Triplicate

6.

Canadian.

A.M.C. TRAINING DEPOT No. 2

ATTESTATION PAPER.

No. 528433

Canadian Army Medical Corps.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	MOORE
1a. What are your Christian names?	Percy John.
1b. What is your present address?	148 Dovercourt Road Toronto Ont.
2. In what Town, Township or Parish, and in what Country were you born?	Medicine Hat. Alberta
3. What is the name of your next-of kin?	Rose Moore
4. What is the address of your next-of-kin?	148 Dovercourt Road. Toronto Ont.
4a. What is the relationship of your next-of-kin?	Mother
5. What is the date of your birth?	24th. June 1897
6. What is your Trade or Calling?	Pipe Fitter
7. Are you married?	Single
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes
9. Do you now belong to the Active Militia?	No
10. Have you ever served in any Military Force? (Naval or M) If so, state particulars of former Service.	No
11. Do you understand the nature and terms of your engagement?	Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	Yes
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	No
14. If so, what was the nature of the disability?	No
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	No
16. If so, what was the reason?	No

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Percy John Moore, do solemnly declare that the above are answers made by me to the above questions and that they 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.

Percy J. Moore (Signature of Recruit)

Date 20th. August 1917 191 . Jno C Bond (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Percy 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.

P. J. Moore (Signature of Recruit)

Date 20th. August 1917 . Jno C Bond (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 Toronto Ont. this 20th. day of August 1917.

Wm Edmondson (Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

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

Description of Percy John Moore. on Enlistment.

Apparent Age 20 years 2 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5 ft. 5½ ins.
Chest measurement. Girth when fully expanded	33½ ins.
Chest measurement. Range of expansion	2½ ins.
Complexion	Fair
Eyes	Blue
Hair	L. Brown

Religious denominations.

Church of England	
Presbyterian	
Methodist	Meth.
Baptist or Congregationalist	
Roman Catholic	
Jewish	
Other denominations (Denomination to be stated.)	

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).

Nil

Hearing Good. R. Eye Less 200

L. Eye D. 60.

Nose and Throat O. K.

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.

DECLARED FIT BY MEDICAL BOARD
TORONTO MOBILIZATION CENTRE

Date 20th. August 1917.

Place Toronto Ont.

Capt. C. Power M.O.
Medical Officer.
PRESIDENT

*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.

Percy 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.

Julian Boyd (Signature of Officer)

AUG 20 1917

Date 191 .

REGIMENTAL DOCUMENTS

2nd Inf 25-3-44

NAME MOORE PERCY JOHN REGT. NO. 528433 UNIT 2 F Ld H. Q. FILE NO.

	CONTENTS 39	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		Sgt Oliver	15/12/20		Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
2	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category Demob
2	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)				29950	
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
3	Pay Docs					62 — 22
1	M.F.W. 44					22 — ~~22~~
						10 — 22
						5

W. 2589
100M-11-18
1272-36-1377

SURNAME. Moore

CHRISTIAN NAMES Percy John

CARD NO. 4

FOLL.

REGL. No. 528433 RANK Pte.

UNIT C.A.M.C. (~~C.D.O. No 2.~~) Base Hosp.

FORMER CORPS Nil.

Y.O.S. Sept. 6-18
S.O. P.C. II 270 23-9-18

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Moore, Mrs. Rose

RELATIONSHIP TO SOLDIER Mother

ADDRESS

No 15 Lake Shore,
Toronto, Ont.

G.O.C. 31/1/19 M.O.2

COUNTRY OF BIRTH Canada Medicine Hat, Alta. DATE June 24th 1897

PLACE OF ATTESTATION Toronto, Ont. DATE Aug. 20th 1917

L. L. 10437. M. & D. 7253.

M. F. W. 22. 100M.—11-16. H. Q. 17 2-39-339.

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Pipe Fitter RELIGION Methodist

DESCRIPTION.

APPARENT AGE 20 YEARS 2 MONTHS

HEIGHT 5 FEET 5¼ INCHES

CHEST MEASUREMENT 33½ INCHES EXPANSION 2½ INCHES

COMPLEXION Fair EYES Blue HAIR L. brown.

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Toronto, Ont. DATE Aug. 20th 1917

Present Address. 148 Dovercourt Rd.,
Toronto, Ont.

No. 528433 RANK Pte NAME Moore. P. J.

T. O. S. 20-8-17 UNIT A.M.C. Training Depot no 2.
DD279 of 25-8-17,

M. D. 2.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917			
Aug 21	Aug 31	✓		
	Sept	✓		
	Oct	✓		
	Nov	✓		
	Dec 1918	✓		
	Feb	✓		
	Mar	✓		
	Apr	✓		
	May	✓		
	June	✓	a.w.l.	D.A.D.L. May Paylist

No. 528633 RANK Pte. NAME Moore, P. J.

T. O. S. UNIT Base Hospital, C. A. M. C.

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918	1918.			
May	No a/c	M.	Forfeits 5 days. R. W.	D.D. 15 1/f 31-5-18.
June	no a/c	M	An S.D. not on Paylist.	

No. 528433 RANK Pte. NAME Moore P. J.

T. O. S. UNIT Base Hospital C.A.M.C.

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918	1918			
Jan.	No a/c	M.	Attached, 12-1-18	D.D. 12.
Feb.	No a/c	M.		
Mar.	No a/c	M.		
Apr.	No a/c	M.		
May.	No a/c	M.		

M. F. W. 71—500M.—5 18.
1772—39—961.

NAME Moore Percy John

REGIMENTAL NO. 528433 RANK Private.

ENLISTED AT Toronto Ont. PROMOTIONS, &c. AND DATE

DATE 20.8.17

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN Mrs Rose Moore RELATIONSHIP Mother.

ADDRESS OF 148, Dovercourt Rd.

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c.
	No.	DATE	
Trans H. T. D. M.D #2			
6.9.18	228	26.9.18	
Trans. from Base Hosp: to D.O.H.	43	12-2-20	

Reg. No. 528433 Name Morse P.

Rank Pte Corps C A M C Age 19 Service 10/12

Ledger No. 33-13-15 Serial No. A39643: A39006: A3901-4324

HOSPITALS	DATE	DIAGNOSIS
Military Hosp TG Toronto	26. 3. 18.	Contusion Surgeon L Hand
Div Unit	17. 4. 18	
E Base Hosp		
T Military Hosp TG.	22. 4. 18	Laceration.
T Base Hosp.	6. 5. 18	Influenza.
Sidcup	13. 10. 18	
E Military Hosp TG Toronto	2. 1. 19	Carbuncle
T Base Hosp.	3. 1. 19	
adm Dom Ortho Toronto	12. 3. 20	Diphtheria
Dis to Unit.	26. 3. 20	

P. T. O.

HOSPITALS	DATE	DIAGNOSIS
Dom Carthage	30-10-20	Acute Tonsillitis

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

~~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 A.M.C. TRAINING DEPOT NO. 2

Regimental No. 528433 Rank Pte Name Percy John Moore

Enlisted (a) 20-8-17 Terms of Service (a) ~~Duration of War~~ C. E. F. Service reckons from (a) 20-8-17

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) Pipe Fitter

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
		Trans. to Base Hospital No 2 Toronto		6-9-18	Dist. Orders 228 of 26-9-18
6.9.18	T.O.S.	on Transfer from			D.O. 270 27.9.18.
		C.A/M.C. T.D.#2 Auth Dist. Orders 228 (I) dated as			26.9.18.
12-2-20	S.O.S., Base Hospital and posted to D.O.H. with effect from 9-2-20. (Auth. A.D.M.S., D.O.#34-135, d/10-2-20).		Toronto		D.O.#43.
			Toronto Ont.		
31-12-20	S.O.S. D.O.H.#2 Det.Gen.List.C.E.F. on Demobilization with effect from 31-12-20. Auth R.O.1894 & Memo Pt.11 D.O. 349/14-12-20				

Eldridge

CAPT. & ADJUTANT
DOMINION ORTHOPAEDIC HOSPITAL

(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				

Report of Medical Board,

Classification by Categories.

1. Station Base Hospital, Toronto
2. Unit or Corps. C.A.M.C.
3. Regimental No. 528433
4. Rank Pte.
5. Surname MOORE
Christian Name Percy John
6. Age 19 years
7. Enlisted on Aug. 20, 1917
at Toronto, Ont.
8. Has he been overseas No
9. Former Category B2
10. Nutrition Fair

11. Physique — any deformity or lameness? If so describe.
fair. Middle and distal phalanges of little finger, left hand missing.

12. Nervous System: Normal

13. Respiratory System: Normal

14. Cardio-Vascular System: normal

15. Digestive System: normal

16. Genito-Urinary System: Very slight varicocele

17. Skin, Ear, Eye, Nose and Throat: Skin, Ear, Nose and Throat normal.
Vision, Right eye D-200, Left eye D-200.

18. Conditions present, necessitating change of Category:
Vision not suitable for Category B2
Report of Consulting Surgeon, Base Hospital, Toronto, attached.

19. Category to which recommended: C3

Station Base Hospital, Toronto H.B. Wales President,
Major. Capt.

Date June 13, 1918.

R. J. Johnston
Capt. } members

This form is to be used in all cases for categorization when the individual is being placed in a higher or lower category.

APPROVED
JUL 8 1918
J. G. Chisholm Col
A.D.M.S., M.D. 2.

APPROVED

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 528433 (Rank) Private

Name (in full) MOORE. Percy. John. enlisted in

the C.A.M.C.T.D.#2

CANADIAN EXPEDITIONARY FORCE at Toronto. Ont. on the 20th

day of August 1917

HE served in CANADA.

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

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

Age 23 Years 6 Months.

Height 5 Feet 7½ Inches

Complexion Fair.

Eyes Blue.

Hair L. Brown.

Marks or Scars

Tattoo Rt Forearm. Girls head

P. Moore
Signature of Soldier

Date of Discharge

31-12-20

Dominion Military Orthopaedic Hospital
Orderly Room
DEC 31 1920
Christie St., Toronto

E. Wodell
CAPT. & ADJUTANT
DOMINION ORTHOPAEDIC HOSPITAL
Issuing Officer

Rank

Date 31st December 1920

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

M. F. W. 39a.
100M-3-19.
H.Q. 1772-39-882.

CASE HISTORY SHEET.

D. O. H. Hospital. Toronto Station.

No. 528433 Rank Pte Name Moore P. J. Age 21

Unit D D H 2 Completed years of service (Where and how long) C 2 4/12

Date of admission 10-3-20 Date of discharge

Diagnosis Diphtheria Place of origin D. O. H. 10-3-20.

CONDITION ON ADMISSION AND PROGRESS OF CASE

admitted to Isolation with diphtheria. Both tonsils swollen and coated with heavy membrane grayish in character- tenacious will not rub off. Temp elevated & pulse slightly increased.

12/3/20 1200 units- antitoxin administered

13/3/20 - throat clearing membrane peeling off.

14/3/20 - Temp normal pulse normal

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

15/3/20 throat taken neg.

16/3/20 patient convalescing.

18/3/20 "

TREATMENT

(Especially any specific or special form.)

17/3/20 Swab taken. patient convalescing

19/3/20 swab neg. patient OK.

22/3/20 patient up recent feeling well

CONDITION ON DISCHARGE

(and disposal made of case.) 30/3/20 Throat neg. discharged & contact now to quarantine

Date

Medical Officer i/c case.

4324

M. F. B. 313a.
100M.—6-18.
1772—89-143

CASE HISTORY SHEET.

Dom. Orthop. Hospital. Toronto. Station

No. 528433 Rank Pte. Name Moore, P. J. Age 21

Unit C.A.M.C. Completed years of service (Where and how long) C. 3 1/12

Date of admission 30-10-20 Date of discharge 3-11-20

Diagnosis Acute Tonsillitis Place of origin Toronto, 28-10-20

CONDITION ON ADMISSION AND PROGRESS OF CASE

Sween resumed throat negative for diphtheria

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.) Medicinal + throat Irrigation

CONDITION ON DISCHARGE, Returned to duty

(and disposal made of case.)

Date

Medical Officer ~~i/c case~~

M. F. B. 313a.
200M. 5-18.
1772-39-439.

Discharged 12/4/18

APR 19 1918

MEDICAL CASE-HISTORY SHEET

HOSPITAL Military Convg Toronto Genl. STATION Toronto.

No. 528433 Rank Pte. Name (Given) P. J. (Surname) Moore Age 19

Unit A. M. C. Service -

Date of Admission 26/3/18 Date of Discharge 12/4/18

Diagnosis Contusion fingers left hand

Date of Origin 26/3/18 Place of Origin Base Hosp.

CAUSE OF ILLNESS OR INJURY:

Jammed by iron frame (bed)

HISTORY OF PRESENT ILLNESS OR INJURY.
(Is Illness or Injury result of Service?)

No leave - accident on duty.

32

CONDITION ON ADMISSION.

Contusion back of ring finger left hand over terminal phalanx involving superficial fibres of ext. tendon similar contusion and middle finger only more extensive damage to tendon. Small finger almost completely severed dorsally and head of second phalanx some markedly comminuted.

TREATMENT.

Cleaned thoroughly with gasolene and alcohol. Tendons sutured - skin stitched with silk-worm. Kuhn's dressing applied.

CONDITION ON DISCHARGE FROM HOSPITAL.

Wounds healed. Anaesthesia of tips 3 affected fingers and no movement terminal interphalangeal joint small finger left hand.

J Thompson Capt CAMC
Medical Officer i/c Case.

Date 12/4/18

M. F. B. 313a.
15M.—8-17.
1772—39-439.

A39006

Original

MEDICAL HISTORY SHEET

B2

Surname Moore Christian Name Percy John.

Examined on 20th. day of August 191 7 at Toronto Ont.

Birthplace City or Town Medicine Hat County Alberta

Apparent age 20 yrs. 2 mths.

Trade or occupation Pipe fitter

Height 5 feet 5¼ Inches

Weight 114 lbs.

Chest measurement Minimum 31 inches Maximum expansion 2½ inches

Physical development Fair

Small-pox Marks Nil

Vaccination Marks Arm Right Left Number 1 1

When Vaccinated last 1917

(a) Marks indicating congential peculiarities or previous disease Nil.

(b) Slight defects but not sufficient to cause rejection hearing good, r. eye less 200 1 eye D. 60. Nose and throat O. K.

Approved by DECLARED FIT BY MEDICAL BOARD TORONTO MOBILIZATION CENTRE

Rank Capt. M.O. PRESIDENT

Date	Fit or Unfit	Examined for Re-Engagement
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations
4.9.17		Hugh McKeag Capt M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
4.9.17		M.O.
13.9.17		Hugh McKeag Capt M.O.
20.9.17		M.O.

Enlisted on 20th. day of August 191 7 at Toronto Ont.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	No 2 T.D Can. A. M¢ C.	528433		20-8-17
Transferred to	Base Hospital No 2	"		6-9-18.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Base Hosp.	June 13, 1918		C3

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.

M. F. B. 313.

300M.—1-17.

H. Q. 1772-39-439.

Surname Moore Christian Name Percy John

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				
Md. Wards H.G. H.		2	1	19	3	1	19	Carbuncle of neck.	1	Discharged to Unit - Dressing hot Fusol compresses q 4 h - Transfered to Base to fill bed for Surgical Emergency (Railroad wreck)	J. R. Saunders Lt

CASE HISTORY SHEET.

10234

No. 528433 Rank Pte Name Moore P. Age 19.

Unit Canc. Bde Hqtrs. Completed years of service Where and how long } 1 0 / 1 2

Date of admission Nov 11/18. Date of discharge

Diagnosis Infected finger. Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

Complaint Duration

1/ Slight infection at base nail

little finger RH Hand Several days

Infection began at side of base of nail some days ago. Side of nail lifted up by pus & great swelling — Base of nail cutaway & discharge profuse.

Chest Heart abdomen & N Sys — normal.

Finger is now about normal size — nail bed is now covered with crust — slight discharge of seropurulent material.

Mar 12/18 — alcohol dressing —

Mar 14/18 — To duty. Report to dressing room daily for inspection

10234

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE,

(and disposal made of case.)

Date Mar 14/18

G M Dale Capt
Medical Officer i/c case.

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

CASE HISTORY SHEET.

No. 528433 Rank Pte Name Percy Moore Age 19

Unit Can C Completed years of service (Where and how long)

Date of admission March 2nd 1918 Date of discharge

Diagnosis Pannycitia & abscess of finger Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

Acute infection a week ago in thumb. Incision & drainage thus. Abscess formed & pus burrowed under tendon, and laterally below the thumb nail of last phalanx of little finger Rt hand. Wrist

10234

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT Fomentations (March 2nd) with Carron Lotion following.

(Especially any specific or special form.)

CONDITION ON DISCHARGE Decided improvement

(and disposal made of case.) Returned to Base Hospital on March 9th 1918

Date March 11th 1918

W D McKinley
Medical Officer i/c case.

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

~~3960~~
6

MAY 21 1918

MEDICAL CASE-HISTORY SHEET

Military Wards, Toronto General Hospital.
HOSPITAL ..... STATION Toronto.

No. 528433 Rank Pte. Name (Given) Percy J. (Surname) Moore Age 19

Unit A.M.C. Service -

Date of Admission 22/4/18 Date of Discharge 6-5-18

Diagnosis. Infected 5th. L. Finger .

Date of Origin March Place of Origin Toronto.

CAUSE OF ILLNESS OR INJURY:

Accident ~~caught in Bread-cutter~~. Collapsible bed fell on left hand injuring small finger.

HISTORY OF PRESENT ILLNESS OR INJURY.

(Is Illness or Injury result of Service?)

5th. Finger of left hand cut to bone on outer side with part of nail and matrix removed. Extensions tendons cut on 4th and 3rd. fingers interfalingeal joint.
5th. did not heal, 4th and 3rd. healed at first attention.

CONDITION ON ADMISSION.

Infected 5th. finger left hand, slight discharge with surrounding inflammation.

Furuncubais left leg (anterior surface)

TREATMENT.

23/4/18: Finger amputated at first interfalingeal joint.
29/4/18: No discharge.

Ensol compresses to leg

5

CONDITION ON DISCHARGE FROM HOSPITAL.

Sutures removed. Slight serous oozing. Transferred to Town St. for ten days convalescent.
Leg now healed.

J J Simpson Capt
Medical Officer i/c Case.

Date 6/5/18

M. F. B. 313a.
15M.—8-17.
1772—39-439.

A39643
6

CLINICAL CHART.

Corps Cavalry Band — Hospital Station

No. 528433 Rank and Name Pte Moore. P. J. — Age 19 — Service

Disease Flu — Date of Admission Oct 13 1918 — Date of Discharge Oct 22 — Result Cured — Serial No. A. & D. Book

Dates of Observation	13	14	15	16	17	18	19	20	21
Days of Disease	1	2	3	4	5	6	7	8	9
Temperature Fahrenheit — TIME a.m. p.m.									
Pulse per Minute	80	74 / 74	60 / 72	76 / 88	72	64	64		96
Respirations per Minute	20	20 / 20	20 / 20	20 / 18	20	20	20		20
Motions									

M. F. B. 288.

50M—4-18.
H. Q. 1772-39-513.

Signature W. A. Rolerton Capt — In charge of case.

CASE HISTORY SHEET.

Hospital. Station.

No. 520433 Rank Pte. Name Moore. P. J. Age 19.

Unit Aust Base Completed years of service Where and how long } 1st/12.

Date of admission Oct 13/18. Date of discharge Oct 22.

Diagnosis Influ OCT 13 1918 Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE 99° Temp.

14/10/18. Headache & aching in bones.
No Coughs

18/10/18 Complains of weakness.
Condition improved.

21/10/18. Temp. normal 5 days.
Condition normal.

2

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.) Asp. gr V & Quin gr iij q. 3hrs.
Oct 15/18 Syr. Hypo Phos 3ij t.i.d p.c.

CONDITION ON DISCHARGE, Cured

(and disposal made of case.)

Date Oct 21/18

W. H. Roberton Capt
Medical Officer i/c case.

M. F. B. 313a.
200M. - 5-18.
1772-39-439.

A 13901

CASE HISTORY SHEET.

Hospital. Station.

No. 528433 Rank Pte. Name Percy Moore Age 19

Unit AMC Completed years of service (Where and how long)

Date of admission Jan. 2/19 Date of discharge 3/1/19

Diagnosis Carbuncle Neck. Place of origin Toronto

CONDITION ON ADMISSION AND PROGRESS OF CASE

Patient has had small pimple on back of neck for last two weeks which has gradually grown larger. It was opened at Base Hospital. Patient admitted with head discharging.

Other systems - apparently normal.

Enlarge left axillary glands present.

Base Hospital - Unit.

3/1/19 Transfer to Station Hospital Exhibition Camp for free treatment - Hot Eusol Compresses q 4 h.

Leave on light duty.

J. H. Belcher Capt.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form)

CONDITION ON DISCHARGE

(and disposal made of case.)

Date

Medical Officer i/c case.

M. F. B. 313a.
100M.—6 18.
1772—39-439.

L 39531

This space to be for numbers.

Proceedings on Discharge.

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

No. 528433

Rank Private

Surname MOORE.

Christian name Percy John.

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

Corps (Squadron, Battery or Company) D.O.H.#2 Det.Gen.List.C.E.F.

Date of discharge 31-12-20

Place of discharge Toronto.Ont.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 23 years 6 months.	Descriptive marks
Height 5 feet 7½ inches.	Tattoo Rt Forearm Girls Head.
Complexion Fair	
Eyes Blue	
Hair L.Brown	
Trade Pipe Fitter.	
Intended place of residence (To be given as fully as practicable.)	15 Stop,Lake Shore Rd Toronto.Ont

2. The above-named man is discharged in consequence of

Dempbilization.

Authority for discharge R.O. 1894 & Memo Pt.11.D.O. 349/14-12-20

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

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

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

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

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

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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

N I L .

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

6. Medals and Decorations ..... N I L .

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

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

(Place) Toronto.Ont. E.A. Godfrey CAPT. & ADJUTANT

(Date) 31-12-20 *Commanding* DOMINION ORTHOPAEDIC HOSPITAL

8. Certificate to be signed by the Soldier on Discharge

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

(Place) Toronto.Ont. R. T. Jones *(Signature of Soldier.)*

(Date) 31-12-20 H.R.H. Collins *(Signature of Witness.)*

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

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

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

(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to ..... (the date to which the Record of Service is completed) 3 years 133 days.

Total 3 years 133 days.

11. Confirmation of Discharge.

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

(Place) Toronto.Ont. E.A. Godfrey CAPT. & ADJUTANT

(Signature) DOMINION ORTHOPAEDIC HOSPITAL

(Date) 31-12-20

Reservations referred to at Para. 8.

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

NIL

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company Conduct Sheet,	"	B. 263a
or		
Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form	B. 313
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper	Militia Form	W. 23
or		
Particulars of Recruit	"	W. 133
Proceedings on Discharge	"	B. 218

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

(a) Proceedings on Discharge

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Eaton Duff
CAPT. & ADJUTANT
DOMINION ORTHOPAEDIC HOSPITAL

Officer Commanding.

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

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 [redacted] 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.

D.O.H. Toronto. Ont. Dec 14th 1920

STATION ..... DATE .....

1. 1 (a) Unit C.A.M.C. (b) Regimental No. 528483 (c) Rank Pte.

(d) Surname Moore. (e) Christian name Percy John.

(f) Home address 15 Stop Lake shore Rd. Toronto. Ont.

(g) Next of Kin Mrs Rosa Moore. (h) Relationship Mother.

(i) Address of Next of Kin Same address.

2. Age last birthday 21 Date of birth June 24th 1898

3. Enlistment, or Appointment (if an Officer) (a) Place Toronto (b) Date Aug 20. 17.

4. Personal description:

(a) Height ~~5ft 7½~~ 5ft 7½" (b) Weight 135 (stripped) (c) Complexion Fair.

(d) Colour of hair Lt Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Tattoo Rt. Forearm " Girls Head. "

5. Former trade or occupation Clerk.

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

Documentary

	Periods	
	From	To
Canada	August 20, 17	To date.
England	———	———
France or other theatres of War	———	———

7. Original disease, or injury Injury to Left Hand.

(a) Date of origin March. 1918 (b) Place of origin Toronto. Ont.

(c) Cause Accidental Injury while on duty as orderly.

M. F. B. 227.
400M—11-18.
1772-39-117.

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.)

Partial loss of the function left hand. (Loss of the little finger.

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. "Hist[illegible]st 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. Recent amputation of the little finger left hand. Through middle of the Metacarpal Bone. Leaving an excellent stump firmly healed but, but still very slightly tender. Ring Finger of the left hand-Scar across the Dorsal surface of Distal interphalangeal Joint. Cannot bend ring finger to touch palms tightly. Barely touches and strength of flexion one half normal. States that this condition exists prior to amputation. Rest of the hand Normal.

(*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*).)

In March 1918 while folding camp bed at the Base Hospital. Accidentally Crushed the left hand and sustained laceration of little finger. Ring and index finger. Little finger was crushed off at 1st interphalangeal joint, operation for trimming stump. Fair recovery after two months. Returned to duty, stump began to trouble him again, admitted to Hospital [illegible]ct 29th 1920. Amputation of the finger. Good Recovery. Discharged [illegible]y, Oct 13th 1920.

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*).)

Influenza 1917 Base Hospital. Good Recovery

Diptheria 1919 Good Recovery.

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

See Section 9 (a)

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

(*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) And (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.)

Amputation.

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 Discharge from the Army as Fit for service abroad Nor General Service.

Signed

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.....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.....

.....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.

The Board Concurs.

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

20. It is certified that the invalid

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

Service Abroard Nor general Service.

(*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.)

Service abroad Nor General Service.

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.

C.A. Mc. Vicar. LT C.A.M.S. *President.*

PLACE D.O.H. Toronto. Ont.

DATE 14-12-20

Signed. } 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.

President.

PLACE.....

DATE..... } Members

APPROVED BY

Assistant Director of Medical Services.

DATE.....

APPROVED BY

Director-General of Medical Services.

DATE.....

W & A

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 324435 RANK Pte NAME (IN FULL) Moore, P. J. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 20-8-17 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ — DATE EFFECTIVE

No. 2 DETACHMENT, C.E.F. JUL 1 1920 56

PAYABLE TO — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

W & Sy - to Base Hospital - 400 Jarvis St E.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED Toronto PLACE — 31-12-20 DATE — Demob REASON — Memo AUTHORITY — IF ENTITLED TO POST DISCHARGE PAY Nil

C.A.M.C., M.D.No.2

BALANCE FROM PREVIOUS ACCOUNT

MONTH 1920	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.			TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
March	31	1.50	46	50	20				76	50			S3176666						20																10 Br fwd ✓
April	30	1.50	45						45		S323286 AR 2 4/4/20		S32303 2/5 AR9 14/6		S330690 28/4 QR21		46	50	60		25	00									91	50			10		Acam DOH 10-3-20 (A. Ethers) D073 S31766 Rad to 19/3/20 (H. Sh) Drech's from DOH 26-3-20 D079
May	31	1.50	46	50					46	50	S32148 AR33 12/5								20		26	50									46	50			10		
June	30	1.50	45	00					45	00	S32434 57	11/6							20		25	-									45	-			10		
July	31	1.50	46	50					46	50	10/7 - 8 3327923		27/7 - 22 3344998		25/8 - 46 3346 3344				20	-	26	50									46	50			10		
Aug	31	1.50	46	50					46	50	11/8 - 34 3346 5.90				5/9 - 24 3348 603		20	-			26	50									56	50					
Sept	30	1.50	45	-					45	-	10/9 - 54 3347120				349 510		20	-			25	-									45	-					
Oct	31	1.50	46	50					46	50	R45024 57 12/10				100-29-10		20				26	50									46	50					Admitted DOH 30-10-20 Memo 104
Nov	30	1.50	45	-					45	-	15 12-11 3347765				15 20-11 3347766		20	-			25	-									45	-					Discharged DOH 3-11-20 Memo 108
Dec	31	1.50	46	50	35	25			81	75	24-12-21 3347915						81	75													81	75					35 cts clothing allce 25 cts Xmas Dinner
			459	00	65	25			524	25							208	25	100	-	216	00									524	25					

Capt. PAYMASTER, No. 2 DETACHMENT, C.E.F.

	W & Sy	A	A B Numbers	date	Cheque Numbers	W & Sy		Amount due Soldier	dependent	
61 days	140 ✓	—	140 ✓ 156B	11-11	331371 ✓	140	140.0	—	—	M.F.W. 2595 On file

200M-3-19.—L. L. 5878-H. & D. 9985.
M. F. W. 2596.
1772-39-1398.

2 Md-bl-78- a.D.M.S-circular letter 16 -class 5 ½ from 1-9-19- pay

AUDITOR | PAYMASTER

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

M. OR S. | REGT. No. 528435 | RANK Pte | NAME (IN FULL) MOORE. P.J. M.F.W. 2503 1-1-19 (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN: Mrs K. Moore | RELATIONSHIP: Mother
ADDRESS: 148 Dovercourt Rd. Toronto. Ont.,
IS SEPARATION ALLOWANCE PAID? No. | DATE EFFECTIVE
TO WHOM PAID | RELATIONSHIP
ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
BASE HOSP.		
To D 6 H	9/2/20	1042

C.A.M.C., M.D.No.2

ORIGINAL UNIT C.E.F. | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS SURNAME FIRST)
PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY
DATE OF ATTESTATION: 20-8-17 | TRANSFERRED TO | DATE | AUTHORITY
ASSIGNED PAY $ | DATE EFFECTIVE

No. 2 DETACHMENT, C.E.F. JUL 1 1920 56

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE
DISCHARGED | PLACE | DATE | REASON | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY

BALANCE FROM PREVIOUS ACCOUNT

MONTH 1919	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.			TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Mar																												3	90									2 days on pass 22-3-19 mail Mar BASE HOSP.
Apr	30	1 10	33						33						10	17B					19	04					3	96			23			10			
May	31	1 10	34	10	10 19	04			63	14	9	31B					34				19	14									53	14		10			W13742-Pte Reported 19-5-19
June	30	1 10	33		10				43		9	52B			7687 0 628 28/6		15				18						9	78			42	78		22			M.F.W. 512-925
July	31	1 10	34	10		22			34	32	8	15/7			5306 569 8718 28/7		15				8	12					1	20			24	32		10			M.F.W. 512-120
Aug	31	1 10	34	10	10	1			44	10	8309 264 9418 13/8				5310 146 10718 29/8		15				14	07					5	03			34	10		10			M.F.W. 512-500
Sept	30	1 10	33		10				43		8310 682 1140 11/9				5314 481 12458 26/9		15				10	80					6 1	00 20			33			10			M.F.W. 512-120 960
Oct	31		34	10	10	24 40			68	50	8312 836 12	15/10	8312 764 14730	3			15				42	52					9	98			58	50		10			M.F.W. 512-987 Increase f. Pte 1-9-19 to 31-10-19 @ 40¢ 24 40
Nov	30	1 50	45	-					45	-	8313 367 1578	12-11			5314 250 1468	25/11	20				19	52					5 1	48 27			46	-		10			M.F.W. 512-548
Dec	31	1 50	46	50					46	50	8314 890 1808	15-12			5315 447 1858	22-12	20				25	23									46	50		10			M.F.W. 512
" "						25			25																				25			25					Christmas Day
Jan 1920	31	1 50	46	50					46	50	8188 246 1996	13/1			5321 735 2106	28/1	20				26	50									46	50		10			
Feb.	29	1 50	43	50					43	50	8318 874 1822	16/2			5317 371 2314	22/2	20				10	73					12	77			43	50		10			M.F.W. 512 Feb ½ 12.77
			215	60	34	65			250	25							95				124	50			25		120	50			240	25		10			

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

CLINICAL CHART.

Corps 2. D. D. — Hospital Station D. O. H.

No. 528433 Rank and Name PG Moore P. J. Age — Service —

Disease Diphtheria — Date of Admission — Date of Discharge — Result — Serial No. A. & D. Book —

Dates of Observation	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Days of Disease														
Temperature Fahrenheit — TIME a.m. p.m.														
107°														
106°														
105°														
104°														
103°														
102°														
101°														
100°														
99°														
98°														
97°														
Pulse per Minute	80 80	66 88	80 64	80 64	80 100	96 66	72	76 76	76	88	82	88		
Respirations per Minute														
Motions														

M. F. B. 288.

50M.—10-18.
H. Q. 1772-39-513.

Signature — In charge of case.

Dominion Orthopaedic Hospital,
Toronto, Nov.3rd 1920.

Ref. 2-5-Mo

To: The D.G.M.S.,
Ottawa.

528433,Pte.Moore,P.J.

Herewith Case Sheets in the case of the marginally-noted, boarded at D.O.H.
Discharged to Unit, 3-11-20
1 Case Sheets

J. L. Edmison

Captain, C.A.M.C.
Registrar for Officer Commanding.

JRL.