ORIGINAL

2617021,

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	(ANSWERS.)
1. What is your surname?	PHELAN
1a. What are your Christian names?	JOHN PATRICK
1b. What is your present address?	1 DEXTER ST., SOUTH BOSTON, MASS. U.S.A.
2. In what Town, Township or Parish, and in what Country were you born?	HALIFAX, HALIFAX Co., NOVA SCOTIA.
3. What is the name of your next-of kin?	PATRICK PHELAN
4. What is the address of your next-of-kin?	1 DEXTER ST., SOUTH BOSTON, MASS. U.S.A.
4a. What is the relationship of your next-of-kin?	FATHER
5. What is the date of your birth?	MARCH 8. 1892
6. What is your Trade or Calling?	STEAM FITTER
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? (If so, state particulars of former Service.)	or naval I.P.P YES. 66th, P.L.F. HALIFAX, N.S. & R .O.T.C. BAND, CAMBRIDGE, MASS.
11. Do you understand the nature and terms of your engagement?	YES
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force?	YES
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	NO
14. If so, what was the nature of the disability?	-
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	YES
16. If so, what was the reason?	SHORT SIGHT

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, JOHN PATRICK PHELAN, 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.

x John Patrick Phelan (Signature of Recruit)

Date SEPTEMBER 15th 1917. J Ermitage Capt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, JOHN PATRICK PHELAN, 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.

x John Patrick Phelan (Signature of Recruit)

Date SEPTEMBER 20th 1917. J Ermitage Capt (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 Aldershot this 15th day of SEPTEMBER 1917.

J Ermitage Capt
Deputy Judge Advocate
(Signature of Justice)

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

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

Description of John Patrick Phelan on Enlistment.

Apparent Age 25 years 6 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ... 5 ft. 9 ins.

Chest measurement.
- Girth when fully expanded ... 39 ins.
- Range of expansion ... 4 ins.

Complexion ... Fair

Eyes ... Grey

Hair ... Brown

Religious denominations.
- Church of England ...
- Presbyterian ...
- Methodist ...
- Baptist or Congregationalist ...
- Roman Catholic ... X
- 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).

Scar on back of R forearm

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 Sept 15 1917.

Place Aldershot Camp

Capt R Reid
Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

John Patrick Phelan 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.

Date Sept 15th 1917

Lieut Capt
OC 12 E Y Depot
(Signature of Officer)

REGIMENTAL DOCUMENTS

NAME PHELAN JOHN PATRICK REGT. NO. 26/17021 UNIT C & T Wksts H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE
2	ATTESTATION PAPER (M.F.W. 23, 133, or 51)		Records BRC	29/6/20	
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				
	TRAINING HISTORY SHEET (M.F.W. 113)				
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)		BRC	4/8/20	6100
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)			SERVED	
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)				
3	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)				
2	DENTAL HISTORY SHEET (M.F.B. 465)				
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)				
2	MEDICAL EXAMINATION (M.F.W. 129)				
1	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)				
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)				
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)				
	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				
2	Casualty Card				
1	Disp Card				
1	A & D Card				

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category Demob

DESERTION

36 26
24 — 27
10 — 27

1

W 2589
100M-11-18
1772-39 1377

Number 2617021 Rank Spr.

Surname PHELAN

Christian Name John Patrick

Unit C.E. Theatre of War France

Date of Service 30-10-18

Remarks

Latest Address (1st add.) c/o Mrs. Jane Lovatt
Portland St. Dartmouth N.S.

(2) add. 43 Pearl St.
Dorchester
Mass.

Roll No. B
Page 7877

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

DESP NOV 29 1942
REGN. NO. 4/1/2013

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

"B" CARD NO. 4

SURNAME. Phelan

CHRISTIAN NAMES John Patrick

REGL. No. 2617021 RANK Pte.

UNIT U.S.A. Recruits

FORMER CORPS 66th P.L.F. & R.O.T.C. Band (U.S.A.)

S.O.S. Hfx 29-5-19
FOLL.
" D envb"
Auth. DO 1610 of 10-6-19
#64010

NEXT OF KIN.

NAMES IN FULL Phelan, Patrick

RELATIONSHIP TO SOLDIER Father

ADDRESS 1 Dexter St., South Boston, Mass., U.S.A.

CHANGE OF ADDRESS
Also Notify
Mrs B. Phelan
43 Pearl Street
Dorchester
Mass. U.S.A.
Auth SARO 20/4/19

COUNTRY OF BIRTH Canada Halifax N.S. DATE Mar. 8th 1892

PLACE OF ATTESTATION Aldershot, N.S. DATE Sept. 15th 1917

O.S. 4-12-17. 1051/1

R/C 22-5-19 331/12 Spr

L. L. 6945. M. & D. 6994.

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

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Steam fitter RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE 25 YEARS 6 MONTHS

HEIGHT 5 FEET 9 INCHES

CHEST MEASUREMENT 39 INCHES EXPANSION 4 INCHES

COMPLEXION Fair EYES Grey HAIR Brown

DISTINGUISHING MARKS Scar on back of lt. forearm.

MEDICAL EXAMINATION. PLACE Aldershot, N.S. DATE Sept. 15th 1917.

Present Address 1 Dexter St, South Boston, Mass., U.S.A.

Form DMS 1461.

No. 12 CAN. GENERAL HOSPITAL. HOSPITAL.

A. & D. CARD

AT Woy.

A & D No. 1474 Pl. of Action

Rank Dvr Reg. No. 2617021 Unit 7th Batt C. E. Sick or Wounded

Name Phelan J. P. Age 25 Religion R.C.

Place in Hospital Ward 12 19

Diagnosis Influenza

Admitted 26-2-19 From

Discharged 27 MAR 1919 To

Transferred

Service at Home 21/2 In Field

Results

(See Document Card for M.H. Sheet and other Documents.)

[P.T.O.

REMARKS.

NAME Phelan, J. P REGT. No. 261702 21.

RANK AND UNIT Pte 8 C. E. B.

NEXT OF KIN

CABLE	
No.	DATE

NATURE OF CASUALTY

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

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
C459½	12 Can Gen Bramshott	27-2-19	Can Engrs. Influenza
C439	Ditto	27-3-19	" "

Form R. 142.

John Patrick

Name Phelan Rank Spr Reg. No. 2617021

Unit 8th Bn 86

Next of Kin

U.S.A

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
24-2-1919.						
24-2	Sean Bramshott		Influenza	C479		7961.
24-2	Dillon		do	C479		2921.

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

Surname	Christian Name or Names	Reg. No.
PHELAN.	J.P.	2617021.
Rank 1. Spr.	Unit 1.8.CEB.	
2.	2.	
3.	3.	
4.	4.	

Cas List.	Hospital and Diagnosis.	Date
7-3-19.C459.	12. C.G.H. B'shott.	27-2-19.
	Influ'za.	
31.3.19 C479	Disc	27.3.19

A.M.D. 2 DEPT.

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

Cas. List.	Hospital and Diagnosis.	Date

ORIGINAL. ORIGINAL

MEDICAL HISTORY SHEET

B844

Surname Phelan Christian Name John

Examined { on 20th day of Aug 1917
at Boston

Birthplace { City or Town Halifax
County N.S.

Apparent age 35

Trade or occupation Steam Fitter

Height 5 feet 9 Inches

Weight 163 lbs.

Chest measurement { Minimum 35 inches
Maximum expansion 39 inches

Physical development Good

Small-pox Marks —

Vaccination Marks { Arm Right Left 1
Number

When Vaccinated last Childhood

(a) Marks indicating congential peculiarities or previous disease —

(b) Slight defects but not sufficient to cause rejection

Approved by [signature] Lieut. Col.
Rank M.O.

BRITISH RECRUITING MISSION 44 BROMFIELD ST. BOSTON

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
20.10.17	Good	H-L-W.
		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
2-X-17	1st	[illegible] M.O.
10-X-17	2nd	[illegible] M.O.
18-X-17	3rd	[illegible] M.O.

Enlisted on 20th day of August, 1917. 191 at Boston, Mass.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	CEF. Details 17th Can Res Bn	2617021,		
Transferred to	C E Pool			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result

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

M. F. B. 313.
300M.—1-17.
H. Q. 1772-39-439.

Surname Phelan Christian Name John

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
						20th August 1917. Boston, Mass. CEF. Details 261701,	

2nd / 11 ORIGINAL Army Form B. 178

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY OF

Surname Phelan. *Christian Name* J.P.

TABLE I.—General Table.

Birthplace { Parish Halifax / County NS

Examined { on 20th day of August 191 7 / at Aldershot NS.

Declared Age 25 years 6 months days.

Trade or Occupation Steam Fitter

Height 2 5 feet 9 inches

Weight ..... lbs.

Chest Measurement { Girth when fully Expanded 39 inches / Range of Expansion 4. inches

Physical Development Good.

Vaccination Marks { Arm ..... RIGHT ..... LEFT / Number ....

When Vaccinated ✓

Vision { R.E.—V= ..... / L.E.—V= .....

(a) Marks indicating congenital peculiarities or previous disease—

✓

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

✓

Approved by Lgd H. M. McDonald

Rank Captain RAMC

Medical Officer.

Enlisted { at Aldershot. NS / on 15 day of Sept. 191 7

	Corps	Regtl. No.
Joined on enlistment		
Transferred to	Engrs	261021

Became non-effective by .....

on ..... day of ..... 191...

(*Signature*) .....

(*Rank*) .....

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief Details and Signature

TABLE IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

[11,823] W2836/M2217 1,800,000 6/17 W. P. & Co. (1349)

TABLE II.—Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
№ 12 CAN. GENERAL HOSPITAL.										
	26	2	19	27	3	19	Influenza - Bronchitis	30	Quiet Temp. Extended Bronchitis. Cured. Diffuse Bronchitis Sth. Cleared Quickly - Good Recovery. Blue Pill	[illegible] Capt. RAMC

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 247621 Rank Spr. Surname PHELAN
(Given name in full) John L.
Unit or Corps 1st C.E. R/3 Birthplace Halifax N.S.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique Good. Weight 168 lbs. Height 5 ft. 10½ in. Colour of Eyes Gray.

Nutrition Good.

Pulse 80

Condition of arteries Good.

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

Identification marks, scars, or deformities. (Give cause and date of origin).
Small scar back left forearm (civil)

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System No Cardio-Vascular System No

Special Senses No Integumentary System No Respiratory System No

Disturbance of Mentality No Muscular System No Digestive System No

Osseous and Joint System No Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Influenza Feb/19. Good recovery

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Seaford (Overseas)

Date 23/7/14 Signed C. Douglas Hendry Capt M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature J. P. Phelan

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at .....(Canada)

Date ..... Signed ..... M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by a Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 201721 Rank Dvr. Surname PHELAN.

(Given name in full) JOHN.

Unit or Corps 1 C.E.R.B. Birthplace HALIFAX N.S.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique good Weight 168 est lbs. Height 5 ft. 10½ in. Colour of Eyes Grey

Nutrition Good

Pulse 66

Condition of arteries good

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. N ft.

Left N ft.

Identification marks, scars, or deformities. (Give cause and date of origin).

Scar back neck
left forearm
civil life

Opinion as to general health and physical condition Fit

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System No Cardio-Vascular System No

Special Senses No Integumentary System No Respiratory System Yes No

Disturbance of Mentality No Muscular System No Digestive System

Osseous and Joint System No Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Soldiers States admitted #12 C.G.H.
Bramshott 2-2-19 discharged
7-3-19 recovered

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Seaford (Overseas)

Date 30-4-19 Signed W Mayfield Capt. M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature John P. Phelan Lieut

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at .....(Canada)

Date ..... Signed ..... M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by a Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

CANADIAN EXPEDITIONARY FORCE

War Service Badge Issued
Class. a .....No. 226262

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 2617021 (Rank) Sapper

Name (in full) Phelan, John Patrick. enlisted in

the C.E.F. Details.

CANADIAN EXPEDITIONARY FORCE at Aldershot. on the 20th

day of August. 19 17

HE served in France and Belgium, 8th Bn. CE.

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

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

Age 27-2/12 Yrs

Height 5'9"

Complexion Fair

Eyes Grey

Hair Brown.

Marks or Scars

Scar on back of left forearm.

J P Phelan
Signature of Soldier

Date of Discharge

Dispersal Station "B"
MAY 29 1919
Military District No. 6

Major
O. C. Dispersal Station "B"
Issuing Officer

Rank

Date MAY 29 1919 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.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

ORIGINAL

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins..... CRD attached 88D Depot, Aldershot NS.

(2) Regimental Number..... # 2617021

(3) Full Name of Soldier..... John Patrick Phelan

(4) Place of Birth..... Halifax NS.

(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 ?..... -

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

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

Also their names and ages..... -

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes.

If so, state name and address Patrick Edward Phelan

(10) Is your Mother alive? Yes.

If so, state name and address Bridget Phelan

1- Dexter Street So Boston Mass

(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? No.

If so, in what Company? -

Have you made arrangements for payment of your Insurance premium

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

D Wardlaw Major
Officer Commanding.
B E F Depot

Date August 25th 1917.

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) PHELAN J.

REGIMENT 1ST CERB RANK SPR No. 36 17021

Date of Examination in England 28. 4. 19 | Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

ASSISTANT DIRECTOR MAY 22 1919 M.D. NO. 5 DENTAL SERVICES

1. FILLINGS 10
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper REPAIR BRID
   - (c) Full Lower
   - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? no

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

- (a) In Canada YES
- (b) In England YES
- (c) In France

Signature of Dental Officer J. H. Clare. Capt. C.A.D.C.

WAR SERVICE BADGE.
CLASS "A" No.....

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

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

Casualty Form—Active Service.

85th Bn. Dft. C.E.F. Details to 17th Res. Bn.

Unit, Regiment or Corps ~~C.E.F. Depot~~

Regimental No. 2617021. Rank Private Name Phelan John Patrick
C. E. F.

Enlisted (a) Sept 15/17 Terms of Service (a) Duration of War Service reckons from (a) Sept 15 1917

Date of promotion to present rank ..... Date of appointment to lance rank ..... Numerical position on roll of N. C. Os. .....

Extended ..... Re-engaged ..... Qualification (b) .....

Report 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.	Halifax	4-12-17.	H.M.T. "Metagama"
		Disembarked.	Liverpool	14-12-17.	
18-12-17	O.C.17th	TOS on arrival from Canada and on command to segregation camp.	Bramshott	16-12-17	Part 11 Order 302.
18-12-17	O.C.17th	Reported from Command	Bramshott	24-12-17	Part 11 Order 302.
15-2-18.	O.C.17th.	Struck off strength on transfer to C.E.T.Depot. Seaford.	Bramshott.	14-2-18.	Pt.11.Order.39.
19 FEB 1918	C.E.T.D.	TAKEN ON STRENGTH C.E.T.D. from N.S. Regt.	Seaford	14.2.18	Part II Order No. 42.
21.2.18	C.E.T.D	SOS 47th C.E.R.D.	Seaford	21.2.18	20 Pt II 478 16.2.18

C.M.C.Mackay Lieut., Asst. Adjt.,
17th. Canadian Res. Batt'n

Embarked Halifax May 14 1917
Disembarked Liverpool May 25 1917

Lieut. A.E.
for OC C.E.T.D

(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				
22.5.18	1st C.E.T.D	T.O.S. to 1st C.E.R.B	Seaford	21.5.18	D.O. Pt II 1178 Dept. 16.5.18
30.10.18	1st C.E.R.B	S.O.S. on proceeding overseas to C.B. Base France	Seaford	30.10.18	Auth: D.O. 1411
21.5.18.	1st C.E.R.B	T.O.S. from C.E.T.D.	Seaford.	21.5.18.	Pt II O.I.V.
1-11-18	C.B.B.S	T.O.S. 1st C.E.R. Pool	C.B.B.S	1-11-18	R&R 808 D.S.O. No 111 d/1918.
3-11-18	do	Desp. to do	C.C.R.C	3-11-18	R&R 1451
do	C.C.R.C	Arrd at do	do	do	do 1754
12-11-18	do	S.O.S. to 8 Bn C.E.		12-11-18	do 2019 D.O. No 117 d/1918
13-11-18	do	T.O.S. 8th Bn C.E. on transfer from C.E.R. Pool. Proceeds to England		13-11-18	D.O. Pt 2. No. 44 d/11-12-18
				16-2-19	D.O. No. 8. 1919
5-5-19	3rd Cdn A-127-5-4	Div S.O.S of Unit and posted to C.E.R.D. Seaford on being on Hospital		11-5-19	D.O. No 1024 d/12-5-19.

CERTIFIED TO BE A TRUE COPY

.....Capt. C.E.
Adjutant 1st C.E.R.D.

.....LIEUT:
FOR LT. COL. I/C RECORDS. C.O.M.F.

Lieut.
for Lt. Col., A.A.G.,
Canadian Section

Army Form B. 103—II.
Part II.

WAR SERVICE BADGE.

CLASS "A" No.....

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps 65th Bn. R.E. Engrs Regimental Number 266021

*Substantative Rank Spr Surname O'Nolan Christian Names John Patrick

*Acting Rank

(* To be entered in pencil to facilitate alteration.)

To be folded on this line.

Nothing to be written in this margin.

A1834 W.6425—P1600 500,000 10/18 G.W.P.Co.3973.

(A) Report: Date.	(A) Report: From whom received	(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
			Arrived in England S.S. Metagama		14.12.17	
16.12.18	14th Res	Pt. 202	T.O.S. from Canada	B. Hosp	16.12.18	
15.2.18	"	" 39	S.O.S. to C.E.R.D.	Hospital	14.2.18	C.E.T.D. 20142
21.5.18	C.E.R.D.	" 1	T.O.S. from C.E.T.D.	"	21.5.18	C.E.T.D. 20117
31.10.18	"	" 141	S.O.S. to C.E.R.D.	"	20.10.18	C.E.R.D. 20114 7/6.11.18
9.12.18	8th Res C.E.	" 44	T.O.S. from C.E.R.D.	Field	13.11.18	C.E.R.D. 20/117 6/5.12.18
12.3.19	"	" 14	S.O.S. to C.E.R.D. and	—	11.3.19	

L Lt Lundy LIEUT.
FOR LT: COL: I/C RECORDS, C.O.R.E.

14-3-19 T. O. S. No. 6 D. D. from O.S. and posted Dispersal B.H. Gp 1 20161

29-3-19 S.O.S. on Discharge 161

Stanwell Lieut.
Officer I/c Records No. 6 D.D.

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer
26-3-19	1 CERB		Att Pending Posting Instructions	Seaford	3/3/19	Part II Order 43.
6-5-19	1 CERB	Ceases to be att'd for Duty with [illegible]	[illegible]	Seaford	6-5-19	Part II Order 104

Attached C.C.C. Kinmel Park for return to Canada. Part II Orders No. 7-5-19 Ceases to be attached C.C.C. Kinmel Park on embarking for Canada Part II Order No:_____

[illegible] Lt

Commanding_____ Wing. 6
Kinmel Park Camp. 19

Nothing to be written in this margin.

Form R 122.
8750—15M—25-4-17.

Engr

TLH Rank Name PHELAN, John Patrick, Reg'l No. 2617021

Unit If in perm. Corps / What Unit? 85th Bn Dft & C E F Details To 17th Res Bn Married or Single Single

Place and Date of Enlistment Aldershot, NS Sept.15th.1917 Place of Birth Halifax, Halifax Coy. NS

Name and Address, Next-of-Kin Patrick Phelan,

1, Dexter St., South Boston, Mass. U.S.A. Relationship Father.

CERD

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

NE RB N 20536
File No.
Cat.
CAN.CR

H. W. V., Ld.—11319-17.

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.
C/5/19.		Arrived in England		14-12-17 S/S Metagama	
19.12.17	W.D.O.	To S from Canada	Eng	16.12.17	Pro 302.
15.2.18	"	SOS to C.E.T.D. Seaford	"	14.2.18	39 & 42 C.E.T.D. d/19/3/18
21.5.18	1st CERB	T.O.S. From CETD-Seaford 21.5.18. D.O.1-CETD 117			
31.10.18	"	SOS to C.E.T.D. Hove	"	30.10.18	22144 & C.E.T.D. 14 d 18/11
9-12-18	B.C.E.	SOS from C.E.R.D.	"	Guild 13.11.18	P.II 44 & P.II 117 d/5/12/18
9.2.19	— " —	Proceeded to Eng with unit	"	— 16.2.19	" 8
12-3-19	— " —	S.O.S. to C.E.R.D. (sick)	"	Bram 11.3.19	" 14 & C.E.R.D. 137/12/5/19
				55 B. 14.5.19.	
5-5-19	W.D.C.	T.C.L. pend 2 to Can		Plym 6.5.19	D.O. 128
17.5.19	W.D.C.	Lve S Canada		Plym 14.5.19	D.O. 137 96 C.R.D. 191/10 7/19

2617021 PHELAN J.P.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				

P. 559

MARRIED OR SINGLE: Single

PLACE OF BIRTH: Halifax. N.S.

NAME AND ADDRESS OF NEXT OF KIN: Patrick Phelan.
1 Dexter St. South Boston. Mass.

RELATIONSHIP OF NEXT OF KIN: Father

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY $ 20.00 EFFECTIVE (DATE)

PAYABLE TO: Mrs. P. Phelan.
1 Dexter St. South Boston. Mass.

RELATIONSHIP OF DEPENDANT: Mother

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 2617021. RANK: Private. NAME: Phelan John P.

IF IN PERMT. CORPS / WHAT UNIT: UNIT 17th Res Bn. TRANSFERRED TO: D.E.S.D. DATE: 1/3/18 AUTHORITY:

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO — DATE — AUTHORITY

PLACE OF ATTESTATION: Boston — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION: August 20th 1917. — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE 1-12-17

PAYABLE TO: Mrs. P. Phelan, 1 Dexter St. Boston. Mass. RELATIONSHIP: Mother

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT C.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT C.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT C.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 DATE	2 No.	2 DATE	3 No.	3 DATE	4 No.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1917.																																			

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLCE. ENG.
Nov 30	Balance from Canada.								10 00		
Jan 1/18	Pte Pay Jan 1/18	34 10									
	Pte Pay Rec'd 17	34 10							78 20		
		68 20									
Feb 1/18	Pte Pay Feb	30 80		C.A.P. Dec Jan & Feb				45			
				AR 886 13/1 17 Res	34 33						
				AR 1068 31/1/18 17 Res	4 87						
				AR 1345 33/1/18 17 Res	4 87						
				AR 1378 14/1/18 17 Res	7 30				22 63		
		30 80			41 37			45			
Mch 1	P. Pay	34 10		C.A.P.				15			
				AR 2480 C.E.F.D 22/1/18	4 87						
				" 2771 " 13/2/18	14 60						
				" 3624 " 21/2/18	9 73				125 33		
		34 10			29 20			15			

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	* REMARKS	
	No. OF DAYS	RATE	AMOUNT $	AMOUNT c.	No. OF DAYS	RATE	AMOUNT $	AMOUNT c.	No OF DAYS	RATE	AMOUNT $	AMOUNT c.				1 No.	1 DATE	2 No.	2 DATE	3 No.	3 DATE	4 No.	4 DATE	1	2	3	4				CREDIT	DEBIT			

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1.12.17	EFFECTIVE DATE:-
AMOUNT:- 15.00	AMOUNT:-

NAME:- PHELAN, John P. K

NUMBER:- 2617021

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.
Mrs. P. Phelan (Mother)	
1 Dexter St. Boston, Mass.	
Stopped Eff. 1-5-19.	NR 7798 Sapper 77th C.E. 6.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Sapper

UNIT AND TRANSFERS

ORIGINAL UNIT:- 14th Res. Bn.

DATE ACCOUNT FIRST OPENED:-

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

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

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
25/7/19.	1096		1460				
		Trans to Canada 1/5/19		NR 7798 K	27/4/19	M/S 6 C. Bal#	
		L Pte. cancelled				Ledg Bal	4 19
						P.P.C. Bal	2 31

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
Sapper & Corporal	1 00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: ~~Trans to Canada 28/3/19 Ltr Ott 3529 K. 18/2/19. C/Bal 4.87. Brought~~

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	24/2 SEPARATION
March 31	Bal. Forwd.								12 53		
Apl	Spr's Pay	33		C & A.P.				15			
				AR 317. C.E.T.D. 13/4/18	9 73						
				" 600 " 29/4/18	9 73				11 07		
May		33		C & A.P.	19 46			15 15			
	Spr's Pay	34 10		AR 922 C.E.T.D. 14.5.18	9 73						
				AR 531 C.E.R.B. 30.5.18	9 73				10 71		
		34 10			19 46			15	43 71 29 60		
June	Spr's Pay	33		C. A.P.				15			
				AR 202 " 13/6/18	4 87						
				" 432 " 27/6/18	9 73				14 11		
		33		C. A. P.	14 60			15 15	45 21 29 81		
				" 571 " 10-7-18	25						
				" 649 " 12-7-18	9 73						
July	" "	34 10		" 870 " 27-7-18	4 87				18 36		
Aug.	" "	34 10		C.A.P.	14 85			15 15			
		34 10		AR. 1076. 1 C.E.R.B. 3/8	9 73						
				H 944 Dental Corp Charge. 16/8.	7 30						
				AR. 1319. 1 C.E.R.B. 27/8	9 73				10 70		
Sept	" "	34 10		C.A.P.	26 76			15 15			
		33		AR. 1533. 1 C.E.R.B. 12/9	9 73						
				" 1672 1 " 25/9	9 73				9 24		
Oct.	" "	33 34 10		C.A.P.	19 46			15 15			
				" 1890 1 " 15/10	9 73						
				" 2110 1 " 29/10	4 87						
				H 652. Dental Corp. 28/9.	49				13 25		
Nov.	" "	34 10			15 09			15			
Dec.	" "	33		C.A.P.				15			
		34 10		AR 998 C.E.R.B. 6/11	3 73			15			
		67 10		1450 8. 62. 21/11 Card.	9 33			15			
					13 06			30			

Mc Mackellar.
A Milburn

QUALIFIED BY.....
CHECKED BY.....

NUMBER 7617021 RANK Spr. NAME PHELAN. J.P.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
[illegible]	Dec Ord	67 10			13 06			30	13 25		
Jan 19		34 10		cap.				15	56 39		
		101 20			13 06			45	30 80		
Feby		30 80		1827 18/12/18	7 46				82 32		
Mar		34 10		2035 8 lbs. 3/1	3 73				48 7	Cr Bal	
				2235 " 25/1	3 73						
				cap.	53 40			15			
				3407 8 lbs. 5/2.	3 73						
				7162 Fccc 18/2	48 67						
				cap				15	2397		
		64 90			6732			30			
Apl	Pra	33		cap				15	~~4497~~		
	23.97 ~~41.97~~			ax 1096 25/4/19 ~~63 25~~	14 60				~~4657~~		
	33 ~~33~~	33			14 60			15	2737		
	56.97 ~~74.97~~										
	29 60 ~~29 60~~										
	27 37 ~~45 37~~										
				Sick 14/5/19 55							

MAY 1919

6635

War Service Badge
Class "A" No. 226262

6458

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

20 2 23

1. No. 2617021

2 Rank. Sapper

3. Name. Phelan John Patrick

4. Unit. C.E.F.B. Org. R.C.R. In Trans 8th C.D.

5 Date of Discharge 29-5-19 Place Halifax

6 Reason for Discharge Demobilisation.

Next of Kin Mother

Occupation Farm Setter Group

Service in France 3 more Group

Category. A

Minnekahda MAY-14-19 MAY-23-19

R.O. 1420 Kelly R.C.

7. Authority.

8. Proposed Residence after Discharge 43 Pearl Street Dorchester Mass U.S.A.

1st address Discharge Station "B" c/o Mr. James Lovett Portland St Dartmouth N.S.

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.?

J P Phelan

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date HALIFAX, N.S. MAY 22 1919

Signature Major

O. C. Dispersal Station "B"

(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

E. R. J.

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
2. Particulars of Recruit (M.F.W. 133),
3. Casualty Form (A.F.B. 103).
4. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
5. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
6. Dental Certificate (C.A.D.C. 5003a),
7. Field Conduct Sheet (A.F.B. 122.)
8. Proceedings on Discharge (M.F.W. 218a)
9. Discharge Certificate (M.F.W. 20)
(Enclosed in special envelope (260M)).
10. Copy of Discharge Certificate (M.F.W. 30a),
11. Equipment Statement Q.M.G. Form (D.O.S. 2),
and Clothing Certificate (C.D.S).
12. Last Pay Certificate (P. 851).
13. War Record (A.H.Q.04),
14. War Service Gratuity Form, M.F.W. 2595),
15. Casualty Documents.

Group A
Checked by No. 24
ADM
Date 9/5/19

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	261702	Pte	Phelan	Jack
Year	Unit.		Age.	Service.
	8th Batt. C.E.		25	2/12

Station and Date.

Disease Influenza.

Feby 26-19 Complains, Pain in Chest cough
12 C.G.H. and in perspiration.
Brmshot Onset 15/2/19. Cold on Chest Cough,
difficulty in taking breath, reported
sick in billets sent to bed for
one week. Wet Cupping and was
sent to Base by C Hawes, reported
sick again C Hawes. Remained
off duty 3 days. Sent to England.
reported sick 18/2/19. Brmshot.
admitted to Detention Hut 20/2/19.
transferred to #12 C.G.H. 26/2/19.
Family History. negative.
Personal History Influenza one year
ago.
Present Condition. T. 98 P 78 R 22
Face flushed, General malaise and
Eyes heavy,
Some Cough and in perspiration.
Breath sounds suppressed over
Whole of Chest anteriorly and posteriorly
Scattered Rhonchi and sibilant
Rale over apices front and back
No impairment of resonance.
Circulatory and Nervous System Normal.
Routine treatment, Edwards Capt.

Reg't No 261702 Pte Phelan Jack 43 Pioneers Manchester Regt

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

(44502) Wt.W 11203—M 1150. 1,450,000. 6/12 16. C.F.&S. Forms/I. 1237/12. (E239)

P.T.O.

Station and Date.	
7/2/19	Complains of pain left side of Chest.
3/3/19	Complaining of Capt. otherwise well Admitted Wdd.
18/3/19	Convalescent. Slight cough & Expectn. otherwise.
25.3.19	Good recovery. To Duty 27th Inst.

J. Ross
Capt RAMC

13.

Report No. _____ Army Form W. 3212.
(In books of 100)

Regtl. No., Rank and Name } Dvr. Phelan 261421 Age _____ Corps C.E.

Disease Influenza Hospital 12 V.A. Cyclist.

To Officer i/c Laboratory. Ward 19

Please carry out an examination of the accompanying specimen of Urine

with special regard to Routine

Nos. of previous Reports (if any) _____

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

Date 27-2-19

O. i/c Ward.

LABORATORY REPORT.

Reaction acid
albn nil
sp gr 1024
Sugar nil

Date of Examination 28/2/19

A. Montgomery Capt
O. i/c Laboratory.

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

LABORATORY REPORT

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps 8th Battalion — Military Hospital

No. 26/7021 — Rank and Name Pte Shelamu, Jack — Age 25 — Service 3 1/12

Disease Influenza — Date of admission 26-2-19 — Date of discharge — Result

Dates of Observation	26	27	28	1	2	3	4	5	6	7
Days of Disease	1	2	3	4	5	6	7	8	9	10

Temperature Fahrenheit — Time A.M. P.M.

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

admitted

Pulse per Minute	78	88	80	82	82	90	92	92	104	88	72	78	84	68	72	76	68	84	88	72	68	72	72	72	72	72	72	72	72	72
Respirations per Minute	22	24	24	22	20	22	22	22	22	20	18	18	18	18	18	18	18	18	20	20	20	20	20	20	20	20	20	20	20	20
Motions per 24 hours			1			1																								

(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature _____ In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps_____ Military Hospital_____

No._____ Rank and Name_____ Age_____ Service_____

Disease_____ Date of admission_____ Date of discharge_____ Result_____

Dates of Observation

Days of Disease

Temperature Fahrenheit

Time A.M. P.M.

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

8 6 4 2

Pulse per Minute

Respirations per Minute

Motions per 24 hours

(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature_____ In charge of case.

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

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

NAME OF SOLDIER (Block Letters) PHALEN J. P.

REGIMENT 8th Can Eng Hdqrs RANK Dvr No. 2617021

Date of Examination in England _____ Date of Examination in France 10-1-19

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper — Bridge Repair
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? no.

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

- (*a*) In Canada yes.
- (*b*) In England yes.
- (*c*) In France

Signature of Dental Officer D St Marlatt Capt

Regional No. _____ **MEDICAL HISTORY of—** **A.F. B.178**

Regimental No. 26/1702/1 *Region* _____

Surname Nolan *Christian Names* John Patrick

TABLE I.—General Table.

Birthplace { Parish Ballyfin / County Q.S.

Examined { on 15 day of 9 191 7, / at Aldershot N.S.

Declared Age 25 years 6 mts days.

Trade or Occupation Steam Fitter

Height 6 feet 9 inches. Weight _____ lbs.

Colour of Hair Grey Complexion Fair

„ Eyes Brown

Chest Measurement { Girth when fully expanded 39 inches. / Range of expansion _____ inches.

Physical Development _____

Vaccination Marks { Arm, Right. _____ Left. _____ / Number _____

When Vaccinated _____

Vision { R.E.—V= _____ / L.E.—V= _____ With Glasses { R. _____ / L. _____

Identification Marks, such as Tattoo, Moles, Scars, etc. :—

Scar on back of L forearm

Defects or Ailments :—

Examined and found—

Fit for Grade { I. / II. / III. / IV. } A 1

(Strike out those which do not apply.)

Signature Rd. K. Killan Capt RAMC

Chairman of Medical Board

Re-examined for posting at _____

On _____ day of _____ 191__

Enlisted { at _____ / on _____ day of _____ 191__

	Corps.	Regtl. No.
Joined on enlistment		26/1702/1
Transferred to		

TABLE III.—Boards, Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service; Extension, Re-engagement, or Prolongation of Service, Issue of Surgical Appliances, Particulars of Dental Treatment, etc.

Date	Brief details and Signature

Special Remarks : state if a discharged Soldier

TABLE IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

Became non-effective by _____

on _____ day of _____ 191__

(*Signature*) _____

(*Rank*) _____

7430 2998/403 250m (4) 4/18 J.P. Gp. 158
8045 9152/666 250m (5) 6/18

TABLE II.—Only for admissions to Hospital or to the Sick List in Case of Warrant Officers treated in quarters

Name of Hospital	Admitted to Hospital.			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				

*Regional No.*_____ **MEDICAL HISTORY of—** **A.F. B.178**

Regimental No. 261702 *Region*_____

Surname PHELAN *Christian Names*_____

TABLE I.—General Table.

Birthplace { Parish_____ / County_____

Examined { on ____ day of _____ 191 , / at _____

Declared Age _____ years _____ days.

Trade or Occupation _____

Height ____ feet ____ inches. Weight ____ lbs.

Colour of Hair _____ Complexion _____

„ Eyes _____

Chest Measurement { Girth when fully expanded _____ inches. / Range of expansion _____ inches.

Physical Development _____

Vaccination Marks { Arm, Right. ____ Left. ____ / Number ____ ____

When Vaccinated _____

Vision { R.E.—V= _____ / L.E.—V= _____ } With Glasses { R. ____ / L. ____

Identification Marks, such as Tattoo, Moles, Scars, etc. :—

_____

_____

Defects or Ailments :—

_____

_____

Examined and found—

Fit for Grade { I. / II. / III. / IV.

(Strike out those which do not apply.)

Signature _____

Chairman of Medical Board.

Re-examined for posting at _____

On ____ day of _____ 191__

Enlisted { at _____ / on ____ day of _____ 191__

	Corps.	Regtl. No.
Joined on enlistment		
Transferred to		

TABLE III.—Boards, Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service; Extension, Re-engagement, or Prolongation of Service, Issue of Surgical Appliances, Particulars of Dental Treatment, etc.

Date	Brief details and Signature

Special Remarks : state if a discharged Soldier

_____

_____

_____

_____

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Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

Became non-effective by _____

on ____ day of _____ 191__

(*Signature*) _____

(*Rank*) _____

7480 2998/403 250m (4) 4/18 J.P. Gp. 188
8045 9152/666 250m (5) 6/18

TABLE II.—Only for admissions to Hospital or to the Sick List in Case of Warrant Officers treated in quarters

Name of Hospital	Admitted to Hospital. Day	Month	Year	Discharged from Hospital Day	Month	Year	Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case-sheet.	Signature of Medical Officer
№ 12 CAN. GENERAL HOSPITAL										
	26	2	19	27	3	19	Influenza	30	Disembk Belgium 5/2/19. Admitted Horton Hospital S.D. with 3 days history of Chest pain, Cough & Expectoration. Temp 102 Diffuse Bronchitis. Recovering. To Duty	[illegible] Capt RAMC

AUDITOR 6 | PAYMASTER 10

Minnekahda 23-5-19

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

M. OR S.

REGT. No. 261702 RANK Cpl. NAME (IN FULL) Phelan J P (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? DATE EFFECTIVE

TO WHOM PAID Mrs B 30.00 1-6-19 RELATIONSHIP

ADDRESS Same as A.P.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
2nd	14-5-19	Lo. 161

ORIGINAL UNIT C.E.F. C.E.F.T.D. IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY $ 15.00 DATE EFFECTIVE 1-6-19

PAYABLE TO Mrs B Phelan RELATIONSHIP Mother ANY CHANGE IN ASSIGNEE OR ADDRESS Shawmut Bank.

ADDRESS 43 Pearl St Boston, Mass U.S.A.

Dorchester Mass U.S.A.

STOP PAYMENT FROM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE Hfx. DATE 29-5-19 REASON Lemob. AUTHORITY Lo. 161 IF ENTITLED TO POST DISCHARGE PAY

ZPB adj to

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
30-4-19							27	37																												Balance as stated on Ltr. 1-6-19 Add 1 m 2 Ovs Bonus Ref 26 Cheque No D 119469 a.a. money ac
29-5-19	29	110	31	90	36 00 70 00				164	27							487	50	139	40	150	0							164	27					
					W.S.G. S.A.												WAR SERVICE GRATUITY W.S.G. S.A.																Bal			
127 days					280 00	120 00	400	00									70 00																210 -	120 -		1st Payment Pay Book 2-1-19 #877099 Pte Phelan
																	70 00	59 00	1	00													140 -	60 -		
																	70 -	30 -															70 -	30 -		6.8.19 #893473-4
																	70 -	30 -															Bal	Bal		21.8.19 #1131222-3
			280	00	120	00	400	00									280 00	119	00	1	00		400	00												

Completed

Certified that all payments due on this acct. have been paid.

Capt.

For Senior Officer Pay Services, M. D. 6

JUN 26 1919

#5578

200M-3-19.—L. — 58786-11. & D. 9985.
M. F. W. 2596.
1772-39-1390.

No 7595

Date of Enlistment

1-11-17 - O.K. B. of R.

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

~~20~~	25		

1-12-17

1327

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No. 2617021

Rank Pte Promoted Reverted Discharge

Soldier's Name John Patrick Phelan

Battalion C.E.F. Recruits enlisted in U.S.A.

Beneficiary Mrs. Bridget Phelan

Relationship Mother

Address 12 Dexter St, So Boston, Mass. U.S.A.

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

	1917 Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
2nd Series	Dec 31	—	nil	nil	nil	
E.F.C. 18 12 17	Dec	E 53454	45		45	R.C. – mailed 19 12 17
	Jan	J 68799	25~		25~	

a.p.

CANCELLED

Retd to Transferred to airplane

M. F. W. 128.
400M.—-17—1772 39-1141
L. L. 22390—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

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. 7993.

Date of Enlistment

~~1-11-17~~ OR B. of R

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

Dec 1/17

RATE OF SEPARATION ALLOWANCE

~~20.00~~	25.00	30	

1-12-17

I 9 18
PC 2753
M O 22726

P 4372

RATE OF ASSIGNMENT

15-			

PARTICULARS OF SEPARATION ALLOWANCE

No. 2617021

Rank Pte Promoted Patrick. Reverted Discharge

Soldier's Name John^ Phelan

Battalion C. E. F. enlisted in U. S. A.

Beneficiary

Relationship Mother

Address

M F W.2554 Issued JUL 20 1918

PARTICULARS OF ASSIGNMENT

Name Mrs. B. Phelan

Address ~~+ Dexter St, So Boston~~, Mass.

Change of Address U. S. A.

1 43 Pearl St. Dorchester Mass.

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
				~~45-~~		M.R.O. 2a-17-5-18.
Dec	E 53454	45-	15	15	R	mailed 31/12/17.
Jan 18	W 66469	25-		25		
	W 71564		15	15		
Feb 18	V 73144		15-	15-	Sa.B.	
Feb. 18	74772	25		25		Mailed 19-2-18
Mar 18	Q 91348	25-	15-	40	Sa.B.	
april	Q 7973	25-	15-	40	✓	
May	U 15885	25	15	40	✓	
June	Z 14522	25	15	40	✓	
July	Z 25875	25	15	40	✓	
Aug	Z 38460	25	15	40	✓	
Sept	Z 52411	25	15	40	✓	
Oct.	Z 67279	25-	15-	40	✓	
Nov	2 81854	25	15	40	✓	
Dec	2 91397	45	15	60		
Jan	2 112451	30	15	45	✓	
Feb	Z 125597	30	15	45	✓	
Mar	Z 137490	30	15	45	✓	
Apr	Z 6472	30	15	45	✓	
May	Z 14287	30	15	45	✓	
		515	270			

A/c Closed 31-5-19
Ret'd per Hannickahute
Date 23-5-19 F. 30-5-19
Clerk
Mid 6
MKO dis Pte 88143 J Ud

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

M. F. W. 128.
400M.—4-17—1772 39-1141
L. L. 22320—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—1772-83-1141
L. L. 22320—M. & D. 7993.