No. 1 Section Draft Giving Depot D.A.C.

ATTESTATION PAPER.

No. 2040644

Folio. Triplicate

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? Moore.
1a. What are your Christian names? Walter.
1b. What is your present address? 9 mill St. Amherst N.S.
2. In what Town, Township or Parish, and in what Country were you born? Oxford N.S.
3. What is the name of your next-of kin? J. W. Moore.
4. What is the address of your next-of-kin? Oxford N.S.
4a. What is the relationship of your next-of-kin? Father.
5. What is the date of your birth? Jan. 22. 1899.
6. What is your Trade or Calling? Machinist.
7. Are you married? no.
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? No.
If so, state particulars of former Service.
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?
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?

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Walter 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.

Walter Moore (Signature of Recruit)

Date 14th May 191 7 Thos Murray (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Walter 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.

Walter Moore (Signature of Recruit)

Date 14th May 191 7 Thos Murray (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 Jacksonboro this 14th day of May 191 7.

Thos Murray (Signature of Justice)

M. F. W. 23
750M—8-16
H. Q. 1772-32-941

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 Walter Moore on Enlistment.

Apparent Age 18 years 4 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 7½ ins.

Chest measurement.
- Girth when fully expanded 35 ins.
- Range of expansion 3 ins.

Complexion Dark

Eyes Brown

Hair Brown

Religious denominations.
- Church of England yes
- Presbyterian
- Methodist
- 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
Eyesight
L — D 20
R — D 20
Hearing
Normal

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 June 29 1917. D W Bliss M.D

Place Amherst NS

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.

Walter 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.

G. H Patterson Lieut (Signature of Officer)

Date May 22nd 1917.

REGIMENTAL DOCUMENTS

Pvt. NAME MOORE, Walter REGT. NO. 204 0644 UNIT 5th D.A.C, H Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category 44
	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)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
3	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob.
	MEDICAL EXAMINATION (M.F.W. 129)				30204	
1	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					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)					35 — 29
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					17 — 21
1	Disp. Certif					8 · 21
1	M.F.W 67					
	12 14 0					
1	Cap Chest					
2	472 1237					1
1	Pay Book					
					L 80068	

W 2589
100M-41-18
4772-39-1377

649-M-46886

CARD NO. B.6

SURNAME. Moore

CHRISTIAN NAMES Walter

REGL. No. 2040644 RANK Gr.

UNIT ~~#1 Sect. Div. Amm. Col.~~ 65th Bty (6th R.D.)

FORMER CORPS Inf.

SOS Dis 14-5-19 Do not
DD 13226 12-5-19 FOLL. 6th

NEXT OF KIN.

NAMES IN FULL Moore, J. W.

RELATIONSHIP TO SOLDIER Father

ADDRESS Oxford, Cumberland Co. N.S.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Oxford, N.S. DATE Jan. 22nd 1899

PLACE OF ATTESTATION Sackville, N.B. DATE May 24th 1917

From #1 Sect. Div Amm Col to 65th Bty (6th R.D.) Auth 65th Bty 6th R.D.) SL. 3-12-17.

L. L. 6945. M. & D. 6994 S. 26/11/17

M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

318

R/C. 4-5-1932 MT

FROM HALIFAX Feb

MARRIED SINGLE yes WIDOWER S.S MEGANTIC 26/11/17

TRADE OR CALLING Machinist- RELIGION Church of England

DESCRIPTION.

APPARENT AGE 18 YEARS 4 MONTHS

HEIGHT 5- FEET 4½ INCHES

CHEST MEASUREMENT 35- INCHES EXPANSION 3 INCHES

COMPLEXION Dark EYES Brown HAIR Dark

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Amherst. N. S. DATE June 29th 1917

Present address 9 Mill St:, Amherst. N. S.

No. 204064 RANK Gnr. NAME Moore W.

T. O. S. UNIT 1st Section Div. Amm. Col.

M. D. Pet.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917.			
May 23	May 31	"		
June		"		
July		"		
Aug		"	Furlough 9-8-17 to 19-8-17	DO 64 -1-
Sept		"		
Oct		"		
Nov 1	Nov 10	W	Trans/to 65th Bty C.F.A. 10-11-17.	DO 30-10-11-17.

No. 240644 RANK Pte NAME Moore, Walter.

T. O. S. UNIT 65th Battery.

Trans from 1st Sec D.D.A.C.
13-11-17 D.O. 271 of 13-11-17

M. D. 7

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917			
Nov 11	Nov 22	W	Proceeded O/S 23-11-17	D.O. 281 of 23-11-17

Form R. 149.

Name MOORE WALTER Rank Gnr. Reg. No. 2040644

Unit 13 Bde C. Fa.

Next of Kin Canada.

JFF.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
4.1.19	6 Can Fd Amb		Engine Trouble		9448	41188
5.1.	14 S H B'logne		do	9449	#9	6745-12
21.1.	~~Rmd Con Epsom~~		~~do~~			~~5434~~
15.1	Gen Hospl	Colchester	do	B4697		5243
21.1	Hospl (Can)	Epsom	do	B4697		5434
21.3.19	Disch'd	do	do	B5056		2693
RL 21.3.19	Will proceed 31.3.19 to Can Art Regt Hilton					EpsM-3645

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

NAME Moore Jr. REGT. No. 2040644

RANK AND UNIT Gnr. 13th B. Can. Art

NEXT OF KIN

CABLE	
No.	DATE

NATURE OF CASUALTY

M. F. W. 42—100M.—8-18.
H.Q. 1772 39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
a448 111	6 Can. Fld. Amb	4-1-19	Ing. hernia L
a449 14	14 Stat. Boulogne	5-1-19	" " "
B467	Gen. Mil. Colchester	15-1-19	" " "
B467	Mil Conv. Woodcote P Epsom	21-1-19	" " "
B509	Disch	21-3-19	" " "

Can. act

Number. 2040644 Rank. Gnr

Surname. MOORE

Christian Name. Walter

Units. C.F.A. Theatre of War France

Date of Service. ~~27-9-18~~ 2-4-18

Remarks.

Latest Address. ~~Kolbeck Cumberland Co. N.S.~~ 245 Wellington Ave. Windsor Ont.

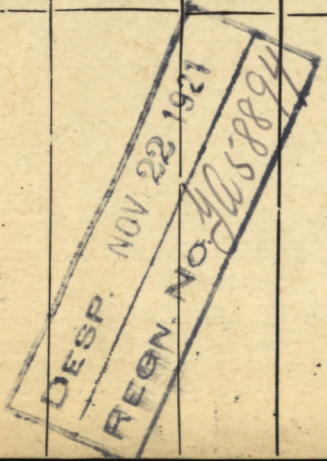
Roll No. B Pay 7223

No. Rank Name

T. O. S. Unit

M. D.

Paid From	Paid To	Sig. or Rec't	Promotions, Transfers, Discharges, etc.	
			Particulars	Authority



Surname	Christian Name or Names	Reg. No.
MOORE	W.	2040644

Rank: Gnr.

Unit: CA 13B.

Cas. List.		
	6 CFAmb.	4-1-19.
14-1-19A448	Ing. Hernia Lt.	
15.1.19a449-4	10 Stat. Bn.	5.1.19
5-2-19 B467	Gen. Mil. Colchester	15-1-19
— Do — -3	Woodcote Pk. Epsom	21-1-19
26.3.19.B.609?	Desc.	21.3.19

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

D.M.S.1300. 50M-30-8-18.

Cas. List.

FILE No. 2040644 VOL.

SUBJECT Moore (Walter)

CHARGED TO	PER	DATE	CHARGED TO	PER	DATE
Stu		15-3-40			

THIS CHARGE-OUT AND ABSENT CARD **MUST NOT** LEAVE THE REGISTRY

O.S.S. 5—50M—9-39 (1936)
H.Q. 1772-45-8

FILE No. VOL.

SUBJECT

CHARGED TO	PER	DATE	CHARGED TO	PER	DATE

THIS CHARGE-OUT AND ABSENT CARD **MUST NOT** LEAVE THE REGISTRY

O.S.S. 5—50M—9-39 (1936)
H.Q. 1772-45-8

Form R 122.
8750—15M—25-4-17.

CR. Rank Name MOORE, Walter Reg'l No. 2040644.

No. 5. Dft 65 Battery to C R A Unit If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Sackville, N.B. May 24th, 1917. Place of Birth Oxford, N.S.

Name and Address, Next-of-Kin J. W. Moore.

Oxford, N.S., Canada. Relationship ~~Canada~~. FATHER

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character Good

H. W. V., Ld.—11319-17.

Report. Date.	From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
	C	Arrived in England		7-12-17	S/S Megantic
14.12.17	Res Bde C.F.A.	T.O.S. on Avl. from Canada	Witley	8.12.17	Pte. 27.
2.4.18	—"—	S.O.S. on proceeding O/seas	—"—	2.4.18	—"— 92 Pte. 046 4/18
10-10-18	13 Bde C.F.A.	T.O.S. on Posting From C.a Pool.	Field.	28-9-18	P.II D.O. 794 C.a. Pool. P.II D.O. 140 D 8-10-18.
6.2.19	do	Sick, Invalided to England &			
		posted to Card. Witley	"	14.1.19	P.II D.O. 114 CARD P.II 47 D 10-2-19
14-4-19	CARD	S.O.S. to Rhyl M.D.6	Ripon	12-4-19	— 104 + 6 M.D.C.A. 104 D 14.4.19
7.5.19	6 M.D.C.A.	S.O.S. to Canada	Rhyl	3.5.19	— 127
		To Canada	5-3-B-9	3-5-19	

N/E. R.B. No. 1576
File No.
Category

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.					

M. D. 6.

CANADIAN EXPEDITIONARY FORCE

War Service Badge Issued, Class. A. No. 369904

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 204644 (Rank) Gunner.

Name (in full) Walter Moore enlisted in

the 5th. D.A.C., C.F.A.

CANADIAN EXPEDITIONARY FORCE at Sackville N.B. on the 24th

day of May, 1917

HE served in France and Belgium. 51st Battery.

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	20 3/12 Yrs.	Marks or Scars	Nil
Height	5 ft. 7½ ins.		
Complexion	Dark.		
Eyes	Brown		
Hair	Brown.		

Walter Moore
Signature of Soldier

A. McFerguson
Issuing Officer, Major
O. C. Dispersal Station "A"
Lt
Rank

Date of Discharge

Dispersal Station "A" MAY 14 1919 No. 6

Date MAY 9 1919

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.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

1.—That discharge certificate must be carried when wearing uniform.

2.—That uniform may be worn only thirty (30) days after discharge, or when duly authorized in writing, and

3.—That wearing uniform renders him liable to usual military discipline, as if on the strength of a unit.

C.A.D.C. 5009A

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) MOORE. W.

REGIMENT C.A.R.D. RANK GNR. No. 2040644.

Date of Examination in England 2-4-19 Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated

DENTAL BOARD * 2 APR 1919 * RIPON

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 2. 4. 5. 12. 13. 31.
2. EXTRACTIONS —
3. CROWNS —
4. DENTURES
   - (a) Full Upper —
   - (b) Part Upper —
   - (c) Full Lower —
   - (d) Part Lower —

ASSISTANT DIRECTOR OF DENTAL SERVICES MAY 9 1919 M. D. NO. 6

HAS HE EVER REFUSED DENTAL TREATMENT? No.

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "*Yes*" where applicable to any or all of *a*, *b* or *c*.)

- (a) In Canada —
- (b) In England —
- (c) In France yes

Signature of Dental Officer R. Ross Capt.

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

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

Casualty Form—Active Service.

Unit, Regiment or Corps. 5th C.D.A.C.

Regimental No. 2040644 Rank Gnr. C. E. F. Name Moore Walker.

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

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*)..

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				
3/5/19.		T. O. S. No. 6 D. D. from 6/5 and posted Disp. Sta B.			Hlfx D.O. 132.
14/5/19.		S.O.S. on Discharge.			" " 132.

Officer i/c Records No. 6 D.D. Lieut.

(*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				

2040644.

No. 1 Section Draft Giving Depot D.A.C.

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.

WAR SERVICE BADGE.

CLASS "A" No. ....

Unit, Regiment or Corps. No. 1 Section Draft Giving Depot D.A.C.

Regimental No. 2040644 Rank Pte Name Moore Statter

C.E.F.

Enlisted (a) May 25/17 Terms of Service (a) Dyer 6 mos. C.E.F. FORCE. Service reckons from (a) May 25/17

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) Machinist

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				
		Embarked	Halifax	24/11/17	H.M.T. Megantic
		Disembarked	Liverpool	4/12/17	H.M.T. Megantic
14-12-17	O.C. Res Bde C.F.A.	T.O.S. From Canada	Witley	8-12-17	B.O. Pt. 2-2
15 APR 1918	O.C. Res Bde C.F.A.	PROCEEDED O/SEAS TO C.F.A.	Witley	APR 2 - 1918	B.O. Pt. 92. A.A. Solomon LIEUT. & ASST. ADJUTANT. RESERVE BRIGADE, CANADIAN FIELD ARTILLERY.
3-4-18	C.G.B.D	arrived x T. O.T. Can. Arty Pool		3-4-18	N.R. 63 2 46 d/s 4.A
6-4-18	Do	Left for CCRC		6-4-18	N.R. 1128
6-4-18	CCRC	arrived at CCRC		6-4-18	N.R. 378.

H.M.T. Megantic Sailing Sec 3 Oct 17 Embk'd Stn Lines Witley Disemb'd Halifax 5/11

CERTIFIED CORRECT. CAN. RECORDS

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

[P.T.O.

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
26-9-18	Corps.		Field.	27-9-18	A.830; C.C.R.C. Nom. Roll 279 (1738) d/27-9-18; Pt. II O. 140
do.	do.	T.O.S. 13th Bde. C.F.A on posting from C.A.Pool	do.	28-9-18	A.830; C.C.R.C. Nom. Roll 279 (1738) d/27-9-18; Part II O. 79/1918.
1.1.19	6 C.F.Amb.	Inf. Hernia (L). Adm	6 C.F.Amb.	1.1.19.	A.36/4977
5.1.19	14 Stat'y	Do. "	14 Stat'y.	5.1.19	H.2034/6567.
4.1.19	2 Cdn.C.C.S.	Do. Adm 1.1.19 Hfd	3 A.T.	2.1.19	A.36/5189
14.1.19	14 Stat'y	Do do	England	14.1.19	H.2034/7528
2.1.19	13 Bde C.F.A.	To Hospital R.Y.R.	R.S.	1.1.19	B.213
14.1.19	At Cambria Sick: Invalided to England, Reposted to CARD Witley.			14.1.19	W 3083 (6741) O.20 # 11 d/6.2.19
4.2.19	CARD	105 from 13th Bde C.F.A	witley	15.4.19	P.T.O 42.

George S. Skelton Capt
for D.A.-Col., A.A.G.
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

W.A.K.

D.D. Kinnell Lt
FOR LT. COL. I/C RECORDS C.C.M.

1/4/19 — Attached C.C.C. Kinmel Park for return to Canada. Part II Orders No. 13/449 — Rbyl. for RTC 1444 9

3 - MAY 1919 — Ceases to be attached C.C.C. Kinmel Park on embarking for Canada, Part II Order No: ____ — O.C. CARD.

D. Bonnell Lt.
for Commanding ____ Wing,
Kinmel Park Camp.

No. 1 Section Draft Giving Depot D.A.C. ORIGINAL

MEDICAL HISTORY SHEET

2040644 Original

Surname Moore Christian Name Walter

Examined on 23 day of May 1917 at Amherst N.S.

Approved by [illegible] M.O.

Rank M.O.

Birthplace City or Town Kolbeck. County Cumb. Co. N.S.

Apparent age 18 yrs. 4 mos.

Trade or occupation Machinist.

Height 5 feet 7½ Inches

Weight 143 lbs.

Chest measurement Minimum 35 inches Maximum expansion 3 inches

Physical development Good

Small-pox Marks Nil

Vaccination Marks Arm Right Left Number

When Vaccinated last

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

(b) Slight defects but not sufficient to cause rejection Nil

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

Date	Result	Vaccinations
		entered by Gibson. Capt.
2/8/17	1st Take of Hygrina vaccine	E.A. Hart M.O.
		M.O.
21-7-17 52-17	1 [illegible] 2	Gibson. M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
25/7/17		E.G. Hart M.O.
28/7/17		E.G. Hart M.O.
4-8-17		Gibson M.O.

Enlisted on 23 day of May 1917 at Amherst N.S.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	No 1 Sect D.A.C.	2040644	Temperate	23-5-17.
Transferred to	Res. Bde. CFA			8/1/17
PROCEEDED O/SEAS TO	C.F.A. 2 APR 1918			

CANADIAN

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Epsom	10-3-19	Lft. Inguinal Hernia with necessity of doing only light work	B III F.E. Robinson Maj.

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Record Christian Name Walter

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				
WHIPPS CROSS WAR HOSPITAL, LEYTONSTONE.		15	1	19	20	1	19	Inguinal Hernia R.	6.	~~[illegible]~~ D. Transferred Epsom	D Broderick Capt RAMC
M.B.H., Epsom		20	1	19	21	3	19	"	60	Has an active hernia, but refuses operation. for board	G.P. Kland

Form A.G. 10410 5M-10238-23-2-17.

OVERSEAS MILITARY FORCES OF CANADA.

1/0

DATE 13.3. 1919.

TO:- Hospital Representative,
Military Convalescent Hospital,
Woodcote Park, EPSOM, Surrey.

20106444
Pte Moore W
67th

The marginally-named soldier has this day been medically examined and placed in Category B III and is now available to be discharged.

I hereby certify that this man has been found at this Inspection this day free from Vermin, Venereal and Infectious Diseases.

FURLOUGH ADDRESS:-
Beaver Street
London.

Capt. R.A.M.C.
For Commandant,
Military Convalescent Hospital,
Woodcote Park, EPSOM, Surrey.

NEAREST STATION:-
London.

C.F.O.
Witley.

Walter Moore

2040644.

No. 1 Section Draft Giving Depot D.A.C.

Original

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required 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 Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(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. No.1.Section Depot Divisional Ammunition Column.

(2) Regimental Number. 2040644.

(3) Full Name of Soldier. Walter Moore.

(4) Place of Birth. Kolbeck,Cumb.Co.N.S.

(5) Are you married, or not? Not.

(6) If married, state,
(a) Full name of your wife.....

(b) Present Postal Address.....

(7) Are you a widower? .....

(8) Have you any children?.....

If so, give number of boys and girls.....

Also their names and ages.....

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ?.....Yes.....

If so, state name and address .....John Moore, Kolbeck, Cumb.Co., N.S.

(10) Is your Mother alive ?.....No.....

If so, state name and address.....

.....

(11) If your Mother is a widow.....

Are you her sole support, or not ?.....

(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.

.....

.....

(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.

.....Father.....

.....

.....

(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.

.....

15) Are you insured ?.....Yes.....

If so, in what Company ?.....Metropolitan Life Insurance.

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.

G. H. Parkman Lieut
.....
Officer Commanding.

Date.....24th, Aug. 1917.

Forms
I. 1237
12

Army Form I. 1237.

1/B

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	2040644	Sm	Moore	W

Year	Unit.	Age.	Service.
	C Za	18.	1 9/12

Station and Date.

21 JAN 1919

M.O. Epsom

Disease Left Ing Hernia (as ofer)

Has an active hernia but refuses operation for Board.

(2)

9r364 T 9B3

Capt. C.A.M.C.,
No. 1 Division.

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

(6365) W2944/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.	

P. 559

MARRIED OR SINGLE: Single

PLACE OF BIRTH: Oxford. N.S.

NAME AND ADDRESS OF NEXT OF KIN: J.W. Moore Oxford N.S.

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

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 2040644 RANK Gunr. NAME Moore. Walter.

IF IN PERMT. CORPS / WHAT UNIT — UNIT 65 Dep. Batt'y to C.R.D. — TRANSFERRED TO — DATE — AUTHORITY

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO — DATE — AUTHORITY

PLACE OF ATTESTATION Sackville N.B. — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 24.5.17. — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00. DATE EFFECTIVE 1.12.17.

PAYABLE TO J. W. Moore, Oxford N.S. RELATIONSHIP Father.

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 No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1917																																		

MONTH PARTICULARS CR. 1 CR. 2 PARTICULARS DR. 1 DR. 2 DR 3 DR 4 BALANCE DEFERRED PAY SERVICE ALLOWANCE ENDS

~~Dec~~ 2

Bal from Canada. 1920

Nov 23 - Jan 31 70 days Gnr 77. AR 3925 19/12/17 CRA 29 20

Ad Dec & Jan 30 37 00

77 00 29 20 30

Feb G.P. 30 80 R.A. 937 Rec'd 2-1-18 2 88

AR 15

AR 4568 CRA 28/1/18 4 87

" 4794 " 15/2/18 9 73 35 32

30 80 17 48 15

Mar G.P. 34 10 CAP. 15

AR 5151 CRA 27/3/18 4 87

" 4917 " 13/2/18 9 73

" 5504 " 13/3/18 9 73

" 5624 " 20/2/18 4 87

29.20 25.22

34.10 29.20 15.

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 $	AMOUNT C.	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.				1 NO.	1 DATE	2 NO.	2 DATE	3 NO.	3 DATE	4 NO.	4 DATE	1	2	3	4				CREDIT	DEBIT			

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY * ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.	NAME:- MOORE Walter
EFFECTIVE DATE:- 1-12-17	EFFECTIVE DATE:-	NUMBER:- 2040644
AMOUNT $ 15.00	AMOUNT:-	

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

J. W. Moore Father
Oxford. NS.

Stopped off 1-5-19

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Gnr.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 65th Dep. Bty

DATE ACCOUNT FIRST OPENED:- 23-11-17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			C.R.D.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
		D 7. 21-31/5/19	7 30				
3-4-19	66	Ripon L3	~~4 60~~				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 - - 10			

$D 6 d. 98 85 $S 8 d. 106 15

PARTICULARS OF RENDERING NON-EFFECTIVE:- Discharged to Canada 30/4/19 NR. 6479 Ripon 9/4/19 Ripon M.D. 6

MONTH	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31-3-18	Bal. fwd.								25 22		
Apl.	G.P.	33 -		Cal.				15 -			
				AR 360 Cooper 7.4.18	4 46 -						
				QAC 506 B 21-3-18	1 12 -						
				AR 97 5 DAC 17.4.18	3 57				34 07		
		33 -			9 15			15 -			
May	G.P.	34 10		Cal.				15 -			
				AR 273 5 DAC 15/5	4 46						
				" 203 " 2/5	3 57				45 14		
		34 10			8 03			15 -			
June	G.P.	33 -		Cal.				15 -			
				AR 363 5 Dac. 4/6	3 57						
				" 414 " 17/6	3 57				56 00		
		33 -			7 14			15 -	56 00		
July	G.P.	34 10		Cal.				15 -			
				AR 465 5 Dac 3/7	4 46 -						
				" 526 " 17/7	4 46 -				66 18		
		34 10			8 92			15 -	66 18		
Aug	"	34 10		Cal.				15 -	85 28		
				AR 673 5 Dac 7/8	3 57						
				" 707 " 20/8	3 57				78 14		
		34 10			7 14			15 -			
Sept	"	33		Cal.				15			
				AR 857 " 20/9	3 57						
				AR 798 " 5/9	3 57				89 00		
		33			7 14			15			

COMPILED BY John Doe
CHECKED BY

FWD

NUMBER 20406444 RANK Gnr NAME MOORE, W.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Oct	Fwd								89 -		
	G.P.	34 10		A/C				15	108 10		
				556 5/10 13 C.A.	3 73						
				1160 20/10 -	3 73				100 64		
		34 10			7 46			15			
Nov		33 -		A/C				15			
				766 15/11 -	13 06						
Dec		34 10		A/C				15			
Jan		34 10						15	143 78		
		101 20			13 06			45			
Feb				939 18/12 -	7 79						
				C/A 8861 17/1 -	9 73						
				5276 21/1 -	4 87						
				4258 3/2 Epsom -	4 87						
				3633 22/2 -	4 87						
Mch		64 90		A/C				30 -			
				1455 13/3 -	9 73						
				4605 21/3 -	48 67				88 15		
		64 90			90 53			30			
Apl		33 -		A/C				15 -			
				A/C 66, 3/4 Ripon	14 60						
				A/C 670, 17/4. Kin. Pk. End	9 73						
				A/C 1518, 1/5 - - -	9 73				72 09		
		33 00			34 06			15			
July	1 Days S.T. 9/6 31/3/19	7 30							64 79		

Sold to Canada 3/5/19 £253 MD6

13 APR 1919

Demobilization

9-3-40 P

Ltr. No 5

14-5-9

WAR SERVICE BADGE.
CLASS "A" No 309904

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

M

1. No. 2040644

2 Rank. Gunner.

3. Name. Moore. Walter.

4. Unit. C.F.A. 5th C.D.A.C.

5 Date of Discharge 14/5/19 Place Halifax

6 Reason for Discharge Demobilisation.

Next of Kin Father.

Occupation Farmer Group 1

5 1st Battery Service in France 9 Mths. Group 30

Category. A

7. Authority. R.O. 1490

8. Proposed Residence after Discharge Kolbeck Cumberland Co.

Dispersal Station B

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

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

M. F. W.?

Walter Moore

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place HALIFAX, N.S. MAY 9 1919 H.M.T. Mauretania

Date S. In. No. 53

Embarkation 2/171

Disembarkation 9/5/19

Signature Alex Ferguson Major

O.C. Dispersal Station "B"

(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

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

1. Triplicate Attestation Paper (M.F.W. 23), or
   Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5000d).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 20)
   (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 20a).
10. Dispersal Certificate (C.A.D.).
11. Casualty [illegible] Statement O.M.G. Form (D.O.S. 2),
    and Clothing).
12. Last Pay Certificate (P.[illegible]).
13. Pay Book (A.[illegible]).
14. War Service [illegible] (Form M.F.W. 2595),
15. [illegible]

Group A
Checked by No. 24
AAM
Date 30/4/19

RTII - O

1

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 M.C.H., EPSOM. DATE 8 MAR 1919

1. 1 (a) Unit C.F.A. (b) Regimental No. 2040644 (c) Rank GNR.

(d) Surname MOORE (e) Christian name WALTER

(f) Home address OXFORD, CUMBERLAND CO., N.S.

(g) Next of Kin MR J. W. MOORE (h) Relationship FATHER

(i) Address of Next of Kin OXFORD, CUMBERLAND CO. N.S.

2. Age last birthday 18 Date of birth 22ND JAN. 1900

3. Enlistment, or Appointment (if an Officer) (a) Place AMHERST, N.S. (b) Date 23-5-17

4. Personal description:

(a) Height 5'10" (b) Weight 150 LBS ESTIMATE (stripped) (c) Complexion FAIR

(d) Colour of hair BROWN (e) Colour of eyes BLUE (f) Identification marks, Scars, etc. ONE VACCINATION MARK LEFT ARM

5. Former trade or occupation MACHINIST

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
	1	272

		Periods	
		From	To
Canada	RES BDE., CFA.	23-5-17	8-12-17
England	RES. BDE., CFA.	8-12-17	2-4-18
France or other theatres of War	C.F.A.	2-4-18	15-1-19

UNITED STATES

7. Original disease, or injury Lt Inguinal Hernia. L INGUINAL HERNIA

CHILDHOOD CANADA

(a) Date of origin Childhood (b) Place of origin Canada

(c) Cause Conditions Normal Life CONDITIONS OF CIVIL LIFE

M. F. B. 227.

300M.—8-18.
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.)

Lt Inguinal hernia with necessity of doing only light work.

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.)

Lt Inguinal Hernia Size of 1/2 hens egg.
Easily reducible.
Subjective can be held up by truss and able to do ordinary work with the truss on.
Unable to do heavy lifting

(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 (If pulse rate is abnormal, B. P. will be taken.) no Genito-Urinary System (Albumen and Sugar will be excluded.) no

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).)

Has had Lt inguinal hernia for as long as he can remember. Always wore truss in civil life & had no trouble. Did his work all right in army until truss broke and another could not be obtained was evac. by usual channels to England. Whipps Cross Wan H. Leytonstone 15/1/19 Wan H. Epsom 20/1/19 to date.

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*).)

None.

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

None.

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.)

(a) yes.
(b) no.

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.)

Russ.

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

W W Cook
Medical Officer by whom the case is brought forward.
Major

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 W. 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

F S P

2040644 Gnr Walter Moore 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.

19. Is the invalid fit for

(*a*) General service,	(Category A)	(~~Yes or No.~~)
(*b*) Service abroad, not general service,	(" B)	(Yes ~~or No.~~) Bttl Cal.
(*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.)

N. A.

(*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 for return to Canada
Auth. A. E. Telegram 9083-11-11-18.

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.

F. Lennard Maj. *President.*

PLACE Whitley
DATE 10 MAR 1919

J. Moody Capt. } 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

for *Assistant Director of Medical Services.*

DATE 10/3/19

Major, C.A.M.C.
for A.D.M.S., Canadians, London Area.

APPROVED BY

Director General of Medical Services.

DATE.....

ASSISTANT DIRECTOR OF MEDICAL SERVICES, CANADIANS, LONDON AREA.
MAR 12 1919
13, BERNERS ST. LONDON, W.1

Report No. 97

Army Form W. 3212.
(In books of 100.)

Regtl. No., Rank and Name 2040644 Gnr. Moore W. Age 18 Corps 57th Battery

Disease Hernia R. side Hospital MCH. Epsom.

To Officer i/c Laboratory. Ward B Sect. 12

Please carry out an examination of the accompanying specimen of urine.

with special regard to Alb.

Nos. of previous Reports (if any) —

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date 22-1-19

O. i/c Ward.

LABORATORY REPORT.

COLOR	Amber
REACT	Acid
SP. GR.	1013
ALB.	0
SUGAR	0

PATHOLOGICAL LABORATORY MILITARY CAMP HOSPITAL EPSOM. SURREY

Date of Examination 22/1/19

O. i/c Laboratory.

(8690) W. 1369/P1107. 6,000 Bks 8/5/18—R. & J., Gy. (E 3123.)

LABORATORY REPORT

Date 55-1-19

Submitted by Dr. [illegible]

In Embalming Reports a record of chemical analysis, treatment & progress should be kept.

Nos. of previous reports (if any) —

with special regard to one

Please carry out an examination of the accompanying specimen of urine.

To Chemical Laboratory Ward 6 Bed No. 15

Please Harmer R. Coe. Hospital Mich. State Pen.

Kept under what [illegible] 50 to 60 oz. urine in 24 hrs. Color Straw Sediment [illegible]

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	2040644	Gnr	Moore	W.
	Unit.		Age.	Service.
	CFA.		18.	1 8/12

Station and Date.

15/1/19 WHIPPS CROSS WAR HOSPITAL LEYTONSTONE

Disease L. inguinal hernia.

20/1/19 Transferred to Epsom

D. Murdoch
Capt RAMC

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

(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.	

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

M

18882

Date of Assignment 1. 12. 14

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15			

4

4-

PARTICULARS OF SEPARATION ALLOWANCE

No. 2040644

Rank Lnr Promoted Reverted Discharge

Soldier's Name Walter Moore

Battalion 65th Batty 6. F.A. #6. Dft former corps D.D.A.C.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name J. W. Moore. (Father)

Address Oxford Nova Scotia

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		013059-24-180 REMARKS
	E 52052		15	15	C	Mailed 11/2/17
Jan/18	H 64710		15	15		
Feb	G 73225		15	15		
Mar	N 91419		15	15		
Apr	N 9397		15	15		
May	R 16593		15	15		
June	N 20869		15	15		
July	H 30272		15	15		
Aug	P 39522		15	15		
Sept.	U 41724		15	15		
Oct	X 55238		15	15		
Nov	J 61663		15	15		
Dec 1919	X 66826		15	15		
Jan	U 71586		15	15		
Feb	W 75956		15	15		
Mch	M 85272		15	15		
Apl	P 3058		15	15		
May	G 7672		15	15		
		270	270			

A/c Closed 31-5-19

Ret'd per Mauretania

Date 9/5/19 M.F.W.187 15/5/19

Case.

Des. L.P. 77058 15-5-19.

M.D. #6

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

M. F. W. 128.
400M.—6-17—1772 39-1141
L. L. 22320—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 1933.

Mauretania 9.5.19

AUDITOR | PAYMASTER

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

M. OR S. REGT. No. 2040644 RANK Gr. NAME (IN FULL) Moore Walter. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? DATE EFFECTIVE

TO WHOM PAID RELATIONSHIP

ADDRESS Nil

E.L.R.C.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Non O	3-5-19	Do. 132

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

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY $ 15.00 DATE EFFECTIVE 1.6.19

PAYABLE TO Mr J.W. Moore. RELATIONSHIP Father

ADDRESS Oxford Cumb. Co. N.S.

ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE Halifax DATE 14-5-19 REASON Demob AUTHORITY Do. 132 IF ENTITLED TO POST DISCHARGE PAY

#8478

Supplied Month	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	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.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					Bal b/f 30th Alter
30.4.19							98	85																													Cash W.S.G. 6.4.19
1.5.19	18	1.10	19	80	35	00			223	65							4	87	5	00	179	32	15	00			194	6			223	65					Cash on boat 6.4.19
																																				Cash on disc. a/c 7.5.19
																																				for May Adv. at R.P.C.
			W.S.G.	S.A.													WAR SERVICE GRATUITY W.S.G. S.A.																		Vol		
122 days			280	00			280	00									7	00																	210	—	1st Payment W.S.G.
																			4	40																Cheque R.C. 5/12/19
																	65	60																	140		1-6-19 #597643.
																	70	00																	70	—	7-7-19 #876844.
																	70	00																	Nil		5/8/19 #899246
			280				280										275	60		44	0												280	00			

Completed

All payments made. W.S.G.

H.C. Allison Lt

MAY 26 1919

200M-3-19.—L. ... 58788-H. & D. 9985.
M. F. W. 2596.
1773-39-1390