TRIPLICATE

Unit 147 Battalion C.E.F. Rank Hon. Capt Name Henry Strachan Mullowney

OFFICERS' DECLARATION PAPER

147TH GREY O. S. BN., C. E. F.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

1. (a) What is your Surname? Mullowney

   (b) What are your Christian Names? Henry Strachan

2. (a) Where were you born? (State place and country) Everton, County of Lancaster. Eng

   (b) What is your present address? 673 East Fourth Ave. Owen Sound.

3. What is the date of your birth? August 23rd 1877

4. What is (a) the name of your next-of-kin? Rosa E. Mullowney.

   (b) the address of your next-of-kin? 673 East Fourth Ave. Owen Sound.

   (c) the relationship of your next-of-kin? Wife.

5. What is your profession or occupation? Clergyman

6. What is your religion? Baptist.

7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes

8. To what Unit of the Active Militia do you belong? None

9. State particulars of any former Military Service None

10. Are you willing to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

The undersigned hereby declares that the above answers made by him to the above questions are true.

Henry Strachan Mullowney (Signature of Officer.)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* Fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date Apr 29 1916

Place Owen Sound

D E Howe Capt
Medical Officer.

*Insert here "fit" or "unfit".

M. F. W. 51
40m.—12-15.
H. Q. 1772-39 917.

MULLOWNEY HENRY STRACHAN CAPT C.C.S. 38187

DEMOB

Box 6476

H

C.E.F. REGIMENTAL DOCUMENTS
WAR SERVICE RECORDS D.V.A

Captain	MULLOWNEY	HENRY STRACHAN
I.D. number **No. d'identification**	**Surname** **Nom de famille**	**Given names** **Prénoms**

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU PERSONNEL

Location
Lieu 6476

Number

Rank Hon Capt

Surname MULLOWNEY

Christian Name HENRY STRACHAN

Units

Theatre of War France

Date of Service 13-11-16 10-1-18 25-8-19

Remarks

Chap.

Latest Address 40 Duggan Ave., Toronto, Ont.

Roll No B. Page 10136

200m.-2-21.M.

Next of kin

Address on leave

Address on discharge

Transportation issued Yes / No Date Character on discharge

Previous occupation Date and place of enlistment

Diagnosis Date of Medical Boards

Date	Remarks

*—Name will be given in full; surname first.

No. [redacted]

RANK Capt. & Chaplain NAME Mullowney H. S.

T. O. S.

UNIT 147th. (Grey) Battalion C.E.F.

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
April 1	April 30	✓	Prom. Chaplain 21-3-16	D.O. 94 of 27-4-16.
May		✓	Corrected to read to be Chaplain 15-12-15	D.O. 173 of 2-8-16.
June		✓		
July		✓		
Aug.		✓		
Sept.		✓		
Oct.		✓		
Nov.		✓		D.O. 247 & D.O. 251 of 11-16.

UNIT SAILED

NOV 13 1916

Surname	Christian Name	Serial No.
MULLOWNEY	H. S.	

Rank	Unit
Capt.	C.C.S.

Medical Board held at	Date	Condition found by Board
London Area	22-7-19.	Wd.Lt.Eye.

Fit for General service.

Remarks.

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

Surname Christian Name

Rank Unit

Casualty List

D.M.S.1347. 5M-10-10-18.

ORIGINAL

MEDICAL HISTORY SHEET

Surname Mullowney *Christian Name* Henry Strachan

Examined { on 29th. day of April 191 6.
at Owen Sound Ont.

Birthplace { City or Town Everton, Lancaster
County England.

Apparent age 39

Trade or occupation Clergyman

Height 5 feet 6 Inches

Weight 152. lbs.

Chest measurement { Minimum 35 inches
Maximum expansion 37½ inches

Physical development Good

Small-pox Marks None

Vaccination Marks { Arm Right 4 Left 1
Number 5

When Vaccinated last In childhood

(*a*) Marks indicating congential peculiarities or previous disease none

(*b*) Slight defects but not sufficient to cause rejection none

Approved by
D E Howe
Rank Capt M.O.

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	
2/6/16		D E Howe	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
2/4/16	+	D E Howe	M.O.
9/4/16	+	D E Howe	M.O.
			M.O.

Enlisted on 29th. *day of* April *191* 6. *at* Owen Sound.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	147th. Os. Bn, C. E. F.			29.4.16.
Transferred to	8th Canadian Reserve Bn. W. Ont.		COPIED COPIES	1/1/19.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
13. Bermuda Ditto.	22-7-19	Defective vision L. eye	A.i. Dis Macomber major Canc

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 Holloway Christian Name

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				

CERTIFIED CORRECT
CANADIAN MILITARY HEADQUARTERS
22 JAN 1918
OFFICER

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

M. E. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 147TH GREY O.S. BN., C.E.F.

Regimental No. ~~Officer~~ Rank Capt. & Chap. Name Mullowney, Henry Strachan

C.E.F.

Enlisted (a) ~~2/11/16~~ Terms of Service (a) Duration & 6 mos after End of War Service reckons from (a) ~~2/11/16~~ 13/11/16

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) (Clergyman) R.C.

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	13/11/16	
		Arrived	England	21/11/16	
1-1-17	O.C.	Transferred to 8th Res Bn as attached	Shoreham	1-1-17	DO Pt. 11 # 1 Rukers
1-1-17	O.C.	Taken on Strength 8th Res Bn. as attached	"	1-1-17	DO Pt. 11 # 1 Rukers
16-10-17	8th R.Bn.	Ceases to be attached on transfer to Can. Convalescent Hosp. Uxbridge.	Shorncliffe	16-10-17	D.O.Pt.2,#289 A.A.G. Adjutant-General
18/10/17	D of Chap Svs	attached to Can Con Hosp	Uxbridge	16.10.17	D 11 00 291 / 18/10/17
21-12-17	C C H Uxbridge	Ceases to be attached on transfer to Epsom Hosp Area.	do	18-12-17	Pt ii D/O 352 d/21-12-17 Adjutant for O.C. Canadian Conv. Hospital, Hillingdon House, Uxbridge.
16-1-18	DCS	SOS Chaplain Svcs Omsk on pswc DCS.	London	10/1/18	CO 12 & 14/1/18. to Workman

Lt Colonel, Director of Chaplain Services.

(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				
31/1/18	ADCS. Can Corps.	Proceeded o/s for 14th Bde CRA Cauth. WO. 121/Drafts/9430 A.G.4a d/7/1/18 attd. as in WE. to D. of T.O. (HQ, 676) in France	on arrival Boulogne	10/1/18	KR. 22859. Auth. PC. 7. 173 d/29/1/18 Ref Can Secr File Kg/11746 + KR 22730.
		attached as in H.Q. to H.Q., 676		10-1-18.	P.T.O. no 5 d/11-2-1918.
9/2/18.		Ceased to Command 1 & 2 Dist. H.Q.		7.2.18.	B213 P.T.O. no 6 d/16-2-1918
16.6.18.	2nd Div. C.F.C.	Granted 14 days Leave.		14.6.18.	B213.
30.6.18	"	Rejoined from Leave.		27.6.18	B213
27.1.19.	Sec Can Sec & Dep. D.M.	Transferred to England for duty & detached to Can Sec Depot. Witley		27.1.19.	2010/M-2. d/18/1/19. KE 28432. Part II 4. 3/2/19.
			W.R. Bunbury		Lieut. for Lieut-Col. a.g. Can Sec.

COPIED Archives

E.T. Surname MULLOWNEY / Christian Names Henry Strachan /

Rank Hon. Captain / Chaplain Name and Address of Next-of-Kin Wife. /

Promotion TOS 29.4.16 Rosa E, Mullowney /

673, East Fourth Ave. Owen Sound. /

Unit 147th Battn / Ontario. Canada /

Place of birth Everton. Lancashire. England. /

Married (Yes or No) Yes. /

Appointments

M

Date of leaving Canada 13.11.16 Hq 22.11.16 Date and Cause of Resignation

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
		CHAPLAINS			
1.1.17.	8th Res. Bn.	Transferred from 147th Bn and Posted to Headquarters.		1.1.17.	Pt II Ord 1a 147th Bn, Pt II Ord 1
15.10.17	D.C.S.	Posted from Sciffe area to CC Hosp - Uxbridge		16.10.17	CO 278.
17-10-17	Shorncliffe	Leaves to be attached 8th Res. Bn. on being trans. to C. C. Hosp. Uxbridge		16-10-17	R.O. 3857
17-12-17	D of L/s.	Posted to Epsom Hosp area		18-12-17	P.C.O. 351, Pt II 352, (Came Det)
14.1.18	-do-	S.O.S on Proceeding Overseas.		10.1.18	CO 12.
11.2.18	H.Q. C7C	Attached to HQ C7C as in W.E. on Arr in France		10.1.18	Pt II 95
6.7.18	No 2 Dist CFC	Granted 14 Days leave to U.K.		11.6.18	Pt II O/23
3.2.19	C. Chap Forces	Trans to England + detached to Can Gen Depot Witley		27.1.19	Pt II. 4.
10.2.19	D.C.S.	T.O.S. on reporting from France		28.1.19	CO. 46.
10.2.19	do	Posted to Witley Area.		5.2.19	CO. 50.

A.F.B. 103.
22 JAN. 1918

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
3.3.19	DCS	Posted from Wolley to London Area		3.3.19	CO 75
8.9.19	WO	Retires in the British Isles		25-8-19	A.C.I. 1309542
1.9.19	HQ DMFC	SOS on returning in T.B. Isles		25.8.19	Pt = 201
				Mr. Ces 1.6.21	

22554

COPIED Archives DOPIS

Will filed at Imperial Bank of Canada Toronto Ont. in safe keeping.

DEP'T. MILITIA & DEFENCE
MAR 15 1920
D. Q.
CANADA

FORM OF WILL.

I, Henry Strachan Mulloney (Name in full)
Regimental Number Captain serving in 147th Grey O.S. Bn. C.E.F.
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

.....
.....
.....

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

.....
.....
.....

Name and Address of person or persons to receive personal estate* *(See note).*

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF.

this ..... day of ..... A. D. 191

..... Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness .....
Address of Witness .....
Occupation of Witness .....
Signature of Second Witness .....
Address of Witness .....
Occupation of Witness .....

M. F. W. 82
$00M-5-16.
1772-39-983.

ESTATES
MIL. & DEF.
P. M. MAR 15 1920

21-3-16

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

M. F. W. 11a.
60m.—12-15.
1772—39—818.

Sheet No. 2. Rosa E. Mullowney (wife) PAYMENTS.

Name of Soldier Mullowney H. S. Capt

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May		Z 2305	93-	93
June		Q 81 51	40	40
July		D 7944	40	40
Aug.		J 13880	168	168. Retrnd Def'd.
Sept.		J 15435	40	40
Oct.		L 20224	40	40
Nov.		S 23649	40	40
Dec.		S 26617	40	40
Jan.	1917	B 30230	40	40
Feb.		B 33037	40	40
March		B 36127	40	40
April		B 2107	40	40
May		B 5631	40	40
June		C 9337	40	40
July		C 12417	40	40
Aug.		K 18231	40	40
Sept.		R 18629	40	40
Oct.		X 19958	40	40
Nov.		H 24642	40	40
Dec.		M 27684	40	40
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

981

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier .....

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Sheet No. 2.

L. L. Job 4503. - Req. 6832.

Mrs Rosa Mulloowney PAYMENTS.

Name of Soldier Capt H. S. Mulloowney
14th D.S. Bn

Month.	Year.	Cheque No.	Amt.	Remarks.
~~#75.00~~				~~OCT 1 1916~~
April	1916			25.00 from Nov 1st 1917 a/c
May				
June				
July				
Aug.				
Sept.				
Oct.		X 26870	75.	
Nov.		A 31157	75	
Dec.		P 34937	75	
Jan.	1917	R ~~38668~~ 38975	75	X38668 cancld. 12/2/17.
Feb.		C ~~45354~~ 49111	75	X 45-354 Cancelled 16/2/17 &R.
March		O 52128	75	75. E.
April		K 3930	75	75-B
May		K 10455	75	75-Mc
June		J 17747	75	Ba
July		K 24172	75	6
Aug.		X 30386	75	
Sept.		Y 38391	75	03
Oct.		P 44011	75	
Nov.		M 50985	75	assignee notified re-withholding Dec & Jan pmts to recover overpayment in Nov. See letter on file 27/11/17 F.L.
Dec.				No Dec. C.R.
Jan.	1918		150	no Jan. Ch. and
Feb.				25.00 ~~Feb. future~~ Ch. and
March				25.00 in future
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

L. L. Job 4503.—M. & D. [illegible]

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

— Wife —

M. F. W. 12.
50m.—6-16.
H. Q. 1772-39-819.

To Whom Mrs Rosa Mullowney | By Whom Assigned Capt. H. S. Mullowney

Address 208 Albany Ave — Regtl. No.

Toronto, Ont — Rank

Corps 147th O.S. Bn.

Rate ~~$75.00~~ 25.00 from Nov 1st 1917

OCT 1 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			(1) 2m 13 11/17 Jan 26 11/17
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED 7 ACCOUNT

~~2-3-16~~ 15/12/15 [Style 203-M-13]

L-L. Job 310—M. & D. 6[illegible]

MILITIA AND DEFENCE

M. F. W. 11.
50m.—4-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Rosa E. Mullowney

Address ~~643 - 4th Ave East~~ Owen Sound ont.
288 Albany Ave. Toronto.

Relation to Soldier wife, child or mother } wife

Name of Soldier Mullowney. H. S.

Regtl. No.

Rank Capt. Chaplain

Corps 147 Bn

To what Corps belonging when called out }

PAYMENTS

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

CONSOLIDATED 6 ACCOUNT

File 13305-H-12

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Mullowney Henry Strachan
Surname Christian Name

Regimental Number Rank H/Capt.

Unit Chaplain Services

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Address (in full) c/o Union Bk of Canada
Bay and Kings Sts.
Toronto Ont.

Rates:—Regimental pay $ per diem; Field Allowance $ per diem. Separation Allowance $ per month.

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

Remarks:

M. F. W. 127
300M-1-19
1772-39-1140

CAR. 678

File No. 13305-H-12.

WAR SERVICE GRATUITY.

Register No. (A 4790)

Reg. No. H' Capt

Name Henry S. Mullowney

Address c/o Union Bk of Canada
Bay & King Sts
Toronto Ont.

Dependent Mrs Rose E. Mullowney

Address 40 Duggan ave.
Toronto, Ont.

Dept paid = 6 mo @ $40.00 = 240.00
op sa. 7.00

B W.I. 3 4 19-1-20

Pay Soldier $

Pay Dependent $ (233 on Interim)

CAR. 1158

P. May 23/10/19

Clerk J.W.B. Baron

Days Rate Due Gratuity due $612.00 Grat due

£6.3.4 Less ~~P & A Pay~~ 30.00 $120.00

Less P.D.P. credited $582.00

582
233

Less further Dr. Bal. or overpayment.

Net o/Paid P & A £6.3.4 $30.00 recovered in England

Total $935.00

	Date	Ck. Order	Ck. No.	Amount		Remarks.	Date	Ck. Order	Ck. No.	Amount.	
1		aco					29/12/19	49886	546026	233	00
2	5/11/19	37850	537926	582	00						
3		ACO									
4	3/12/19	45599	543376	120	00						
5											
6											

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
DA
Date 29/12/19

17/12/19 - 29/12/19

N/B effective Oct. 1/16.
L.P.C. to Nov. 30/16 charged.

Assignment as at
December 1st 1916.

a2m eff 1 Nov 17. 25

Mullowney, H. S. Captain. 147th Battalion. Chaplain. ~~75.~~

Rosa Mullowney, wife
208, Albany Avenue,
Toronto, Ontario.

Date		PAY			Field Allowance				Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount				No.	Date						

Rank Name Reg'l No.

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

Place and Date of Enlistment Place of Birth

Name and Address, Next-of-Kin

Relationship

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance Payable to

Relationship

Discharge, Date and Place Reason Character

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						

Form P. 812B.
79691 5m 18/9/19 D.671

14308.
FILE NO

H/Capt.

WAR SERVICE GRATUITY and SEPARATION ALLOWANCE

Payable to MULLOWNEY HENRY S.
Address c/o Union Bank of Canada
Bay & King Sts Toronto.

Dependent Mrs Rosa E. Mullowney
Address 208 Albany Ave
Toronto. Canada.

Date 1918	Cheque No.	Gratuity	Payments	Balance Due	Remarks
Sep 23	Grat.	125 15 1			
" 23	P.M.		6 2 4		Pd A (P.M.) #25.
" 23	C.A.		119 11 9	0/0	Trans Canada C.A. 678.
Oct 27	Sup Grat.	24 13 2			
Nov 1	C.A.		24 13 2	0/0	C.A. Canada # 1158.
		150 8 3	150 8 3		
Dec 13	S.A.	49 6 4			
" 13			1 11 10		0/Pd SA (Ottawa) # 7 74.
" 13	C.A.		47 14 6	0/0.	C.A. #1670.
		49 6 4	49 6 4		

FILE NO.

WAR SERVICE GRATUITY and SEPARATION ALLOWANCE

FORM P.15
16M 11-2-19 D.565

ASSIGNED PAY. | UNIT. NAME OF | RATE OF P. AND A. | RANK. | DATE | AUTHORITY | NAME.

Beneficiary — Issued 1/9/19 — 65 — Pay 3 — Capt — Name Mullowney

Address — F.A. 1 — Initials H. S.

Amount $ £5 Canada — Messing 1 — Bank Union Haymarket.

Separation Allowance Issued. Yes or No.....

Letters in Br Sales 25/9/19 Lt A.G. 28/9/19

DATE 1919	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES TO BE INITIALED BY P.M. IN EVERY CASE	INITIALS
June 16	Subs 1-21/5/19	3508					£12.14.9	
	Pay R.		150					
	a/c Can				25			
	Bank			125 -				
July 17	Sub. 1-30/6/19	4771					12.6-7	
	Pay R.		155					
	a/c Can				25			
	Bank			130				
Aug 1.	Addl Outfit allce 9/7/19 No 8		100					
	Bank			100				
1 V	Subs 1-31/7/19	5557					£17.14.9 6.00	
	Pay R		155					
	a/c Can				25.			
	Bank			130				
Sep 5	Subs 1-25/8/19	6418				Dr 30 00	£10.5.6 50.00	
Sep 19.	Olympia P.Q. 26-31/8/19. 6 days @ 5.00	No. 606.		30.00 ✓			Can to Can Eff. 1/9/19	
24	Charged to W.S.G.	No 731		30.00			To H.O. Ledger	
	W.S.G. Clearance Certificate issued 12/9/19 shewing Dr Balance $30.00						Dr. Coming 30.00	
							Transf. to £12 17.9.9	

FORM P.15

7847 16M 11-12-19 D.565

ASSIGNED PAY.

UNIT.

NAME OF

RATE OF P. AND A.

RANK.

DATE AUTHORITY

NAME.

Beneficiary

Address

Amount $

Separation Allowance Issued. Yes or No.....

Pay

F.A.

Messing

Name

Initials

Bank

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES TO BE INITIALED BY P.M. IN EVERY CASE	INITIALS

FORM P. 15. 12519—16M—1-3-18 H.W.V.Ld.—3717-18.

ASSIGNED PAY. | **UNIT.** NAME OF: 8 Res. RATE OF P. AND A. | **RANK.** Capt & Adjt. DATE AUTHORITY | **NAME.** 10

Beneficiary
Address
Amount. $25.00 Canada.
Separation Allowance issued. Yes or No.....

Pay 3.7
F.A. 75¢
Messing 1.0

Add Outfit Allce. 1/8/18.

Name Mullowney.
Initials H. S.
Bank Union of Canada Haymarket

DATE 1918	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
April 17	A. P. Can.				25.			
22	Pay.		142 50.					
24	Bank.	996		117 50				
May 3	Pay.		147 25.					
11	A. P. Can				25.			
24	Bank.	2495.		122 25				
June 4	Pay.		142 50					
7.	A. P. Can.				25.			
24	Bank.	4089.		117 50				
July 8	Pay		147 25					
12	A. P. Can.				25.			
24	Bank	5421		122 25				
August 1st	Pay		147 25.					
9.	A. P. Can.				25.			
24	Bank.	6961		122 25				
Sept 3	Pay		142 50					
17	A. P. Can				25.			
24	Bank.	8949		117 50				
Oct 1	Pay		147 25					
17	A. P. Can				25.			
23	Bank.	11004		122 25				
28	Add Outfit Allce. 1/8/18		100					
30	Bank.	10671		100				
Nov. 5	Trav. Allce 18/21 9/18	2403					Fwd. 58.70	
" 20	A.P. Can.				25	Dr 25		

Forward

FORM P. 15. H.W.V.Ld.—3717-18.
12519—16M—1-3-18

ASSIGNED PAY. | UNIT. NAME OF | RATE OF P. AND A. | RANK. | DATE | AUTHORITY | NAME.

Beneficiary — Pay — Capt & Chp. — Name

Address — F.A. — Initials

Messing — Bank

Amount. $25 Canada

Separation Allowance issued. Yes or No.....

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
						Dr 25		
Nov 23	Pay R & adjst F.A. 12/18 & 2/18		162 50					
27	Bank R.	12443		137 50				
Dec 9	Pay R.		155					
" 12	A.P. Can.				25			
13	Bank R	13472.		130				
1919 Jan 18	Pay R.		155					
" 18	A.P. Can.				25	Cr. 130		
22	Bank R	15214		130				
Feb 11	Pay R.		140					
" 11	A.P. Can.				25			
" 21	Bk R 1-28-19	955				1-6-10.		
22	Bank	17034		115				
24	Dep 1-30-19 Francis	2400				Fcd 90.		
Mch 20	A.P. Can.				25			
" 20	Pay R.		155					
" 22	Bank R.	18395		130				
25	Rations 1-4-19.	D/101				5/6		
Apl 10	Pay R.		150					
" 10	A.P. Can.				25			
" 14	Sub. 3-31-19	602				11-18-4		
" 26	Bank			125				
May 12	Subs 1-30-4-19	1932				£12-6-7 60.00		
16	Pay R		155					
16	AP Can				25			
21	Bank			130				

FORM P. 15.
5986—25M—19/1/17

ASSIGNED PAY.

UNIT. NAME OF: 8 Res Bn. DATE: AUTHORITY:

RANK. Capt Chap 21/6 DATE: AUTHORITY: Fr. Can R.C. 169 Reg. O.E.F. 22/11/16

NAME. Name Mullowney Initials H.S. Bank Ogdens N.B. of C. Haymarket

Beneficiary

Address

Amount. $ 75.25 Can. 1/11/17.

Separation Allowance issued. Yes or No.....

Pay 3.00
T.A. 75¢
Taxes 1.00

1917-18

15/5/17

DATE 1917	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
Apl 18	A.P. Can.				75			
23	Pay Apl R.		142 50					
25		Bank 2940		67 50		~		
May 15	A. P. Can.				75			
19	Pay May R.		147 25					
24		Bank 6022		72 25		~		
June 14	A. P. Can.				75			
18	Pay June R.		142 50					
21		Bank 7999		67 50		~		
July 18	A. P. Can.				75			
20	Pay July R.		147 25					
25		Bank 13007		72 25		~		
Aug 9	A. P. Can.				75			
18	Pay Aug R.		147 25					
22		Bank 17020		72 25		~		
Sept 13	A. P. Can				75			
18	Pay Sept R.		142 50					
22		Bank 21610		67 50		~		
Oct.	A.P. Can	✓			75-			
✓	Pay	✓	147 25					
23		Bank 26282		72 25		~		
Nov	Pay		142 50					
✓	A.P. Can				25-			
22		Bank 30733		117 50		~		
29	P+a @ Capt schap rates fr. 15/10/15 - 14/12/15 - 61 days @ 3.75 p/d a+t.m.s. Ottawa file 9-M-1888	Vo. 16130	228 75					
✓	do do	Cash 30844		228 75		~		

FORM P. 15.
5986—25M—19/1/17

ASSIGNED PAY. | UNIT. NAME OF | DATE | AUTHORITY | RANK. | DATE | AUTHORITY | NAME.

Beneficiary — 8 Res — Capt & Chap — Name Mullowney
Address — Initials H. S.
Bank ~~of Ottawa~~ Union Bank of Can Haymarket
Amount. $ 25- loan
Separation Allowance issued. Yes or No.....

12/17

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1917								
Dec 1	a.P. loan Pay		147 25		25-			
15		Bank 34447		122 25				
1918 Jany 17	a.P. loan Subs 15-21 17/17	17706			25-		£3-9-10 17cc	
	Pay		147 25					
21		Bank 39784		122 25				
31	Suballce 15 10/15 - 14 12/15	12836					£18-16-0 $91 50	
Feby	a.P. loan Pay		133 -		25-			
23		Bank. 40787		108				
26	Sub 1-10 1/8	15072					2-1-1 $10.	
March 12	a.P. loan Pay.		147 25.		25			
21		Bank. 42456.		122 25				

P—15.

ASSIGNED PAY. 1

UNIT. NAME OF 147th Bn. DATE AUTHORITY

RANK. Capt. & Chap. Mess DATE 21-11-16 AUTHORITY From Canada P.O. #169 (Brig.) C.D. d/22-11-16.

NAME. 300 Mr.

Beneficiary

Address Canada

Amount. $ 75.00 1-11-16.

Separation Allowance issued. Yes or No.

Name Mullowney

Initials E.C.

Bank of Montreal

1916-17

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case	INITIALS
1916	C.R. Bal-$14.50							
Nov 25	Bank Mess 21-11-16 to 30-11-16			24 50		Dr. 24 50		
Dec 12	do.	V 15547 V. 24	24 50					
	Pay Dec (R)		147 25					
	A Clear				75			
18	Bank			72 25		—		
1917 Jan 17	A. P. Can.				75			
22	Pay Jan R.		147 25					
25		Bank 19286		72 25		—		
Feb 20	Pay Feb R.		133					
	A. P. Can.				75			
22		Bank 21913		58		—		
Mch 14	A. P. Can.				75			
	Pay Mch R.		147 25					
26		Bank 24818		72 25		—		

462.32
43L
466.63

UNIT

NAME

DATE OF APPOINT

MARRIED (YES OR

NEXT OF KIN:—

ASSIGNED PAY:—

MONTHLY AMOUNT

TO WHOM PAYABLE

DATE NON-EFFECT

AND CAU

BANK IN WHICH PAY & ALLOWANCES DEPOSITED

PERIOD		No. of Days	Regtl. Rate	PAY					Rate of Field Allowance	ALLOWANCES					TOT
From	To			Amount of Regimental	Command	Adjutant	Cr. from Prev. Account	TOTAL PAY		Amount of Field Allowance	P. F. Allowance	Messing	Subsistence	TOTAL	ALLO

SUNDRY PAYMENTS

DATE	CHEQUE NO.	PARTICULARS

14-12-42

Capt.

MULLOWNEY, H.S.

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 13 Berners Str. W.1. DATE 22-7-19.

1. 1 (a) Unit C.C.S. (b) Regimental No. (c) Rank Capt.

(d) Surname MULLOWNEY. (e) Christian name Henry Strachan.

(f) Home address 208 Albany Avenue. TORONTO.

(g) Next of Kin Mrs. R. Mullowney. (h) Relationship Wife.

(i) Address of Next of Kin Same as above.

2. Age last birthday 41. Date of birth Aug. 23-1877.

3. Enlistment, or Appointment (if an Officer) (a) Place Owen Sound. (b) Date Oct. 2-1915.

4. Personal description:

(a) Height 5'6" (b) Weight 165. (stripped) (c) Complexion Dark.

(d) Colour of hair Black. (e) Colour of eyes Blue. (f) Identification marks, Scars, etc. Scar on L. L.D.

5. Former trade or occupation C.C.S.

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
	3.	290.

Statement.	Periods From	Periods To
Canada	Oct 2 - 1915.	Nov. 13 - 1916.
England	Feb. 26- 1919.	To date.
	Nov. 13-1916.	Jan. 10 - 1917.
France or other theatres of War	Jan. 10 1917.	Feby 26 - 1919.

7. Original disease, or injury WOUND TO L. EYE.

(a) Date of origin July 4th. 1898. (b) Place of origin U.S.A.

(c) Cause Fire cracker.

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

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

(OLD WOUND TO L. EYE) with defective vision.

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

OBJECTIVE SIGNS :- See Specialists report.

SUBJECTIVE SIGNS:- Loss of sight L.Eye.

(*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*).)

He states that during the celebration of the fourth of July in the U.S.A. a firecracker went off and injured left eye partially destroying the sight of that eye. July 4th.1898.

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

Influenza in Jan.1919.

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

Nil.

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

No.

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

The regimental documents will be referred to.

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

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

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

By an eye specialist.

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)

16. Can the former trade or occupation be resumed? Yes.

(If not, briefly state why)

17. Recommendations

Jno.Macoun. Major 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 Henry Strachan MULLOWNEY. 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

H.B.

H.S. Mullowney. Capt. 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.

CONCUR.

Attached:- Eye specialist's report.

19. Is the invalid fit for

(*a*) General service,	(Category A)	(Yes ~~or No.~~)	A.1.
(*b*) Service abroad, not general service,	(" B)	(~~Yes or No.~~)	)
(*c*) Home service (Canada only),	(" C)	(~~Yes or No.~~)	(N.A.
(*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.)

A.1. Boarded for return to Canada.

Auth. A.G. a/ /8-1-155 of 4-1-19.

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.

Auth. for Board D.C.S./C-M-21/22719 of 22-7-19.

Harold Buck. Major. CAMC. *President.*

PLACE 13 Berners Street.

DATE 22-7-19.

V.Rogers. Capt. CAMC. } 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.....

THIS FORM WILL BE USED FOR ALL RANKS

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(*g*) Next of Kin Mrs. R. Mullowney. (*h*) Relationship Wife.

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2. Age last birthday 41. Date of birth Aug. 23-1877.

3. Enlistment, or Appointment (if an Officer) (*a*) Place Owen Sound. (*b*) Date Oct. 2-1915.

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(*d*) Colour of hair Black. (*e*) Colour of eyes Blue. (*f*) Identification marks, Scars, etc. Scar on L. L.D.

5. Former trade or occupation C.C.S.

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
	3.	290.

Statement.

	Periods From	Periods To
Canada	Oct 2 - 1915.	Nov. 13 - 1916.
England	Feb. 26- 1919.	To date.
	Nov. 13-1916.	Jan. 10 - 1917.
France or other theatres of War	Jan. 10 1917.	Feby 26 - 1919.

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(*a*) Date of origin July 4th. 1898. (*b*) Place of origin U.S.A.

(*c*) Cause Fire cracker.

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

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

(OLD WOUND TO L. EYE) with defective vision.

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

OBJECTIVE SIGNS :- See Specialists report.

SUBJECTIVE SIGNS :- Loss of sight L.Eye.

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

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

Special Senses..NO.. Respiratory System..NO.. Integumentary System..NO..

Disturbances of Mentality..NO.. Digestive System..NO.. Muscular System..NO..

Osseous and Joint Systems..NO.. Any other general condition..NO..

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

He states that during the celebration of the fourth of July in the U.S.A. a firecracker went off and injured left eye partially destroying the sight of that eye. July 4th.1898.

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

Influenza in Jan. 1919.

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

Nil.

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

No.

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

The regimental documents will be referred to.

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

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

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

By an eye specialist.

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)

16. Can the former trade or occupation be resumed? Yes.

(If not, briefly state why)

17. Recommendations

Jno. Macoun. Major 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 Henry Strachan MULLOWNEY. 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

H. B.

H.S. Mullowney. Capt. 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.

Concur.

Attached:- Eye specialist's report.

19. Is the invalid fit for

(*a*) General service,	(Category A)	(Yes or ~~No.~~)	A.1.
(*b*) Service abroad, not general service,	(" B)	(~~Yes or No.~~)	)
(*c*) Home service (Canada only),	(" C)	(~~Yes or No.~~)	(N.A.
(*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.)

A.1. Boarded for return to Canada.

Auth. A.G. a/ /8-1-155 of 4-1-19.

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.

Auth. for Board D.C.S./C-M-21/22719 of 22-7-19.

Harold Buck. Major. CAMC. *President.*

PLACE 13 Berners Street.

DATE 22-7-19.

V.Rogers. Capt. CAMC. } 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.....

Date of Enlistment
15-12-15

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

M 21277

Date of Assignment
Nov 1/17
Oct 1/16

RATE OF SEPARATION ALLOWANCE

40			

RATE OF ASSIGNMENT

~~75~~	25		

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Capt. Promoted Reverted Discharge

Soldier's Name H. S. Mullowney

Battalion 147th Battn.

Beneficiary Mrs. Rosa E. Mullowney

Relationship Wife M.F.H. 25-5-4 30-7-18
Retd 18-11-18

Address

PARTICULARS OF ASSIGNMENT wife

Name Mrs Rosa E Mullowney

Address 208 Albany ave Toronto, Ont.

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Feb.	—	981	1050	2031		A.P. 75.00 from Nov 1/17
Jan. 18	68858 V	40		40	✓	assignee notified re withholding Pte Egan payments to recover overpayment - in Nov see letter on file 27-11-17
Feb.	75485 Y	40	25	65		A.P. $75.00 from 1-10-16 to 31-10-17
Mar.	93613 N	40	25	65		$75.00 " 1-11-17, 2 M 13 11/17 future
Apr.	11658 N	40	25	65	✓	
May	18895 R	40	25	65	✓	
June	23106 R	40	25	65	✓	
July	32539 H	40	25	65	✓	
Aug.	34311 R	40	25	65	✓	
Sept.	44180 U	40	25	65	✓	
Oct.	55424 W	40	25	65	✓	
Nov.	58617 U	40	25	65	✓	
Dec.	68553 X	40	25	65	✓	
1918 Jan	73802 U	40	25	65	✓	
Feb	78001 W	40	25	65	✓	
Mch	M87177	40	25	65	✓	
Apr.	P. 4599	40	25	65	✓	
May	8931	40	25	65	✓	
June	9105	40	25	65	✓	
	11857	40	25	65	✓	
Aug	13569 P	40	25	65		
		1181	1325			

Stop Payment 1st Sept.
Discharged in England
Auty Cable on 7yb 13305-H-12

AUDITED.

A/c Closed
Ret'd per Celtic
Da 20-10-19 M V 187 2
Clerk A.A.A 25-10-19

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

M. F. W. 128
400M.—6-17—172-39-1141
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. 7493.