871358

ORIGINAL

ATTESTATION PAPER.

No. 6

Folio. 6

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Morgan.
1a. What are your Christian names? ..... Nicholas
1b. What is your present address? ..... Kenora, Ont.
2. In what Town, Township or Parish, and in what Country were you born? ..... County Wexford Ireland.
3. What is the name of your next-of kin? ..... Matthew Moran.
4. What is the address of your next-of-kin? ..... Ballaghkeen Co. Wexford Ireland
4a. What is the relationship of your next-of-kin? ..... Father
5. What is the date of your birth? ..... Sept 12/1873.
6. What is your Trade or Calling? ..... Fireman
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.

108

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Nicholas Moran, 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.

N Morgan (Signature of Recruit)

Date 4 March 1916. A Hollis Lieut (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Nicholas Moran, 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.

N Morgan (Signature of Recruit)

Date 4th March 1916. A Hollis Lieut (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 Winnipeg this 4th day of March 1916.

H Weir (Signature of Justice)

M. F. W. 23.
600M.—2-16.
H. Q. 1772-39-841.

Description of Nicholas Moran on Enlistment.

Apparent Age 42 years 5 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 6 ins.

Chest measurement.
Girth when fully expanded 37½ ins.
Range of expansion 2½ ins.

Complexion Fair.

Eyes Blue.

Hair Dark brown.

Religious denominations.
~~Church of England~~
~~Presbyterian~~
Methodist
~~Baptist or Congregationalist~~
Roman Catholic Yes.
~~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).

Vac. left when child.
Teeth very bad.

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 March 1st 1916. D. McLinehan

Place Winnipeg

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.

Nicholas Moran 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.

Wm. J. Edgecombe (Signature of Officer)

Date March 1st 1916.

REGIMENTAL DOCUMENTS

Pte NAME MORAN, Nicolas REGT. NO. 8/13578 UNIT 183rd Bn H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1+2/	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	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)					
1	DENTAL HISTORY SHEET (M.F.B. 465)					DISCHARGE
2	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Category
	MEDICAL EXAMINATION (M.F.W. 129)					Demob
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)				30731	
	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)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
2	misc					
	B+A 6045					
1	B/122					

H80078

W 2589
100M-11-18
1272-39-1377

must

Number. . . 87358 . . . . . Rank. . . Pte . . . .

Surname. . . . . MORAN . . . . . .

Christian Name. . . . . Nicholas . . . . . .

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

Date of Service. . . . . 4.3.17 . . . . . .

Remarks. . . . . .

Latest Address. . . Kenora. Ont. . . . . .

. . . . . .

Roll No. "B" Page 5885.

No. 8 71358 Rank Pte Name Moran, Nicholas

T. O. S. 4-3-14 Unit 183rd Battalion C.E.F.
(H.O. 23. 6-3-14)

M. D. 10

Paid From	Paid To	Sig. or Rec't	Promotions, Transfers, Discharges, etc.	
			Particulars	Authority
1916	1916			
Mar 4	mar 31	✓		
apr		✓		
may		✓		
June		✓		
July		✓		
Aug		no ✓		
Oct		✗	Trans to 108th Bn 26-10-16	oct pay list

M 10 CARD NO.

SURNAME. Moran.

CHRISTIAN NAMES Nicholas.

REGL. No. 871358. RANK Pte.

UNIT 183. rd. Batt.

FORMER CORPS Nil.

S.S. Dis. 3-4-19
Demob. # 10 DD
DOS. FOLD 5-4-19.

NEXT OF KIN.

NAMES IN FULL Moran. Matthew.

RELATIONSHIP TO SOLDIER Father.

ADDRESS Clarisfown Wexford Co., Ireland

CHANGE OF ADDRESS

H.2. 34-21-38-1. 3-9-17

COUNTRY OF BIRTH Ireland, Co Wexford. DATE Sept. 12th 1873.

PLACE OF ATTESTATION Winnipeg. Man. DATE Mar 4th 1916.

Sailed from Halifax Wt part. 3-10-16 per S.S. Missanabie (2nd part)

L. L. 84504. M. & D. 6512. 3-10-16 per S.S. "Saxonia"

R/C 30-3-19 29/3

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-330. 53 Pte

MARRIED SINGLE yes. WIDOWER

TRADE OR CALLING Fireman. RELIGION Roman Catholic.

DESCRIPTION.

APPARENT AGE 42. YEARS 5. MONTHS

HEIGHT 5. FEET 6. INCHES

CHEST MEASUREMENT 37 1/2. INCHES EXPANSION 2 1/2. INCHES

COMPLEXION Fair. EYES Blue. HAIR Dark. Brown.

DISTINGUISHING MARKS Vac. / left. when child.
Teeth very bad.

MEDICAL EXAMINATION. PLACE Winnipeg Man. DATE Mar. 4th. 1916.

108 108

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.

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(1) Name of Overseas Unit which Soldier joins 183rd OVERSEAS BATTALION C. E. F.

(2) Regimental Number 87358

(3) Full Name of Soldier Nicholas Moran

(4) Place of Birth County Wexford Ireland

(5) Are you married, or not? No

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

(b) Present Postal Address.....

(7) Are you a widower? No

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

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

Also their names and ages.....

M. F. W. 67
20 M.—2-16
1772-39-954

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address Matthew Moran

(10) Is your Mother alive? Yes

If so, state name and address Bridget Moran

Clonsilla, Wexford, Ireland

(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.

(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? Catholic Order of Foresters

Have you made arrangements for payment of your Insurance premium No

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

Wm. J. Gageon

Officer Commanding.

SEP 20 1916

Date

~~108th Batt. C.E.~~ J213

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps ~~183rd OVERSEAS BATTALION C. E. F.~~ 183 W358

Regimental No. 871358 Rank Private Name Moran, Nicholas

C. E. F.

Enlisted (a) Mar. 4/16 Terms of Service (a) Duration of War Service reckons from (a) Mar. 4/16

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) Fireman

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked Canada	Halifax	4/10/16	
		Disembarked England	Liverpool	13/10/16	
25/10/16.	H.Q. O.C. 183 Bramshott	Transferred to 108th Bn	Witley	26/10/16	P.R. II 0.215.
					Wm. Eagers Ol.
					183rd OVERSEAS BATTALION
28.10.16	108th	Taken on strength 108th	Witley	26.10.16	B.O. 183 Pt. II 185.
			J. D. Grimsdick		Capt. & Adjt 108th Batt. C.E.
10.1.17	108th	Transferred to 14th Reserve Batt (Manitoba)	Aldgate	10.1.17	B.O. 10 Pt II Para 10
					J. Grimsdick Capt.
					Adjt 108th Batt. C.E.

(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.

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

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.
10.1.17	14th	Taken on Strength 14th Res Batt. (Man)	Dibgate	10.1.17	B.C. Part II 10 Para. Capt. Adjt 14th Res Batt. (Manitoba)
19/2/17	O.C. 14th	Transferred to Canadian Forestry Corps.	Dibgate.	19/2/17	Part 2, No. ~~45~~ 46. Capt. & Adjt. 14th Res. Battn. C.E.F.
27-2-17	~~D. of T.O.~~ C.F.C.	T.O.S. C.F.C.	London	19-2-17	D.O. Pt.11 No. 50 Lt. & Asst. Adj. C.F.C.
7.3.17	~~D of T.O.~~ C.F.C.	Proceeded overseas to C.F.C. France Disembarked.	London Boulogne	4.3.17 6/3/17.	D.O.Pt.II No.57 Lt. & Asst/Adjt.C.F.C.
16/3/18	26 Coy	Granted 14 days Leave from		13/3/18	B213 Pt II 14 d 27/3/18
6/4/18	26 Coy.	Rejoined from Leave		27/3/18	B213
27/3/18	Add	Absent from Board		27/3/18	WR 457
8.6.18.	26 Coy.	Awarded 1 G.C. Badge		4.3.18	B218. Pt. II 30 d 18-6-18
29-1-19	6 GBD	Trans to Coy for demob, posted to 7 & Depot Sunningdale		30/1/19	W.O. B 11 dtd 5/1919 Chas. R. Maxwell. Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

CERTIFIED CORRECT
16 MAR 1917
CAN. RECORDS, LONDON

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps C.F.C.

Regimental No. 87/35-8 Rank Pte Name Moran, Nicholas.

Enlisted (a) 4/3/16 Terms of Service (a) Dur. W. C.E.F. Service reckons from (a) 4/3/16.

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) Fireman.

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
~~4/3/19~~ Mar 4/19 7.2.19	OC 11	T.O.S. on reporting transported to C.F.C. Coy	Seaford	~~Mar 4/19~~ ~~4/3/19~~ 7.2.19	Pt II Bn O. ~~52~~ ~~33~~ 33
1/3/19	OC 11	T.O.S on transfer to Kinmel Park for return to Canada M D 10	Seaford	1/3/19	Pt II B.O. 52 Absent Unit for duty 11 A Cdo
2-3-19	T.O.S.	C.C.C. Kinmel Park for return to Canada. Part II Orders No. 52. C.C.C. Kinmel Park on embarking for Canada, Part II Order No. 81 for Commanding 10 Wing, Kinmel Park Camp.	SOS 23-3-19		

(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				

SAILING [illegible]
S.S REGINA FROM
LIVERPOOL 22. 3. 19

Returned as Unclaimed

[illegible] No. 14 [illegible]

22.3.19 T.O.S. Dispersal Station D695 Pa 2

M

and Dispersed 3.4.19 D695 Pa 3

[signature] Lieut.

for O. C. 10 District Depot.

R—122
8,401—50,000—21-10-16.

TLH. Rank Pte Name MORAN Nicholas. Reg'l No. 871358.

Unit 183rd.Bn. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Winnipeg, 4th.March, 1916, Place of Birth County Wexford, Ireland.

Name and Address, Next-of-Kin Matthew Moran, Claris Town, County Wexford, Ireland. Relationship Father.

Assigned Pay Monthly $ Payable to Relationship

Separation Allowance $ Payable to Relationship

N/E. R.B. No. 1237
File R.L.
Category O.F. Gan

Discharge, Date and Place Reason Character

Report. Date.	Report. 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.
		Arrived in England S.S.		13/10/16	
27-10-16	0/183rd Bn	S.O.S on tfr. to 108th Bn	Witley	26.10.16	Pte DO 216
28:10:16	108th Bn	T.O.S on tfr from 183rd Bn	"	26:10:16	" 183
10-1-17	108Bn	S.O.S To 14th Res.Bn.	Dibgate	10-1-17	Pt, 2 D.O. 10
12.1.17	14 Res Bn	T.O.S. fr 108th. Bn.	E.Sanding.	10-1-17	Pt 11, O.10
19-2-17	"	S.O.S. to Canadian Corps.	Dibgate	19-2-17	" 46.
27-2-17	C.F.C.	T.O.S. from 14th Res Bn	London	19.2.17	" 50
7-3-17	C.F.C.	S.O.S. to C.F.C. 1/26 Coy	France	4-3-17	" 57 Pte II O.1. d/26-3-17
18-6-18	26 Coy C.F.C.	Awarded Dist. C. Medal	in field	4-3-18	" 30.

A.F.B. 103 CHECKED 13 MAR 1917 J.P.B.

Report. Date.	Report. 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.
		SOS to BDCFC, 30.1.19			
		26 Cov DO.6 d.3.2.19 &			
		TOS BDCFC Seaford			
		IIth Res.Bn. DO 38, d 7 2 19			
1·3·19	" Res. CO C Res. SOS to 10 M.D.C. vs. Rhyl		H Seaford	1·3·19	P.W.O. 52.
3·3·19	10 M.D.C. IV. Sect. II. N.R.	T.O.S from 11 Res.	" Rhyl	1·3·19	" 61
			46-M. 22-3-19		
23-3-19	✓	SOS to Canada	— —	22-3-19	-81

CANADIAN EXPEDITIONARY FORCE

WAR SERVICE BADGE

DISCHARGE CERTIFICATE

CLASS "A" NO. 161446 ISSUED

THIS IS TO CERTIFY that No. 871358 (Rank) Pte

Name (in full) Moran Nicholas enlisted in

the 183rd Bn

CANADIAN EXPEDITIONARY FORCE at Winnipeg on the 4

day of March 19 16

HE served in France

and is now discharged from the service by reason of Demobilization. Demobilization R.O. 1420 (4)
Medical Unfitness.

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

Age 46

Height 5. 6

Complexion Fair

Eyes Blue

Hair Dk Brown

Marks or Scars

N Moran
Signature of Soldier

G. D. Clarke
Issuing Officer

Lieut.
Rank

Date of Discharge

Dispersal Station "M" No. 10 Military District
APR 8 1919

Date Apl. 3rd 19 19

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 can be worn only thirty (30) days after discharge, or when duly authorized in writing, and

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

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Moran *Christian Name* Nicholas

Examined on 4th., day of March 1916 at Winnipeg, Man.

Approved by [signature]

Rank Captain C.A.M.C. M.O.

Birthplace: City or Town Co Waxford, County Ireland.

Apparent age 42 years 5 mos.

Trade or occupation Fireman.

Height 5 Feet 6 Inches.

Weight 150 Lbs.

Chest measurement: Minimum 35 inches. Maximum expansion 2½ inches.

Physical development

Small-Pox Marks

Vaccination Marks: Arm Right. Left. Number One

When Vaccinated last Infancy

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection Teeth very bad.

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.
21/6-16		[signature] M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
9/5-16	TAB 2	[signature] M.O.
19/5-16	TAB 2	[signature] M.O.
		M.O.

Enlisted on day of 4th., March 1916 *at* Winnipeg, Man.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	18[illegible]rd., Batt	871358		March 4th., 1916.
Transferred to	108th Bn 14CRB. Can. For. Corps			26/10/16 10-1-17

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Seaford	Jan 3-17	Wrong Flat feet	B II Base Hospital Case.
Seaford	21-2-19.	Over age. Flat feet. Double Inguinal Hernia	B II [illegible] Capt.

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.

400M.—1-16.
H. Q. 1772-39-439.

Surname Moran Christian Name Nicholas

STATION.	Date of Arrival at the Station.	DATES OF Admission into Hospital. Day	Month	Year	DATES OF Discharge from Hospital. Day	Month	Year	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.

INSURANCE ACCOUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2. See Catholic order Foresters (Assignee) Kenora, Ont. PAYMENTS.

Name of Soldier Moran N. 871358 183 Bn. Plo

L. L. Job 5470—Req. 6888.

2.50 OCT 1 1916

INSURANCE ACCOUNT.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		Y21569	2.50	Sp Reg 1-11-16.
Nov.		X27569	2 50	
Dec.		W-30378	2 50	
Jan.	1917	V37039	2 50	
Feb.		U42563	2 50	
March		T48852	2 50	
April		A.7833	2 50	
May		A.8339	2 50	
June		A.11120	2 50	
July		A14306	2 50	
Aug.		A17561	2 50	Aug ckt Draws To new sheet, ~~ckt~~
Sept.		A20093	2 50	
Oct.		U41680	2 50	
Nov.		U44081	2 50	
Dec.		U45918	2 50	
Jan.	1918	U48842	2 50	
Feb.		U72694	2 50	
March		U 50951	2 50	
April		Z57	2 50	
May		Z1355	2 50	
June		Z2579	2 50	
July		Y660	2 50	$55.00 See Overleaf -

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Secy. Catholic Order of Foresters
Sheet No. 2 (Contd.) 30 Second St. Kenora. Ont.

PAYMENTS.

Name of Soldier _____

Month.	Year.	Cheque No.	Amt.	Remarks. $2.50 Oct 1/16
		Brot Forward -	55.00	
Aug.	1918	Y2282	2.50	
Sept.		Y4368	2.50	
Oct.		Y5693	2.50	
Nov.		X-289	2.50	
Dec.		X1847	2.50	
Jan.	1919	X-2979	2.50	
Feb.		X-3704	2.50	Returned "Regina" 30-3-19.
March		X-4120	2.50	Acct closed 1/4/19
April			$75.00	MSW187. $75.00 MD*10. 5/4/19. Dmcn
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

L-L. Job 5470—M. & D. 6883

INSURANCE ACCOUNT.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7-16
H. Q. 1772-39-819

M 27654

To Whom Sec. Catholic order Foresters

Address 307 Second St
Kenora
Ont

By Whom Assigned Moran N.

Regtl. No. 871358

Rank Pte

Corps 183 Bn

Rate 2.50 Oct 1 1916 16

INSURANCE ACCOUNT.

PAYMENTS

File 013068-N-2.

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

ENTERED IN AUDIT
OCT 25 1918
By
VOUCHER SECTION

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ~~ENGLAND or~~ CANADA.	SEPARATION ALLOWANCE. * ENGLAND or CANADA.	NAME:- MORAN, Nicholas 172 H
EFFECTIVE DATE:- 1-10-16	EFFECTIVE DATE:-	NUMBER:- 871358
AMOUNT:- $2.50	AMOUNT:-	PARTICULARS OF RANK OR APPOINTMENT

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.
Catholic Order of Foresters	
307. Second St. S, Kenora Ont.	
Stpd off 1-3-19	

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private

UNIT AND TRANSFERS

ORIGINAL UNIT:- 183rd Bn

DATE ACCOUNT FIRST OPENED:- 1-10-16

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

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
~~28/1~~	~~1356~~		~~1 66~~				
8/2	3454	" Ros	1 31 64				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	- 10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- to Regt'l Depot Canada 1-3-19 Nil 29 35 Seaford 12/2/19 Seaford Nil Ledger Bal Cr 569.62 Pc Bal Cr 443.39

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mch 31	Balance Forward								289 13	227 50	
April	P. Pay	33 -		Can AP				2 50			
				AR 13 26 Coy 3-4-18	2 68						
				" 43 " 17-4-18	2 68				314 27	240 -	
May	P. Pay	33		Can AP.	5 36			2 50			
		34 10						2 50			
				AR 76 26 Coy 2-5-18	2 68						
				" 105 " 16-5-18	2 68						
				" 134 " 29-5-18	2 68				337 83	252 50	
		34 10			8 04			2 50			
June	"	33 -		Can AP				2 50			
				AR 164 26 Coy 12.6.18	3 57						
				" 191 " 26.6.18	3 57				361 19	265	
		33			7 14			2 50			
July	"	34 10		Can AP				2 50			
				AR 223 26 Coy 10.7.18	3 57						
				" 255 " 25.7.18	3 57				385 65	277 50	
		34 10			7 14			2 50			
Aug	"	34 10		Can AP				2 50			
				AR 300 26 Coy 8.8.18	3 57						
				" 330 " 22.8.18	3 57				410 11	290 00	
		34 10			7 14			2 50			
Sept.	Ptes Pay.	33		Can AP.				2 50			
				358 11-9-18 26 Coy	3 57						
				388 25-9-18 "	3 57				433 47	302 50	
		33			7 14			2 50			
Oct.	Ptes Pay.	34 10		Can AP.				2 50			
				411 18.10.18 26	3 73						
				443 22-10-18 "	3 73				457 61	315 -	
		34 10			7 46			2 50			

COMPILED BY L.C. Oakes
CHECKED BY J.N. Logan

NUMBER 871358 RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Oct/18	Bla Brt Swt	—	—		—	—	—	—	457 6d	315 -	
Nov.	Pres Pay.	33 -		Can A.P.				2 50			
				a/c 468. 5-11-18. 26 Co.	3 73						
				. 492. 19-11-18. ✓	13 06						
Dec	" "	34 10		Can A.P.	—	—		2 50			
				. 530. 5-12-18. ✓	3 73						
Jan	" "	34 10		Can A.P	—	—		2 50	530 79	352 50	
Dec	" "	101 20		Can A.P.	20. 52			7 50			
		30 80						2 50		362 50	
				. 564. 24/12/18. "	3 73						
				. 595. 6-1-19. "	3 73						
				. 633 16-1-19. "	4 66						
	Int on Wa Pay —	22 65		. 4386. 28-1-19 C.G.B.A.	4 66				569 62	362 50	
				. 3754. 10-2-19 11 Res Bn	121 67						
				. 3487. 6.3.19. Kinmel Park (Endorsed)	9 73						
				. 3769. 19.3.19 (Endorsed)	9 73				423 83		
		53.45			157 91			2 50			

108 to Can 2 3/3 Lost 42

Con Bae 6r. 423. 83. End. 1946

P. 559.
MARRIED OR SINGLE S.

PLACE OF BIRTH County Wexford, Ireland.

NAME AND ADDRESS OF NEXT OF KIN Matthew Moran.
Clais Down, Co Wexford, Ireland.

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

508

REG'L. No. 471358 RANK Private NAME Moran. Nicholas

IF IN PERMT. CORPS WHAT. UNIT UNIT 183rd Batt. TRANSFERRED TO 58th Bn. DATE 25-10-16 AUTHORITY 1-11-16 PTO 215

PERMANENT FORCE ALLOWANCES TRANSFERRED TO 14th Res DATE 1/11/17 AUTHORITY Lon PO 20/11/17

PLACE OF ATTESTATION Winnipeg Manitoba TRANSFERRED TO Can Pow Coys DATE 21/11/17 AUTHORITY 30/46 7/11/17

DATE OF ATTESTATION March 11th 1916 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 2.50 cts DATE EFFECTIVE Oct 1st. 1916.

PAYABLE TO Catholic Order of Foresters, 307 Second St. Kenora, Ontario Canada RELATIONSHIP

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	C. REMARKS
																															Nil.				Bal. from Canada nil B0 215.
Checked Hanse	Oct 1-31	31	1.00	31	31	1/0	3 10								34 10	13 Oct. 21							14 60				2 50		17 10	17				Trans to 105th Batt
	1/30/11	30		30	30		3								33 –												2 50		2 50	47 50				
	1-31/12 19/17	31		31	9 20	31		3 10							34 10	705 30/11 186 15/1 342 15/12 247 31/12 117 30/1 46 15/1							9 73 7 30 9 73 9 73 9 74 7 30				2 50		19 53	62 07		37 50		
	1/31/1	31	1.10	34 40											34 10	90 80											2 50		21 96	74 21		50 00		Bal 14 Cadets Bo 10 19/1/17
	1-28/2	28	1.10	30 80											90 80												2 50		19 54	85 47		60	25 47	
	1-31/3	31	1.10	34 10											34 10	160 16/2. ~~1475~~		1475 22/2		For Corps			973		486		2 50	57	17 66	101 91				Bo 005. 16/2.
	1-30/4	20	1.10	22											22												2 50		2 50	121 41				Trans to Can Pow Coys 21/4/17 Nov 16 19/2/17
	Apr. 21/30	10		11											22 11	233 20		1541 2/3					261		243				10 2 43 10 3 27	129 98				
	May.	31	1.00 70	34 10											34 10								261				2 50		4 72	156 36				Sph 6-6-7. France
	June 1/20	20	1.10	22 –											22 –												2 50		2 50	175 86				
		10		11											11			4 C.F.C. 22/3							524				5 24	181 62				
	July 1/31	31		34 10											34 10												2 50		2 50	213 22				
				334 40											334 40								8308		1253		~~2~~ 25 ~~2~~ 50	57	~~113 47~~ 12 11 8					

871358 Pte Morawn. Assigned pay $2.50

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
			334	40											334 40	40	1/6							8308		17 53		25	57	121 18	213 22				
Aug 31	19	34	10												34 10	7	4/3							2167				2.50		15 88	231 44				
Sept 30		33													33	28	18/3							2168				2.50		2 50	261 94				
																34	13/6							2168											
																68	29/6							267											

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFD. PAY	TEP. ALLCE. ENG.
									365 58	215.00	
	~~264 94~~							261 94			
Oct	P. Pay	34 10		Can AP				2.50			
				AR 90 - 26/7/17 - 26th Coy	2 68						
				AR 176 - 26th Coy - 6/9/17	2 68						
				AR 144 - 26th Coy - 24/8/17	2 67						
				AR 102 - 26th Coy - 9/8/17	2 68						
				AR 78 - 26th Coy - 13/7/17	2 67				250 14		
Nov	P. Pay	34 10			13 37			2.50			
		33 -		Can AP				2.50			
				AR 227 26 Co 4/10.	2 68						
				203 " " 2/9	2 68						
				252 " " 20/10.	2 68						
					5 04						
Dec	Pay	34 10		Can. AP				2.50			
		67 10		AR 281 3/11/17 26 Coy	2 68				331.55		
1918 Jan.	P. Pay.	34 10		Can AP	10 78			5.00			
				AR 381 26 Coy 15/11/17	3 57			2.50			
				" 314 " " 16/11	11 60						
				" 348 " " 1.12.17	1 78						
				" 438 " " 29.12.17	1 78						
		34 10			18 73			2.50	34 44	200.00	
Feb.	P. Pay	30 80		Can. AP.				2.50			
				" 407 26 Coy. CFC. 24.12.17	1 78						
				" 466 " " 11.1.18	2 68						
				" 502 " " 24.1.18	2 68						
		30 80			7 14			2.50	365 58	215.00	

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFD. PAY	TEP. ALLCE. ENG.
1918	Forward								365 58	215.00	
March	P. Pay	34 10		Can AP				2.50			
				AR 545 26 Coy 6.2.18	- 2 68						
				" 638 " 20.2.18	- 2 68						
				" 927 " 11.3.18	- 97 33						
				" 693 " 6.3.18	- 2 68						
				" 802 " 12.3.18	- 2 68				289 13	227.50	
					108 05			2.50			

DEPARTMENT OF VETERANS AFFAIRS

Dept. of Veterans Affairs
War Service Records
APR 25 1962
Referred to
Charged to

To ● Copy for H.O. File

Attention of

Ottawa, Ont.
Date April 24, 1962

NAME MORAN, Nicholas

SERVICE NUMBER 871358 CEF

C.P.C. No. 131814
W.V.A. No. 3663

NAVY
ARMY XXX
R.C.A.F.

The DEPARTMENT has received information from

S.T.M.O. Deer Lodge Hospital, St.James, Manitoba Tele-Memo d/April 17/62

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death April 16, 1962
Cause of Death
Place of Death Deer Lodge Hospital, St.James, Manitoba

Name and Address of next of kin (if known)

Copies to: W.S.R.
V. I.
~~PAY~~
~~DOC~~
H.O.

Destroy form if advice of death already received.

for
Chief, Central Registry

DVA 24

M. D. 10.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

M

Grade I

1. No. 871358

2. Rank. Gte

3. Name. Moran Nicholas

4. Unit. 1st Res 183rd Bn

SAILED NO 47
S.S. REGINA FROM
L'POOL 22. 3. 19

5. Date of Discharge 3/4/19 Place Portarthur

6. Reason for Discharge Demob
B
Father
Loco Fireman

MEDICAL DOCUMENT FORWARDED TO D.G.M.S. OF P.B.C. ON MAY 2 1919

7. Authority. D.O. 95

8. Proposed Residence after Discharge Kenora, Ont

War Service Badge
Class "A" No. 166446

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.?

N Moran
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date

Dispersal Station "M" Military District No. 10 APR 8 1919

Signature G. Clarke Lt.
(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. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
   (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.A.D.S.).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group A

Checked by No. 24

C. L. M.

Date 21/11/19

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 Seaford DATE 21-2-19

1. 1 (a) Unit C.F.C. 11TH RES. (b) Regimental No. 871358 (c) Rank PTE.

(d) Surname MORAN (e) Christian name NICHOLAS

(f) Home address KENORA, ONT.

(g) Next of Kin Mr Matthew Moran (h) Relationship Father.

(i) Address of Next of Kin Clonatavan County Wexford Ireland.

2. Age last birthday 48 Date of birth 12 Sept. 1870

3. Enlistment, or Appointment (if an Officer) (a) Place WINNIPEG (b) Date 4-3-16

4. Personal description:

(a) Height 5'6½" (b) Weight 150 lbs (est) (stripped) (c) Complexion Medium

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Mole on Right Calf.

5. Former trade or occupation Fireman

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
	2	347

	Periods	
	From	To
Canada	4-3-16	4-10-16
England	4-10-16	6-3-17
France or other theatres of War	6-3-17	30-1-19

7. Original disease, or injury (1) Over Age.
(2) Double Inguinal Hernia.
(3) Not Treated.

(a) Date of origin (1) Prior to Enlistment (2) ~~September 1915~~ (3) Prior to Enlistment (b) Place of origin (1) Canada (2) France (3) Canada

(c) Cause (1) Natural Causes (2) Heavy Lifting (3) Not Known

M. F. B. 227.

400M.—11-18.
1772-30-117.

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.)

(1) 45 Yrs of age. has ability stand exposure & work like a young man
(2) Occasional pain in groin if doing lifting work. Swelling in groin
(3) Feet are flat - does not cause any inconvenience

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.)

(1) Looks age stated, but well preserved. No definite disability but has not his former stamina. Moderate arterial thickening - No other findings in relation to age
(2) Incomplete inguinal hernia, both sides. External ring large with hernia bulging. Man says the hernia has never come down into the scrotum. No disability except occasionally some pain if heavy lifting is done.
(3) Both feet are moderately flat. No tenderness. Man complains of no pain and says his feet give him no trouble. States he can walk any distance with a pack.

(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. (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System No. (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).)

(1) 45 Yrs of age on enlistment.
(2) First noticed slight swelling, but [illegible] after doing some heavy lifting in June 1918. Since then has occasionally had pain in the groin if he strains or does too heavy work. No worse now than in June
(3) Flat feet all his life. Have never given any trouble.

(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).)

Typhoid fever 10 years ago. No disability resulted.
No other illness.

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

None

11.—(a) Did the disabling condition have its origin before enlistment? (1) Yes (2) No (3) Yes.

(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.)

(1) No
(2) N.A.
(3) 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? (1) Permanent (2) Permanent unless operated upon. (3) Permanent

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

No treatment while in the army.

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

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

17. Recommendations None.

E. R. Rogers Capt. CAMC
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 Nicholas Moran 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

Nicholas Moran Pte Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes

19. Is the invalid fit for

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

(*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.)

Board for return to Canada.
Authority A.H. 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.

Hobart Hall Hicks *President.*

PLACE Seaford

DATE 21/2/19.

} 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.....

OFFICE STAMP MEDICAL BOARD
24 FEB 1919
SEAFORD. SUSSEX.

R. & O. 6045 (*Revised*).

133953

C coy

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Seaford Jan. 3/17. 1916.

No. 871358 Rank Pte Name Moran N.

Local Unit 108th Battalion Overseas Unit Age 44 & 4 Mos.

Examination held at Seaford.

DISABILITY.
~~Overseas~~—Local.
(scratch one out)

Average
Further

PRESENT CONDITION.

Is 44 yrs old
Well nourished
Both feet moderately flat but
do not trouble him.
Was fireman on R.R.

B Ti

BOARD RECOMMENDS:— R/T/D

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty.....weeks.
4. Fit for Permanent Base Duty..... Yes
5. Discharge.....

Signatures:—

Members { H. H. Colpoys Surg. ..... President.
{ R. Chas Thompson Capt. .....
{ .....

APPROVED.

Dated at Seaford Jan 3 1916. A. Chas Thompson Major
A/D.A.D.M.S. For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at ..... 1918.

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

Local Unit ..... Overseas Unit ..... Age .....

Examination held at .....

DISABILITY
Overseas—Local.
(scratch one out)

PRESENT CONDITION

BOARD RECOMMENDS—

1. Fit for Duty .....
2. Fit for duty after ..... weeks' physical training.
3. Fit for Temporary Base Duty ..... weeks.
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures—

..... President.

..... Members

.....

APPROVED

Dated at 1918

..... For A.D.M.S.

Regina

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 871358 RANK Pte NAME (IN FULL) Moran, [illegible] N (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 183 Bn — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO Dvr Stn M — DATE 22-3-19 — AUTHORITY D095

DATE OF ATTESTATION H 3.16 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 2.50 — DATE EFFECTIVE 1.4.19

PAYABLE TO Catholic ~~Order of Foresters~~ — RELATIONSHIP

ADDRESS ~~304 2nd St~~ St Joseph Hospital Kenora Ont.

ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE MD 10 — DATE 3-4-19 — REASON D — AUTHORITY D095 — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.		$	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.		$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT								443	29	443	29							9 73																		443	29	fr BAL. ENG. L. P. C. 443 79
28.2.19																		9 73																				Pro to est date of disch
1/316 11/4/19	42	1.00	46	20	35	-		443	29									4 87																				Forbing Alice 1st payment W.S.G.
																		5 00																				Advances - Boat - Train
					70	-				594	49							560	16									5	00				594	49					Adjd. chgd. on Eng. L. P. C. to 2/56 Cheque