<i>do do</i>			<i>A 342</i>	<i>H 29</i>	<i>4687-1</i>
<i>13 10</i>	<i>do do</i>					<i>4899-1</i>
<i>20 10</i>	<i>do do</i>			<i>H 50</i>	<i>H 26</i>	<i>5080/1</i>
<i>26 10</i>	<i>No longer Dang ill</i>			<i>A 354</i>	<i>H 27</i>	<i>49620</i>
<i>26 10</i>	<i>Q Alex. mil St</i>	<i>Milbank</i>	<i>do</i>	<i>B 365</i>	<i>H 27</i>	<i>50406</i>

Cl. Tibia & Fibula.

Date 1919.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
31. 1	G. Coan Spec H	Buxton	Glv L High Ampl.	B 451		6153.
8-5-19	S. C.R.C Spec. Hosp	Buxton PK	do	B 519		10493
30-5-19	Mil Con Hosp	Epworth	Glv amp L. High	B 538		10994
29-6-19	Coy Hosp.	Dipington	do	B 555		11428
28-7-19	Discharged		do	B 576		5012

Glv amp above Knee R 10994

No. 434674 RANK

Pte

NAME Moore John

T.O.S. *Grouped from* UNIT *59th Battalion*
14th Div 23.6.15
SO 2220-6-15.

M. D. 3

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1915 June 23	1915 June 30	✓	app prov L. Cpl 8-10-15	SO 115 8-10-15
July		✓		
Aug		✓		
Sept		✓		
Oct		✓		
Nov		✓		
Dec		✓		
Jan 1916		✓		
Feb		✓		
Mar		✓		
April		✓		

UNIT SAILED
 APR 21 1916



REGT'L No. 454674
 H. Q. FILE No. 649.

NAME Moore John

RANK AND COPPS Pte.

13th Ba. form 59th Ba.

FOLLOWS
 No. _____

 FOLLOWS

CABLE

NATURE OF CASUALTY

NO.	DATE
H/259	19-8-18
H/274	26-8-18
H/349	27-9-18
H/394	14-10-18
H/436	27-10-18
H/437	24-10-18

E.
 Adm. 5 Gen. H. Rouen Aug 12th.
 1918. Glw. Knee. Penty.
 Dangill 5 Gen. H. Rouen
 Aug 22nd 1918 Glw Knee Penty
 Cond. unchanged 5 Gen. H. Rouen
 sept. 24th 1918.
 Still dang. ill 5 Gen. H. Rouen
 Oct. 6th /18.
 Still dang. ill 5 Gen. H. Rouen
 Oct. 20 /18.
 Rew. from dang. ill list 5 Gen.
 H. Rouen Oct. 26th 1918. (Unit shown as 49th Ba.)

⁴⁻⁶
 HLa 29161
³⁴⁻⁶
 HLa 30161
¹¹⁻²
¹³⁻⁴
 HLa 34361
⁸⁻³
 HLa 35611

L. L. 26438. M. & D. 8207.

M. F. W. 42-50M.-8-17.
 H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
a 329 ⁽¹⁾	5 Gen. Rouen	22-9-18	still dang. ill GSW L. Knee Penete
a 357 ⁽²⁾	" " "	26-10-18	Perw. fun dang. ill list GSW L. Knee Pen
B360 ⁽¹⁾	Queen Alex. Mil. Millbank S. W.	26-10-18	GSW L. Knee Pen. Frac tibia + fibulae
B451	Gran Can. Spec. Buxton	31-1-19	GSW L. thigh Amp.
B519	King's Can. Rt. Spec.	8-5-19	GSW L. thigh Amp.
B538	Mfl. Con. Woodcote Bushy Park Epsom.	30-5-19	GSW L. thigh "
B555 ⁽¹⁾	t 16 Can. Gen. Arpsington	29-6-19	" " " "
B576	Disc	28-7-19	" " " "

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

Moore

RANK

UNIT

Co.

454674

TROOP

BATTY

HOSPITAL

13 Bn Que

DATE OF ADMISSION

1. 5 Gen. Rouen.

HOSP. 12.8.18

2. G.A.M.H. Millbank

HOSP. 26.10.18

3. Geo. C. Sp. Boston

HOSP. 31-1-19

King C.R.t. Sp. Bushy Pk. — 8-5-19

4. Mil. Con. W. Pk. Epsom

HOSP. 30-5-19

DIAGNOSIS

Blw. Lt. Knee Penet. Frac

1.

Tibia & Fibula

2.

Thigh Amp. ab.

3.

DISPOSITION

DATE

24.8.18 A 294.2 ✓

REMARKS

24.8.18 A 301 Disch. 21-8-18

26-9-18 A 324 still dang ill 22-9-18.

12-10-18 A 343 still dang ill 6-10-18

28.10.18 A 356 " " 20.10.18

29-10-18 A 357 ② Rem'd f. Dang. ill list. 26-10-18

1.11.18 B 360 ①

Dis 28-7-19

19.2.19 B 457 ①

13-5-19 B 579 ①

6-6-19 B 538 ①

3.7.19 B 555

1-8-19 B 576

A.M.D. 2 Dept.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1. 16 BfH Orpington

29. 6. 19

2.

3.

4.

5.

6.

7.

Particulars of Family of an Officer or Man Enlisted in C. E. F.

INSTRUCTIONS:—

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

- (1) Name of Overseas Unit which soldier joins 59th Battalion, (C.E.F.)
- (2) Regimental Number 454674
- (3) Full Name of Soldier Moore John
- (4) Place of Birth ~~Newick~~ Norwich Norfolk
England
- (5) Are you married, or not? No
- (6) If married, state:
- (a) Full name of your wife Nil
- (b) Present Postal Address Nil
- (7) Are you a Widower? Yes
- (8) Have you any Children? Yes
If so, give number of Boys and Girls One Boy and One Girl
Also their Names and Ages Alice Edith Moore 13 years
- (9) Is your Father alive? Yes
If so, state Name and Address in detail Edward Moore 13 Adelaide Square
Shepperton Road Islington London England
- (10) Is your Mother alive? Yes
If so, state Name and Address in detail Mrs E. Moore 13 Adelaide Sq, Shepperton Rd
Islington London
- (11) If your Mother is a Widow No
Are you her sole support, or not? Yes
- (12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself Yes Four brothers on active service
are all married and cannot support my mother
My father has been a cripple for twenty years
- (13) If you have no wife, father, mother or children—state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you Nil
- (14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your Unit for Separation Allowance? If not, this must be done Nil
- (15) Are you insured? Yes
If so, in what Company? Prudential
- Have you made arrangements for payment of your Insurance Premium? Yes

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

H. Dawson Lt. Col.
O. C. 59th Bn. C. E. F.

Particulars of Family of an Officer or Man Enlisted in U.S.A.

INSTRUCTIONS

- (1) This form is to be filled out for each family of an officer or man enlisted in the U.S.A. and should be filled out as soon as possible after the date of enlistment.
- (2) The name of the officer or man should be given in full, including his rank, and the name of his branch of service.
- (3) The name of the officer or man should be given in full, including his rank, and the name of his branch of service.
- (4) The name of the officer or man should be given in full, including his rank, and the name of his branch of service.
- (5) The name of the officer or man should be given in full, including his rank, and the name of his branch of service.
- (6) The name of the officer or man should be given in full, including his rank, and the name of his branch of service.

(1) Name of Officer or Man Enlisted in U.S.A. _____

(2) Residential Number _____

(3) Full name of Soldier _____

(4) Place of Birth _____

(5) Age of Soldier _____

(6) Full name of Wife _____

(7) Present Postal Address _____

(8) Are you a Widower _____

(9) If so, give number of previous marriages _____

(10) Are you a Soldier _____

(11) If so, give number of previous marriages _____

(12) Are you a Soldier _____

(13) If so, give number of previous marriages _____

(14) Are you a Soldier _____

(15) If so, give number of previous marriages _____

(16) Are you a Soldier _____

(17) If so, give number of previous marriages _____

(18) Are you a Soldier _____

(19) If so, give number of previous marriages _____

(20) Are you a Soldier _____

(21) If so, give number of previous marriages _____

(22) Are you a Soldier _____

(23) If so, give number of previous marriages _____

(24) Are you a Soldier _____

(25) If so, give number of previous marriages _____

(26) Are you a Soldier _____

(27) If so, give number of previous marriages _____

(28) Are you a Soldier _____

(29) If so, give number of previous marriages _____

(30) Are you a Soldier _____

(31) If so, give number of previous marriages _____

(32) Are you a Soldier _____

(33) If so, give number of previous marriages _____

(34) Are you a Soldier _____

DUPLICATE.

For use of A.P. and S.A. Branch, Ottawa

P. 851 A.

LAST PAY CERTIFICATE.

Military District.....

Dispersal Area UK

No. 45112 Rank 1st Lt Name Moore Unit 12th

Nominated for embarkation to Canada: Date 2/12/19 25/12/19

CREDIT.

BALANCE FORWARD
as at 1/1/19 191

EARNINGS:—

From.....to.....
.....days at \$.....
.....days at \$.....
.....days at \$.....

ANY OTHER CREDIT:—

Interest on Deferred Pay.....

“ 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.

(Signature of Soldier.)

BALANCE DEBIT

\$ ¢

125 60

DEBIT.

CASH PAYMENTS:—

Date A.R. No. Paying Unit Amount

OTHER CHARGES:—

WAR LOAN INSTALMENTS CHARGED:—

ASSIGNED PAY for period
from.....to.....at \$.....
per month in favour of:—

Name.....

Address.....

Relationship.....

SEPARATION ALLOWANCE, if any, in favour
of same party as Assignment at
\$.....per month

BALANCE CREDIT

108.50

125 60

D.F. 2019: 710.

125 60

125 60

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

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

Have been stopped. Effective 1/1/19 191.....and will only be re-opened on receipt of instructions from P.M.G., Ottawa, or Military District Paymaster, Canada.

or

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

COMPILED BY.....

CERTIFIED CORRECT.....

Capt
Lieut

CHECKED BY.....

Date 29/12/19 191.....

FOR BRIGADIER GENERAL
PAYMASTER GENERAL, O.M.F.O.

Ward A. 3.3 Hospital. Gen. 76.
 No. of Bed _____ Date 13.3.19

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
-----------	----------------	--------	---------------------

454674	Theivoo, J	13th An.	Left thigh stump
--------	------------	----------	------------------

SHORT HISTORY OF CASE. 36

(To be completed by M.O. i/c case.)

Gen. W. fracturing
 femur. Amputated
 Sept 1918.
 Fr. R w/ stump
 loose condition
 of bone.
 26x8

REPORT ON RESULT OF X-RAY EXAMINATION.

(To be completed by Radiographer.)

No. of Plate 8581

amp, femur middle and upper third,
 irregular callus spur - inner
 side end of stump.

Signature of M.O.

D. W. J. G. P.

Signature of Radiographer

H. P. W. C. E.

Date

Date

Capt. C. A. M. E.



ORIGINAL

8454674
"6"

MEDICAL HISTORY SHEET.

Surname Prose Christian Name John Original

Examined { on 8 day of July 1915
at Barnfield
Birthplace { City or Town Norwich
County Norfolk, England

Approved by E. S. Willis
Rank Lieut. Col. M.O.

Apparent age 26
Trade or occupation Labourer
Height 5 Feet 2 1/2 Inches.
Weight 116 Lbs.
Chest measurement { Minimum 30 1/2 inches.
Maximum expansion 34 inches.
Physical development Good.
Small-Pox Marks None

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		<u>1 - NOV 1918</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left
Number 11
When Vaccinated last 4 yrs.

Date	Result	VACCINATIONS.
<u>10/1/18</u>	<u>Good</u>	<u>J. Stewart</u> M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease None
(b) Slight defects but not sufficient to cause rejection None

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>10/1/18</u>	<u>Good</u>	<u>J. Stewart</u> M.O.
<u>10/1/18</u>	<u>Good</u>	<u>J. Stewart</u> M.O.
		M.O.

Enlisted on 20 day of June 1915 at Smiths Falls

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>54th Bn</u>	<u>454674</u>		<u>20/6/15</u>
Transferred to..	<u>73rd Bn</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Hamilton Hospital</u>	<u>March 18/19.</u>	<u>Amputation -</u> <u>left thigh</u>	<u>J. L. C. W. Bell</u>
<u>Orpington, Kent.</u>	<u>14/7/19</u>	<u>Amputation left</u> <u>thigh</u>	<u>E. E. Ballantyne Capt. C.M.C.</u> <u>Surgeon</u>

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

CANADIAN

John

Christian Name

Moore

Surname

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease : how induced : if mild or severe : if completely recovered from : whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
ST. GEORGE'S HOSPITAL, LONDON, S.W. 1.		26	10	18	30	1	19	G.I.W. (Sh) L: knee (amp:) (Co: part: Tib Ph)	96	Transfer.	Re Layer Medical Officer, S. C. St. George's Hospital, London.
Granville Can. Spec. Hosp Buxton, Derby, same		30	1	19	8	5	19	Amputation left leg between upper & middle thigh		injured, healed, filled with peg	Re Layer Capt
"								do.	99	Transfer to Busby Park for supply of artificial limb.	W. E. Ord. Capt Camble
THE KING'S CANADIAN RED CROSS SPECIAL HOSPITAL		8	5	19	29	5	19	do	21	Genl. Health good. The left thigh is amputated 5" stump. There is traumatic scar adherent to Bone, will heal. Good movement at hip joint. Has been recommended for a Hanger leg, estimate forwarded to DMO for approval 12-5-19. He is now awaiting approval from the limb makers can proceed with same.	
MCH Epsom		29	5	19	28	6	19				
CANADIAN GENERAL (ONTARIO) HOSPITAL BRIPINGTON, KENT.		28	6	19							

Partial Loss of Right Thigh, Successful
filled with a Hanger Artificial limb. Good movement
Health. Written up in Col 2. J. A. Murray Major

A.C. Rank *MOORE, John.* Name *MOORE, John.* Reg'l No. *454674*
 Unit *59th. Bn.* *Ottawa* If in perm. Corps, }
 What Unit? } Married or Single *Single*
 Place and Date of Enlistment *July 7th. 1915.* Place of Birth *Norwich, Norfolk, Eng.*
 Name and Address, Next-of-Kin "Father", *12, Adelaide Sq. Islington, London, Eng.*
 Relationship *Father.*

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

N/E. R.B. No. *33/65*
 File R.L.
 Category **ENG OR**

Discharge, Date and Place Reason Character

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
→ QUEBEC		<i>Arrived in England</i>	<i>11 APR 1916</i>		
<i>19.6.16</i>	<i>59th Bn</i>	<i>Priv. app'd L-Cpl</i>	<i>Bordon</i>	<i>11.4.16</i>	<i>Pl II DO 136</i>
<i>8.7.16</i>		<i>Sol t'd to 39th Bn</i>	<i>Shorncliffe</i>	<i>6.7.16</i>	<i>153</i>
<i>11.7.16</i>	<i>Sp Bn</i>	<i>Taken on strength.</i>	<i>Wandenberg</i>	<i>6.7.16</i>	<i>161</i>
<i>21.8.16</i>		<i>Sol to reinforce 73 Bn</i>	<i>France</i>	<i>20.8.16</i>	<i>198</i>
<i>22.8.16</i>	<i>59th Bn</i>	<i>Reverts to permanent grade of private at own request.</i>	<i>W. Sandberg.</i>	<i>20.8.16</i>	<i>199.</i>
<i>31.8.16</i>	<i>73 Bn</i>	<i>Taken on strength.</i>	<i>Field</i>	<i>21.8.16</i>	<i>Pl II DO # 203</i>
<i>1.9.16</i>	<i>73 Bn</i>	<i>Classified "PB" Att. Cam Corp. Hqrs</i>	<i>Field</i>	<i>27.8.16</i>	<i>Pl II DO # 204</i>
<i>23-10-16</i>	<i>C.A.C.H.Q.</i>	<i>Class. PB 4 att. Corps Composite Co.</i>	<i>"</i>	<i>27.8.16</i>	<i>" " 60</i>
<i>12.1.17</i>		<i>Cease to be Att on rejoining unit</i>	<i>"</i>	<i>8.12.16</i>	<i>" " 5</i>
<i>9.1.17</i>	<i>73rd Bn</i>	<i>Cease to be Att. on rejoining unit</i>	<i>"</i>	<i>8.12.16</i>	<i>Pl II DO 4</i>

A.F.B. 103 CHECKED
24 AUG. 1916
WDR

454674

Moore John

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
3 5 17	13 th Bn	J.O.S from 73 rd Bn	Field	25.8.17 9.00. 4743517 20.4.17 D.O. 43	73 rd Bn
9.8.17	-	app'd 4 Cplts com Bst	Me	27.7.17 8074	
17.9.17	-	Promoted Cpl in con awtg trial 20.9.17	App	28.8.17 - 88	
8.11.17	-	freed by Fy C/M at Estree boucke 17.10.17 for W.O.A.S drunkenness in that he at Paris (9.45 pm 20.9.17) was drunk. Found guilty & sent to be reduced to ranks Sent conf by Lt Col G. E. Bent Com 3 rd C.S. Bde 17.10.17 (auth of 13 th Bn A.B. 20694/19/10/17)	Cpl	" 17.10.17 20104	
17.8.18	Quebec	wounded	Pl	12.8.18 62294	
4-11-18	Q.R.D.	T.O.S from 13 th Bn	B' Shot	26.10-18 D.O. 26720 1534/21.11.18 12 th Bn	
		Dis in B.I. Auth M.R. & S para 392	Sec 25	28.7.19	
13.8.19.	Q.R.D.	P.O.S. dis in B.I.	Willy	28.7.19 D.O. 188	Willy 28.7.19
18.6.19					

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

598
 2nd. Contingent

Emp. R.

To Whom Mr. Emily Moore
 Address 13 Adelaide Square
Shepperton Road
Islington
London N.

By Whom Assigned Moore John.
 Regtl. No. 45 46 74
 Rank L. Corp
 Corps 59th Batt. C.

Rate £15.00

APR 1 1916 England. PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Duplicate Sent to England.</i> ENGLISH
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

RECEIVED
MAY 19 1964
U.S. DEPARTMENT OF THE INTERIOR

TO: [illegible]
FROM: [illegible]
SUBJECT: [illegible]

RECEIVED
MAY 19 1964
U.S. DEPARTMENT OF THE INTERIOR

TO: [illegible]
FROM: [illegible]
SUBJECT: [illegible]

10-6-'15

MILITIA AND DEFENCE

M. F. W. 11.
20m.-11-15.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name

Mrs. Emily Moore.

Name of Soldier

Moore, John

Address

*13 Adelaide Square,
Shepperton Rd.,
Islington, London N., Eng.*

Regtl. No.

454674

Rank

L/Corpl.

Corps

59th Battrn.

Relation to Soldier

wife, child or mother

*Widowed
Mother.*

To what Corps belonging

when called out

PAYMENTS

ENGLISH

REMARKS

Dup. sent to Eng. for payments.

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

U.S. GOVERNMENT
PRINTING OFFICE
WASHINGTON, D.C.

REARWARD ALLOWANCE

NAME OF MEMBER

GRADE

DATE OF DEATH

ADDRESS

AGE

CITY

SEX

TO WHAT SERVICE BRANCH

RELATION TO DECEASED

WAS DECEASED

WITH SERVICE IN ARMED FORCES

REARWARD ALLOWANCE

1917
1918
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10-6-'15

MILITIA AND DEFENCE

Duplicate

SEPARATION ALLOWANCE

Name

Mrs. Emily Moore.

Name of Soldier

Moore, John

Address

*13, Adelaide Square,
Shepperton Rd.,
Islington, London, N. Eng.*

Regtl. No.

454674

Rank

L/Corpl.

Corps

59th Batta.

Relation to Soldier

wife, child or mother

*Widowed
Mother.*

To what Corps belonging

when called out

PAYMENTS

\$15 ²/₁₆

FILE

Month

Year

Cheque
No.

Amt.

REMARKS

Aug.

1914

Sept.

Oct.

Nov.

Dec.

Jan.

1915

Feb.

March

April

May

June

July

Aug.

Sept.

Oct.

Nov.

Dec.

Jan.

1916

Feb.

March

Not eligible as stated decision

154.

SEPARATION ALLOWANCE.

Name of Dependant

Relation to Soldier

1

3

P.O.

P.O.

2

4

P.O.

P.O.

Name of Soldier

Regtl. No.

Rank

Corps

To what Corps belonging

when called out

Month.	Year.	Cheque No. or Postal Draft Book No.	Amount.		Date.	REMARKS.		
			£	s. d.		£	s.	d.
		Brought Forward ...						
Apl.	1916							
May								
June								
July								
Aug.								
Sept.								
Oct.								
Nov.								
Dec.								
Jan.	1917							
Feb.								
Mar.								
Apl.								
May								
June								
July								
Aug.								
Sept.								
		Carried Forward ...						



MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

2nd. Contingent
 Duplicate.

M. F. W. 12.
 15m.-3-16.
 H. Q. 1772-39-819.

17746

To Whom Mr. Emily Moore By Whom Assigned Moore John
 Address 13 Adelaide Square Regtl. No. 454674
Shepperton Road. Rank L. Corp.
Islington Corps 59th Batt.
London N. 6.

Rate \$15.50

APR 7 1916

England. PAYMENTS
Whitney

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

RECEIVED FROM
 MAY 10 1916
 OTTAWA.

ASSIGNED PAY.

By whom assigned

Moore, John
L/Cpl.

Regtl. No. *454674*

59th Battr. C Co

Month	Year	Cheque No.	Amt.	Pay Sheet	REMARKS.
Jan.	1916				
Feb.					
March					
Apl.					
May.		<i>29195</i> <i>3/21/16</i>	<i>30</i>	<i>///</i>	
June		<i>41527</i>	<i>15</i>	<i>///</i>	
July		<i>105228</i>	<i>15</i>	<i>///</i>	
Aug.		<i>137260</i>	<i>15</i>	<i>///</i>	
Sept.		<i>170464</i>	<i>15</i>	<i>///</i>	
Oct.		<i>208905</i>	<i>15</i>	<i>///</i>	
Nov.	<i>120th</i>	<i>246139</i>	<i>15</i>	<i>///</i>	
Dec.		<i>280741</i>	<i>15</i>	<i>///</i>	
Jan.	1917	<i>331427</i>	<i>15</i>	<i>///</i>	
Feb.		<i>370460</i>	<i>15</i>	<i>///</i>	
March		<i>410290</i>	<i>15</i>	<i>///</i>	<i>A. S. Check found correct 3/1/17 Woodwardman</i>
Apl.					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					

WAR SERVICE GRATUITY and SEPARATION ALLOWANCE

Payable to MOORE John

454674
Dependent

Address 13 Adelaide Sq
Shepperton Rd, Uxington, London. W.1

Address

Date	Cheque No.	Gratuity			Payments			Balance Due.	Remarks
July 28	50348				18	7	8		Grat & c
" 29	50408				22	6	0		hrc
July 30	L.P.6	22	6	0					
" 30	66	4	0	0					
Aug 25	Gratuity	86	6	0				71 18 4	
Aug 25	82777				14	7	8	57 10 8	Gratuity 2 nd bill
Sept 13	90354				14	7	8	43 3 0	do 3 rd "
Oct 25	115928				14	7	8	28 15 4	do 4 th "
Nov 15	140166				14	7	8	14 7 8	5th
Dec 8	147945				14	7	8	0/0	Final.
		112	12	0	112	12	0		

MARRIED OR SINGLE *S*

PLACE OF BIRTH *Norwich, Norfolk Eng.*

NAME AND ADDRESS OF NEXT OF KIN *Mary Moore*
13 Adelaide Sq, Wellington, London, Eng.

RELATIONSHIP OF NEXT OF KIN *Father*

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT *A.P. checked found correct 31.3.17*
Beach

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Reverts to pl.</i>	<i>29/9/16</i>	<i>BO.99 22/9/16</i>
<i>App. R/Cpl.</i>	<i>27.7.17</i>	<i>BO.74 - 9/8/17</i>
<i>Prom. Cpl.</i>	<i>29.8.17</i>	<i>BO.98 - 17/9/17</i>
<i>Reverts to Rank</i>	<i>17.10.17</i>	<i>BO.104 - 8/11/17</i>

ADMISSIONS TO HOSPITAL, &c.			NAME OF HOSPITAL
DATE ADMITTED	DATE DISCHARGED	V. OR A.	

PTE Capt.
REG'L. NO. *454674* RANK *Capt.* NAME *Moore, John*

IF IN PERM. CORPS
WHAT UNIT UNIT *59 Bn.* TRANSFERRED TO *39th Bn* DATE *21/7/16* AUTHORITY *BO.153 8/7*

PERMANENT FORCE ALLOWANCES TRANSFERRED TO *48th Batt* DATE *11-9-16* AUTHORITY *M.18 7/16*

PLACE OF ATTESTATION *Ottawa* TRANSFERRED TO *13 Bn* DATE *31/5/17* AUTHORITY *BO.473*

DATE OF ATTESTATION *7.7.15* TRANSFERRED TO _____ DATE _____ AUTHORITY _____

ASSIGNED PAY MONTHLY \$ *15.00* DATE EFFECTIVE *1.4.16.*

PAYABLE TO *Mrs Emily Moore 13 Adelaide Sq, Wellington, London, N. Eng.* RELATIONSHIP *Wife*

ASSIGNED PAY MONTHLY \$ _____ DATE EFFECTIVE _____

PAYABLE TO _____ RELATIONSHIP _____

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS		
	NO. OF DAYS	RATE	AMOUNT	NO. OF DAYS	RATE	AMOUNT				NO. OF DAYS	RATE	AMOUNT	1	2	3	4	1				2	3				4	CREDIT
<i>1916</i>								<i>4 10</i>	<i>4 10</i>										<i>4 10</i>						<i>Not from Canada</i>		
<i>1-30/4</i>	<i>30</i>	<i>1.50</i>	<i>31.50</i>	<i>30</i>	<i>10</i>	<i>3</i>		<i>32.50</i>	<i>28.15/4</i>					<i>7 30</i>				<i>15</i>		<i>22.30</i>	<i>16.30</i>						
<i>1-31/5</i>	<i>31</i>		<i>32.55</i>	<i>31</i>		<i>3 10</i>		<i>35.65</i>	<i>68 30/4</i>			<i>113</i>	<i>15</i>	<i>7 30</i>	<i>4.87</i>	<i>9.73</i>		<i>15</i>		<i>36.90</i>	<i>15.05</i>						
<i>1-31/6</i>	<i>30</i>		<i>31.60</i>	<i>30</i>		<i>3</i>		<i>34.60</i>	<i>181 15/6</i>						<i>7 30</i>			<i>15</i>		<i>22.30</i>	<i>27.25</i>						
<i>1-31/7</i>	<i>20</i>		<i>20</i>	<i>20</i>		<i>2</i>		<i>23</i>	<i>207 30/6</i>					<i>9 73</i>				<i>15</i>		<i>24 93</i>	<i>25.52</i>						
<i>July 31</i>	<i>11</i>		<i>11.55</i>	<i>11</i>		<i>1 10</i>		<i>12.65</i>	<i>1293 16/7</i>						<i>7.54</i>					<i>7.54</i>	<i>30.63</i>						
<i>Aug 31</i>	<i>19</i>		<i>19.95</i>	<i>19</i>		<i>1 90</i>																					
<i>1-31</i>	<i>12</i>		<i>12.</i>	<i>12</i>		<i>1 20</i>		<i>85.05</i>	<i>248 3/4 14/10 15/4</i>					<i>4 86</i>	<i>12.17</i>			<i>15</i>		<i>32.03</i>	<i>33.65</i>				<i>Reverts to private 29/11</i> <i>BO.199 27/16</i>		
<i>29/10</i>	<i>10</i>		<i>10</i>	<i>10</i>		<i>1</i>		<i>11</i>										<i>15</i>		<i>15</i>	<i>29.65</i>					<i>Transf to 48th Batt 21/10/16</i>	
<i>11-30</i>	<i>20</i>	<i>1.00</i>	<i>20.00</i>	<i>20</i>	<i>10</i>	<i>2.00</i>		<i>22.00</i>	<i>1036 28/8</i>							<i>5 23</i>				<i>52.3</i>	<i>46.42</i>						
<i>Sep 1-31</i>	<i>31</i>	<i>1.00</i>	<i>31.00</i>	<i>31</i>	<i>12</i>	<i>3.10</i>		<i>34.10</i>	<i>59 19/10 29 4.55</i>							<i>5 23</i>				<i>52.3</i>							
<i>1-30</i>	<i>30</i>		<i>30</i>	<i>30</i>		<i>3</i>		<i>33</i>	<i>1090 17/9 Comp. E.C.</i>							<i>5 23</i>			<i>15</i>	<i>25.46</i>	<i>55.06</i>						
<i>Nov 1-31</i>	<i>30</i>		<i>30</i>	<i>30</i>		<i>3</i>		<i>33</i>	<i>109 2/11</i>							<i>2 62</i>			<i>15</i>	<i>17.62</i>	<i>70.44</i>						
<i>1-31</i>	<i>31</i>		<i>31</i>	<i>31</i>		<i>3 10</i>		<i>34.10</i>	<i>1579 27/11 2.00</i>							<i>11 33</i>			<i>15</i>	<i>26.33</i>	<i>78.21</i>						
<i>1917</i>			<i>27.50</i>			<i>27.50</i>															<i>26.33</i>	<i>78.21</i>					
			<i>309.55</i>					<i>410</i>	<i>313.65</i>					<i>29.19</i>	<i>318.8</i>	<i>393.7</i>			<i>135</i>	<i>238.44</i>	<i>30.63</i>						

A.P. checked found correct 31/3/17
Beach

ASSIGNED PAY	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME: <i>MOORE, John E</i>				
EFFECTIVE DATE: <i>1-4-16</i>		EFFECTIVE DATE: -		NUMBER: <i>454674</i>				
AMOUNT: <i>\$15⁰⁰</i>		AMOUNT: -		PARTICULARS OF RANK OR APPOINTMENT				
NAME, ADDRESS, RELATIONSHIP & AUTHORITY				AUTHORITY				
<i>Mrs Emily Moore (Mother)</i> <i>13 Adelaide St,</i> <i>Shepperton</i> <i>Uxbridge London W. Eng.</i> <i>Stopped 1/8/19</i>				DATE EFFECTIVE				
<small>WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.</small>				RANK OR APPOINTMENT				
				<i>Pfc</i>				
UNIT AND TRANSFERS								
ORIGINAL UNIT: <i>59th Bn</i>								
DATE ACCOUNT FIRST OPENED: <i>1-4-16</i>								
				UNIT TRANSFERRED TO				
				<i>13th Bn</i>				
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS								
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	
<i>1/5/19</i>	<i>469</i>	<i>Clarke House</i>	<i>720</i>			<i>L.C. Balance:</i>	<i>108.54</i>	
DAILY RATES OF PAY AND ALLOWANCES								
				AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALL'CE
					<i>1.00</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE: *Discharged in England 28/7/19. W.C.D.D. 28/7/19. D.P.*

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
<i>1918</i>											
<i>March</i>	<i>Balance Forward</i>								<i>95.08</i>	<i>3.75</i>	
<i>April</i>	<i>P. Pay</i>	<i>33</i>							<i>128.08</i>		
				<i>Cr 31957 £301.8</i>			<i>15</i>		<i>113.08</i>		
				<i>AR 70 13/4/18</i>	<i>8.03</i>				<i>105.05</i>	<i>3.75</i>	
		<i>33</i>			<i>8.03</i>		<i>15</i>				
<i>May</i>	<i>P.P</i>	<i>34 10</i>		<i>Ar 260162 £3.1.8</i>			<i>15</i>		<i>124.15</i>		
				<i>G.P. 20 13th Bn. 12.5.18</i>	<i>24.33</i>				<i>99.82</i>		
				<i>A.P. 135. " 9.5.18</i>	<i>8.05</i>				<i>91.77</i>		
				<i>" 241. " 19.5.18</i>	<i>3.57</i>				<i>88.22</i>	<i>3.75</i>	
		<i>34 10</i>			<i>35.93</i>		<i>15</i>				
<i>June</i>	<i>P.P.</i>	<i>33</i>		<i>B 66377 £3.1.8</i>			<i>15</i>		<i>106.22</i>		
				<i>Cr 293 7/6/18 13th Bn</i>	<i>4.46</i>				<i>98.19</i>	<i>3.75</i>	
				<i>Ar 869 18/6/18 ✓</i>	<i>3.57</i>						
		<i>33</i>			<i>8.03</i>		<i>15</i>				
<i>July</i>	<i>P Pay</i>	<i>34 10</i>		<i>60978 £3.1.8</i>			<i>15</i>		<i>117.29</i>		
				<i>Ar 88 3/7/18 13th Bn</i>	<i>4.46</i>				<i>112.83</i>		
				<i>Ar 130 16/7/18 ✓</i>	<i>3.57</i>				<i>109.26</i>	<i>3.75</i>	
		<i>34 10</i>			<i>8.03</i>		<i>15</i>				
<i>Aug</i>	<i>P Pay</i>	<i>34 10</i>		<i>C 35378 £3.1.8</i>			<i>15</i>		<i>128.36</i>		
				<i>Ar 251 19/8/18 13th Bn</i>	<i>3.57</i>				<i>124.79</i>	<i>3.75</i>	
		<i>34 10</i>			<i>3.57</i>		<i>15</i>				
<i>Sept</i>	<i>P.P</i>	<i>33</i>		<i>H 70568 £3.1.8</i>			<i>15</i>		<i>142.79</i>	<i>3.75</i>	
		<i>33</i>					<i>15</i>				
<i>Oct</i>		<i>34 10</i>		<i>Cr 641024 AP Oct 3-1-8</i>			<i>15</i>		<i>161.89</i>		
		<i>34 10</i>					<i>15</i>			<i>3.75</i>	
<i>Nov</i>		<i>33</i>		<i>C 924801 AP Nov £3.1.8</i>			<i>15</i>		<i>179.89</i>		
				<i>AR 17R 50823 16th Bn 9.11.18</i>	<i>9.73</i>				<i>170.16</i>		
				<i>E 80496 AP Nov 31.1.8</i>			<i>15</i>		<i>155.16</i>	<i>3.75</i>	

NUMBER 454674

RANK PL

NAME Inver John

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Forward	33			9 73		30 00		155 16	3 75	
Dec	PP	34 10							189 26		
Jan		34 10		AR 6712 St George's Wash London 19.12.18	9 73 ✓				179 53		
				Cg F 22488 AP Tenn 3.1.18	19 46				213 63		
Feb		101 20					15		198 63	3 75	
		30 80			19 46		45				
				AR 6664 St George's London 7	9 73 ✓				229 43		
				Cg F 79695 AP Feb 3.1.18	9 73		15		219 70		
Mar		34 10		AR 14665 Greenhill Wash London 12/2/19	4 87				214 70		
				Cg F 23178 AP Inver 3.1.18			15		209 83		
				AR 16388 Burslem 12.3.19	4 87 ✓				228 93		
				AR 16732 " 19.3.19	4 87 ✓				224 06		
				AR 911 Len Cashin 21.3.19	4 87 ✓				175 39		
		64 90			116 81		30		116 81	72 00	
				Cg A 15469 AP Ann 3.1.18			15		101 72		
Apr		33							134 72		
May		34 10							168 82		
				Cg A 50455 AP May 3.1.18			15		153 82		
				AR 688 Burslem 26.4.19	4 87				148 95		
				AR 950 " 8.5.19	4 87				144 08		
				AR 328 Burslem 14.5.19	2 43				141 65		
		67 10			12 17		30				
June		33		Cg A 16381 AP June 3.1.18			15		159 65		
				AR 6559 Epsom 30.5.19	9 73 ✓				149 92		
				AR 2271 " 6.6.19	19 47 ✓				130 45		
				" 1408 " 27/6	9 73 ✓				120 72		
July		34 10		AR July Broadst 3.1.18			15		139 82		
				AR 1672 Epsom 28/6	1 22 ✓				138 60		
		67 10			40 15		30				
				AR 7160 9/7	9 73				119 14		
				AR 7807 18/7	9 73				115 84 ✓		
				Orupd. 3 days @ 1.00		3 30					
					19 46	3 30					
Sept				AR 469 26/7/19	7 30				108 54		
					130						

*med
Horn*

Number. 464674 . . . Rank. *Cpl*

Surname. *MOORE*

Christian Name. *John*

D

Units. *73rd Bn Can Inf* Theatre of War *France*

Date of Service. *21-8-16*

Remarks.

Latest Address. ~~*13 Adelaide Square*~~

*112 Shepperton Rd Islington
London Eng.*

Roll No. *Page 8102*

*B
V*

No.

RANK

NAME

T. O. S.

UNIT

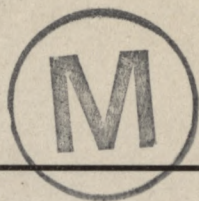
M. D.

PAID FROM	PAID TO	SIC. OR RECT.	PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PARTICULARS	AUTHORITY

DESP. DEC 8 1927
REGN. NO GA 63466

22-2-39

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)



1. No. 454674

2. Rank Pte

3. Name Moore John

4. Unit 13 Batt RRD.

5. Date of Discharge 28-7-19 Place 2 LODD

6. Reason for Discharge

K. R. & O. Para. 392 Sec. XXV
(Being Demobilized in England C.R.O. 5222)

7. Authority DB-2-M-3436 28-7-19

8. Proposed Residence after Discharge
13 Adelaide Square
Shepperton Rd, Uxbridge

9. CERTIFICATE TO BE SIGNED BY SOLDIER.
I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. E. W. ? 28-7-19
J Moore
Signature of Soldier.

10. CONFIRMATION.
The discharge of the above named man is hereby confirmed.
Discharged 7-11-52
Place _____
Date 28-7-19

Signature A. J. Coak
(O.C. Discharging Unit.)

W



MINUTE-SHORT FORM NO. 701
PROCEEDINGS ON DISCHARGE
(Demobilization)

1	No.	1000
2	Rank	Private
3	Name	W. J. ...
4	Unit	...
5	Date of Discharge	...
6	Place	...
7	Reason for Discharge	...
8	Authority	...
9	Proposed Residence after Discharge	...
10	CERTIFICATE TO BE SIGNED BY SOLDIER	...
11	CONFIRMATION	...



LIST OF DISCHARGE DOCUMENTS

Attestation Paper, 17th and 18th	Minutes Form W. 23
or Particulars of Receipt	Minutes Form W. 188
Field Conduct Sheet	Minutes Form W. 178 or A.F.R. 121
Quarantine Form	Minutes Form W. 210 or A.F.R. 102
Last Pay Certificate	Minutes Form W. 41
Certificates that missing documents are unobtainable	
Medical History Sheet	Minutes Form B. 213 or A.F.D. 12
Proceedings of Medical Board	M.F.B. 221, A.F.R. 178 or A.F.A. 47
Dental History Sheet	Minutes Form B. 168
Medical Report	M.R.W. 129 or D.M.S. 1875
Regimental Conduct Sheet	Minutes Form B. 283
Company Conduct Sheet	Minutes Form B. 282

1143 W 2 12

1143 W 2 12

MINUTES TO BE SIGNED BY SECRETARY

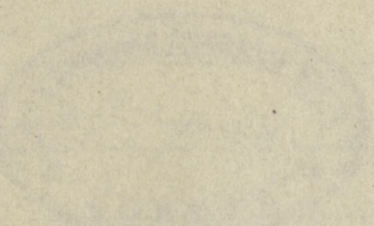
THE SECRETARY OF THE BOARD AND THE BOARD MEMBERS SHALL SIGN THESE MINUTES

1143 W 2 12

1143 W 2 12

SECRETARY

THESE MINUTES SHALL BE SIGNED BY THE SECRETARY AND THE BOARD MEMBERS



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

Ampt Case

THIS FORM WILL BE USED FOR ALL RANKS
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 invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such 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 7, 8, 9 and 10 be communicated to the invalid, 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 G.C.S.N. DATE 13.3.19.

1. 1 (a) Unit 13TH B.N. (b) Regimental No. 454674 (c) Rank PTE.
 (d) Surname MOORE (e) Christian name JOHN
 (f) Home address 13 ADELBAID SQ, 9 SKINGTON LONDON.
 (g) Next of Kin MR. E. MOORE (h) Relationship FATHER.
 (i) Address of Next of Kin 13 ADELBAID SQ.

2. Age last birthday 27 Date of birth 1.10.81.

3. Enlistment, or Appointment (if an Officer) (a) Place SMITH FALLS ONT Date 20.6.15.

4. Personal description:

(a) Height 5'2 1/2" (b) Weight 127 (c) Complexion FAIR
(stripped)
 (d) Colour of hair GREY. (e) Colour of eyes BLUE. (f) Identification marks, Scars, etc.

5. Former trade or occupation LABOURER.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	<u>3</u>	<u>99</u>

	PERIODS	
	From	To
Canada <u>SOLDIER'S STATEMENT</u>	<u>20.6.15.</u>	<u>31.5.16</u>
England	<u>31.3.16</u>	<u>10.8.16</u>
France or other theatres of War	<u>10.8.16.</u>	<u>28.10.18.</u>

7. Original disease, or injury FRACTURED FEMUR INJURY TO KNEE JOINT (LEFT)

(a) Date of origin 8.8.1918. (b) Place of origin AMIENS
 (c) Cause SHRAPNEL WOUND

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

4.00 of left leg at junction of middle and upper third of thigh.

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

Amputation of left thigh at junction of middle and upper third. Healed transverse scar. Very slight tenderness at end of stump. General condition is good.

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

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

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

Wounded 8.8.19 by shrapnel bullet, fracturing left femur. Admitted to 4th C.S. Reg. Hospital, No 5, Gen. Hosp. Leg. Amputated at junction of middle and upper third. Transferred to St. George's Hospital, London. Stump dressed. Abscess formed in axilla, opened and dressed. Sent to G. O. H. Fitted for jag leg.

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

operation for left basquialhermia 1914 in
civil life.

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

healed scars of left upper of femur operation

11.—(a) Did the disabling condition have its origin before enlistment? No.

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

No.

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

The regimental documents will be referred to.

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

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

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

amputation, dressings

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No.
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? No.
(If not, briefly state why)

17. Recommendations L. T. C.

Blunt, Capt. C. R. M. C.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned J. 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

27.?

J. Moore - pt Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

*Yes -
Right leg.
Crutch can*

19. Is the invalid 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.) *not applicable*
- (d) Temporarily unfit. (" D) (Yes or No.) *yes. 7 to 8.*
- (e) Unfit for service in Categories A, B and C (" E) (Yes or No.) *not applicable*

20. It is certified that the invalid

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

yes. Right with artificial leg

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

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

Invalidated to Canada.

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

PLACE *EXAM* 18 MAR 1919 G. C. S. H. *J. J. Major Lane* President. *W. J. Callaghan* Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

PLACE..... DATE..... President Members

APPROVED BY *[Signature]* APPROVED BY *[Signature]*
Assistant Director of Medical Services Director-General of Medical Services.

26 MAR 1919

DATE..... FOR A.D.M.S. CANADIAN BUXTON AREA. DATE.....

Got Discharge

11

0299

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION 7016 Can Gen Hosp DATE 11-7-19

1. 1 (a) Unit 13th BN (b) Regimental No. 454674 (c) Rank PTE

(d) Surname MOORE (e) Christian name JOHN

(f) Home address 13 Adelaid Sq. Shepperton Rd. Islington London

(g) Next of Kin Edward Moore (h) Relationship Father

(i) Address of Next of Kin 13 Adelaid Sq. Shepperton Rd. Islington London.

2. Age last birthday 38 Date of birth Oct 15th 1881

3. Enlistment, or Appointment (if an Officer) (a) Place Kingston (b) Date 6-6-15

4. Personal description:

(a) Height 5 ft 3 in (b) Weight 127 lbs (Scale) (c) Complexion Florid

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Crossed Hands & Heart tattooed on forearm. Amput LT thigh.

5. Former trade or occupation Labourer.

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

Patients Statement.

	PERIODS	
	From	To
Canada	6-6-15	25-3-16
England	4-4-16	10-8-16
	15-10-18	
France or other theatres of War	11-8-16	15-10-18

7. Original disease, or injury FRACTURE LT FEMUR.

(a) Date of origin 8-8-19 (b) Place of origin AMIENS, FRANCE
(c) Cause G. S. W.

C.R. B.P.C.
REFERRED TO
8 AUG. 1919
REPLIED TO

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

(AMPUTATION LT THIGH). PARTIAL LOSS LT THIGH
NECESSITATING RESTRICTION IN CHOICE OF OCCUPATION.

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

OBJECTIVE:

The Lt thigh is amputated 5" stump. There is a transverse scar, healed: left adherent to end of bone. No tenderness. Good movement at hip joint. He has been fitted with a Hanger artificial limb, with knee lock attached. Requires to have two sticks when walking on rough ground. He can walk 4 miles with aid of sticks

Subjective:— He experiences difficulty in sitting down. Stump tending to come out of Buck, on account of it being so short.

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

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

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

M. F. C 9th Co. E. A. 8-8-18. SH wd. Knee Lt.
48th C. C. S. 12-8-18. Where amputation was performed.

Across to St Georges Hosp 26. 10. 18, G. S. W (SH) knee amput
Granville, 30. 1. 19. Amput Lt thigh — Burton (No date)
K. C. R + S. H. 9. 5. 19 for fitting for an artificial limb.

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

Measles in Childhood: Operated on for Hernia 1914.

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

Lt Right Amputated. 5" Stump.

11.-(a) Did the disabling condition have its origin before enlistment? *No*

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

N. A.

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

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

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

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

*Ampt Lt Right. X-ray taken.
Fitting with a Hanger Artificial limb. - Exercise in use of Artificial limb.*

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? *No*
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? *No. on acct of Lt Right*
(If not, briefly state why)

17. Recommendations: *Cat E. Discharge in England.*

Lt. Munday. Major
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned, *R. J. 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 *w. s. e.*

R. J. Moore 451674 Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

We concur
This man was previously boarded 1 to C

19. Is the invalid 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.) *N.A.*
- (d) Temporarily unfit. (" D) (Yes or No.) *N.A.*
- (e) Unfit for service in Categories A, B and C (" E) (Yes or No.) *YES Discharge*

20. It is certified that the invalid

- (a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)
- (b) Does not require treatment.
- (c) ~~Should pass under his own control.~~
- (d) ~~Should not pass under his own control.~~
 (Strike out condition not applicable.)

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

Boarded under policy at G.H.Q. P.O. 5222 of 25.1.19.
Auth. File D.B. 2-M. 3436

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

No. 76 CANADIAN GENERAL (ONTARIO) HOSPITAL
 ORPINGTON, KENT.

PLACE.....

[Signature] President.
[Signature] Members

DATE..... *July 14/19*

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

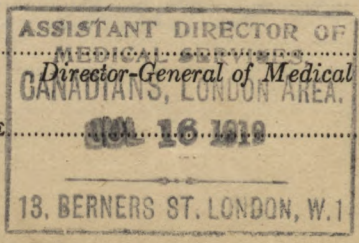
Witness..... Signed.....
 Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE.....

APPROVED BY *[Signature]*
 Assistant Director of Medical Services.

APPROVED BY.....
 DATE.....

Captain, C.A.M.O.
 for A.D.M.S., Canadians, London Area.



8581

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GRANVILLE CANADIAN
HOSPITAL



GRANVILLE CANADIAN
SPECIAL HOSPITAL

8581

Moore

454674

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	454674	Pl.	Thorn	J
Year.	Unit.		Age.	Service.
	13 th Reg		37	4 yrs
Station and Date.	Disease			
West Essex 20/5/15	<p>Grav h leg amp. about knee left leg amputated above knee several months fair complains of pain in buttocks Heart & Lungs neg. no duty no exercises</p>			

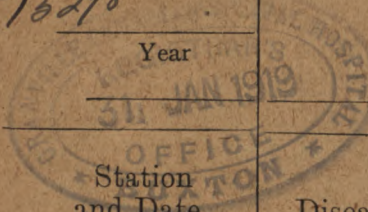
* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
(A 1014) W3081/P/1296 3,450m 7/18 Drayton Mill Forms/I. 1237/14 (E. 3420)

Station
and Date.

GA
33/182

MEDICAL CASE SHEET.

15298



No. in
Admission
and
Discharge
Book.

Regimental No.

Rank.

Surname.

Christian Name.

454674

Pvt

Moore

J

Year

Unit.

Age.

Service.

13th Canadian

37

43 34
12 12

Station
and Date.

Disease

GSW Lt Yeghamp. sq.

Next of Kin. Father - E. Moore.

13 Adelaide Sq.
Shepperton Road
Islington London

Occupation - Laborer.

Enlisted - 10-6-15.

T. roots.

England - March 1916.

France. Aug. 1916.

wounded. Aug 8, 1918.

England: October 28, 1918.

Hospitals - 5 C.C.S + day - 5 Gen. Quarters 10 weeks.

St. George Hosp. London 3 mos. Granville 31-1-19.

Dentistry Report

Teeth in fair condition poorly kept.

Present Illness:

Aug 8. at Amiens wounded by shrapnel
fall in knee! - was dressed at C.C.S. and sent
to base - where he had his leg amputated.
No further operations: wound has been healed
for 6 weeks.

Present Condition:

Amputation L. thigh at level of junction
of upper and mid 1/3 - healed transverse
scar: c equal anterior and posterior flaps:
slight tenderness over end of stump:
To be measured for peg leg.

H. Aulby Kulland
Capt

11-2-19.

By my self for London. to state it is too long. as other
world's crafts for adjustment. add

Station
and Date.

1877/5

Surgical boots worn. ~~Abd.~~

25.2.19.

copy

copy

5.3.19.

copy per. Mr

11.3.19.

~~For Board etc.~~

V.P.O.S.

12.3.19.

Mr B. M. 1-C

copy

18 MAR 1919

C. O. S. H.

13/3/19

X Ray Report # 8581) Amp from middle & upper third
irregular callus upon inner side end of stump

5/7/19

This man is taking discharge in England & is now
ready for transport to Busby Ph. for artificial limb

A. B. Jordan Capt.

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
<i>13356</i>	<i>454674</i>	<i>Pte.</i>	<i>Moore</i>	<i>J.</i>
Year.	Unit.		Age.	Service.
<i>1919</i>	<i>13th Bn.</i>		<i>37</i>	<i>42/12</i>
Station and Date.	Disease			
	<i>G.D.W. Left leg - Amp.</i>			
<i>28-6-19</i>	<i>Trpd. from Epsom.</i>			
	<i>11-7-19 Boarded category "E" for discharge in U.K.</i>			

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Station
and Date.

MEDICAL CASE SHEET.*

No. in
Admission
and
Discharge
Book.

Regimental No.

Rank.

Surname.

Christian Name.

45467N

Pte

Moore

J. Lee

Unit.

Age.

Service.

Year

1919

13th Bn

37

47
12 24
12Station
and Date.

Disease

GSW amp Lt thigh

THE KING'S CANADIAN RED CROSS
SPECIAL HOSPITAL

9-5-19

Wounded 8.8.19 by Skrapnik Bullet at
Anians, fracturing the Lt femur
To 46 COS. Leg splinted.

" 5 G. H. When amputation was performed
thigh ~~was~~ middle 1/3 on 10.9.18.

Admiss to St. George Hosp 26. 10. 18

G.S.W. (5th) L fem ampt.

Granville 30. 1. 19 Amp LT thigh.

Buxton no date.

K. C. R + S H. 9.5.19 for fitting of
an artificial limb.

Present

Condition:

General Health Good.

The LT thigh is amputated 5" stump.
There is a transverse scar adjacent to
bone. No well healed. No tenderness
Good movement at hip joint
He has been recommended for a Hanger
limb. The estimate for which was
forwarded to A.D.V.S for approval on 12.5.19.
He is now awaiting approval before the
limb maker can proceed with same.

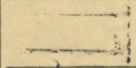
12-7-19

Successful fitting with a Hanger limb

Lt. Henry May

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Station
and Date.



UNIVERSITY OF CALIFORNIA

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
1920	4546 Y4	Pvt.	MOORE	John
Year 1918	Unit. 1368 F.		Age. 37	Service. 3 1/2
Station and Date.	Disease			
26-10-18	G.S.W. (Sh.) L. Knee (Wound) (Co: feet: Tib: & Pit) Abscess Thigh.			
	Stump nearly healed			
6-11-18	Stump healed Abscess of buttock			
20-11-18	Abscess of axilla opened.			
20-12-18	Axillary abscess healed - Buttock " healing.			
5-12-18	Journ I sent in.			
20-1-19	Healed -			
30-1-19	Transfer (Closure of Hosp.)			

Rehaya

Medical Officer,
I.C. St. George's Hospital.

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Wt. W 6604/M 2870-1,500,000-8/17-H. & Sp. (10938). Forms/I. 1237/12. (E239) [P.T.O.]

Station
and Date.

Army Form B. 103.

Casualty Form—Active Service.

WDR

Regiment or Corps 59th Battalion, (C.E.F.) Regimental Number 454674

Rank Plt. Surname ROSE Christian Name John

Religion C of E Age on Enlistment 36 years 0 months.

Enlisted (a) 7.7.15 Terms of Service (a) D.O.W. Service reckons from (a) 7.7.15

Date of promotion to present rank _____ Date of appointment to lance rank _____

Extended () Re-engaged () Qualification (b) _____
or Corps Trade and Rate Laborer

Signature of Officer i/c Records.

CERTIFIED COPY
29 AUG 1916
CAN. RECORDS

Date	Report From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
		per H.M.S. 2810 Embarked ... Disembarked...	Halifax	5.4.16	
19/6/16.	Promoted.	Provisional Rank of 2nd Lt	Ypres	11.4.16	Part II 136. 19/6/16
8.7.16	39th Bn C.E.F.	Transf. to 39th Bn C.E.F.	London Camp	11.4.16	Part II 153
			London Camp	6.7.16	
			La Roche, Capt		Adjutant 59th Bn C.E.F. no record
20-8-16	Reverted to Private to proceed overseas				
20-8-16	39th Bn.	Drafted to 73rd Bn.	France		
			E. H. Malloch		LIEUT.
			Adj.		ADJUTANT 30TH BN. C.E.F.
21 ⁸ / ₁₆	B. B. D.	Taken on strength 73rd Bn.	Haore	21 ⁸ / ₁₆	N.R. Part II Orders 203, d/- 31/8/16
23 ⁸ / ₁₆	"	Classified "J.B."	"	21 ⁸ / ₁₆	N.R. D.D. 4 d/ 3/9/16
		Reverts to ranks on arrival in	France	21 ⁸ / ₁₆	Part II Orders 205 d/ 3 ⁹ / ₁₆

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

[P.T.O.]

454674 *Chas J Moore*

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 86, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 86, or other official documents
Date	From whom received				
26 ⁸ / ₇₆	C. B. S.	Classified "PB" + att. ban. corps. H. 2.		27 ⁸ / ₇₆	N.R. Pt. II Order 204; d/f-1-76
16-12-16	Co 73 rd Bn.	leaves to be att. ban. corps H. 2. on joining Unit		8-12-16	B213, Pt. II Order 4, d/f-9-1-17
16-12-16	"	Joined Unit	Field	8-12-16	B213, d/s 74
30-12-16	"	Instructor, 4 th Drill School	Field	23-12-16	B213, d/s 75
		Transferred to 13 th Bn.	Field	19-4-17	Pt. II O. 47, 3-5-17.
APR 21 1917	13 th Bn	JOINED UNIT	"	APR 19 1917	B213
27/7/17	13 th Bn	Appointed Lance Corporal		27/7/17	KD 16-11935 Pt. II Ord. 74, 9/8/17
30/8/17	13 th Bn	Promoted Corporal		28/8/17	K. O. def 20153 Pt. II Ord 88
15/9/17	13 th Bn	Granted 10 days leave to Paris		14/9/17	B213 PART II D.O. No. 90
29/9/17	"	Returned from leave -		26/9/17	B213
19.10.17	at...	In confinement awaiting trial 20.9.17. Tried by J.C.M. 17.10.17 at Eshe Courche (Brddk HQ) for when on aff. Drunkenness in that he at Paris 945 PM. 20.9.17 was drunk. Found guilty + sentenced to be reduced to the ranks. Sentence confirmed by Lt. Col. C. E. Bunt. 30 Comd. 31 d/s. 17.10.17		17.10.17	B2069. Pt. II O. 104 d/f 8.11.17

Casualty Form - Active Service.

Regiment or Corps *13th Gen Battalion*

Rank *Act* Surname *Moore* Christian Name

Religion Age on Enlistment years months

Enlisted (a) Terms of Service (a) Service reckons from (a)

Date of promotion to present rank Date of appointment to lance rank

Extended { } Re-engaged { } Qualification (b)
or Corps Trade and rate

Occupation Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked			
		Disembarked			
<i>12/8/18</i>	<i>5 Gen</i>	<i>GSW. X1 (knee)</i>	<i>5 Gen</i>	<i>12/8/18</i>	<i>48080</i>
<i>10/8/18</i>	<i>13 Am</i>	<i>Wounded to hospital</i>	<i>715</i>	<i>8/8/18</i>	<i>13213</i>
<i>8/8/18</i>	<i>9 CFA</i>	<i>Sw knee etc C of</i>		<i>8/8/18</i>	<i>A7303</i>
<i>25/8/18</i>	<i>5 Gen</i>	<i>Dangerously ill</i>	<i>5 Gen</i>	<i>25/8/18</i>	<i>H2814</i>
<i>1/9/18</i>				<i>1/9/18</i>	<i>H7075</i>
<i>8/9/18</i>				<i>8/9/18</i>	<i>H8320</i>
<i>15/9/18</i>				<i>15/9/18</i>	<i>H9615</i>
<i>22/9/18</i>				<i>22/9/18</i>	<i>H2275</i>
<i>9/9/18</i>	<i>48 CCS</i>	<i>Sw knee B arm</i>	<i>48 CCS</i>	<i>9/9/18</i>	<i>121083</i>
			<i>70 21 AT</i>	<i>12/8/18</i>	
<i>29/9/18</i>	<i>5 Gen</i>	<i>Sw knee Dangerously ill</i>	<i>5 Gen</i>	<i>29/9/18</i>	<i>H4256</i>

(4) 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.

(6) Signaler, Shoeing Smith, &c.

6/10/18 Still Dang Ill 6/10/18 H7148

454 674 *Lee J Moore*

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
<i>21/10/18</i>	<i>5 Gen</i>		<i>Still Dangerously Ill</i>	<i>21/10/18</i>	
<i>25/10/18</i>	<i>"</i>		<i>ESD Rep'd to England</i>	<i>25/10/18</i>	<i>L8013</i> <i>8X572</i>
25-10-18.	H.S. Essequibo		Invalidated to England (WOUNDED) and posted to Q.R.D. Bramshott	25-10-18.	W.3083/6444. Part 11 O. 153 d/21/1/18
			<i>John To</i> Lieut. for Lt-Col. A.A.G. Canadian Section, 3rd. Echelon. G.H.Q.		
<i>4.11.18</i>	<i>Q R D.</i>		<i>TOS from 13 Bn. Bshott.</i>	<i>26/11/18</i>	<i>P# 267.</i>
					<i>William Puller</i> LIEUT. FOR LT. COL. I/C RECORDS, C.O.M.F.
			DISCHARGED IN ENGLAND, K.R. & O. PAR. 392, SEC. XXV.		
			<i>W. Hall</i> Captain Officer Commanding, No. 2 Canadian Discharge Depot.		

Report
From w
Date
26/11/18