C.E.F. REGIMENTAL DOCUMENTS

NAME CAREY, JOHN WM. MOORE REGT. No. CAPT. UNIT 78 BN H. Q. FILE No. 06741

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133 or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					CATEGORY
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					CATEGORY
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					DEMOB
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
CARDS					
PAY-SHEETS					

H

Deceased 9-7

M.F.W. 2589
20M-4-46 (9113)
H.Q. 1772-39-1377

Original Card 2 c/3/16.

Unit 78th. C/S Batt. C.E.F Rank Lieut Name J.W.M.Carey

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

1. (*a*) What is your Surname? Carey

   (*b*) What are your Christian Names? John Williams Moore

2. (*a*) Where were you born? (State place and country) Bream, Glos. England

   (*b*) What is your present address? Cypress River, Man

3. What is the date of your birth? January 11th. 1873

4. What is (*a*) the name of your next-of-kin? Mrs. Hilda Mary Carey

   (*b*) the address of your next-of-kin? Cypress River, Man

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

5. What is your profession or occupation? Farmer

6. What is your religion? Church of England

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

8. To what Unit of the Active Militia do you belong? 78th. Battalion. C.E.F.

9. State particulars of any former Military Service No

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.

J Carey (*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 March 6th. 1916

Place WINNIPEG, MAN.

Medical Officer.

*Insert here "fit" or "unfit".

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

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.....Grenadiers

(2) Regimental Number 78th

(3) Full Name of Soldier.....John Williams Moore Carey

(4) Place of Birth.....Bream, Gloucestershire

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

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

(b) Present Postal Address.....Cypress River Manitoba

(7) Are you a widower ?.....No

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

If so, give number of boys and girls.....2 boys 1 girl

Also their names and ages.....Richard Norton Carey, Albert Carey,
Bridget Carey,

M. F. W. 67
20-M.—2-16
1772-39-954

(SEE OTHER SIDE.)

(9) Is your Father alive ? No

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

(10) Is your Mother alive ? No

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

.....

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

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

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

.....

.....

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

.....

.....

.....

(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.

J. S. Finnemore Lt.-Col.
Officer Commanding.

Date March 31st 1916

78th OVERSEAS BATTALION C, E, F,

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS DISTRICT XI

NAME OF SOLDIER Carey, Jno.

REGIMENT 78th Lab. Co. RANK Sapt. No.

M.F.B. 465.
200M.—6-18.
1772-39-650.

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date		Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination	Oct.	1920										4	1		1	2					E. S. Tait		Exams

COMPLETED

Thos. Carey Capt.

District Dental Officer, M.D. No. 11

FEB 3 1921

169

Courtesy Dr. L.J. Tait

JUL 2 1920

COPY

CADC 5009A. CANADIAN ARMY DENTAL CORPS, C.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION.

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 CAREY J.W.M.

REGIMENT 78th Bn. RANK Capt. No.

Date of examination in England 7-5-19

Date of examination in France.

C H A R T

Courtesy Mr. Mills' Estate

Present Dental Requirements.

1. Fillings 29

2. Extractions

3. Crowns

4. Dentures
   (a) Full Upper Reset
   (b) Part Upper
   (c) Full Lower
   (d) Part Lower 18. 19. 30.31.

Has he ever refused Dental Treatment?

Has he ever received Dental Treatment? (Reply by "Yes" where applicable to any or all of a, b or c.
   (a) In Canada
   (b) In England Yes
   (c) In France.

Signature of Dental Officer. R.H.Aljoe Capt.

CANADIAN ARMY DENTAL CORPS—C.E.F.

REPORT FOR WEEK ENDING.....191.....
(Showing work for each day in week.)

From (Name of Operator).....

Attached to.....

Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root filling	Pulp Cap	Devitalization	Dentures. U	Dentures. L	Dentures. P	Repairs	Prophylaxis	Extracting	Anaesthetic	Examined	Previously treated	Not previously treated	Completed	Incompleted	Number of operations	Remarks
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
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TOTAL.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

SUMMARY

Number of Patients Treated.....

" " " Completed.....

" " " Incompleted.....

" " Dentures.....

" " Operations.....

.....C.A.D.C.

NOTE SPECIAL CASES ON BACK OF FORM.

M. F. W. 50

20M – 12-16.
1772-39-916.

To: Officer Commanding: ..... 78 Bn.

The following is a special EYE report on theundermentioned. Your M.O. attention should now be called to it and the case should now be paraded, with this report in triplicate, the Medical History sheet and the Casualty Form to
the [redacted] IS
Long Board as there [redacted] disability of the EYE.

.....

NAME Carey J.W.M. NUMBER —— RANK Capt. UNIT 78 Bn.

FORMER OCCUPATION Farmer.

ORIGINAL DISEASE OR INJURY Myopia.

DATE OF ORIGIN Acquired PLACE OF ORIGIN.....

CAUSE Congenital

PRESENT DISABILITY Defective Vision

VISION	RT:- 6/60	With Glasses	RT:- 6/9
	LT:- 6/60		LT:- 6/9

Category recommended B1

history or present condition.....
Always has been short sighted

.....

Did the disabling condition have origin before enlistment Yes

If so has it been aggravated by service No

Has the disability been caused or aggravated by Intemperance or Improper conduct or unreasonable refusal to accept treatment No

What is the probable duration(in months) of the disability Permanent

Can the Former trade or occupation be resumed Yes

Fundi...

Ref

W E Campbell

Capt C.A.M.C.
Officer i/c Eye & Ear Dept.
Medical Board Dept
C.C.C.Bramshott.

Date 13-8-19

A.D.

B. P. C. FOLIO
FALSE DOCKET
2

ORIGINAL.

MEDICAL HISTORY SHEET.

Surname Carey *Christian Name* John Williams Moore

Examined { on ..... day of ..... 191 .....
at .....

Birthplace { City or Town Brans
County Glos. England

Apparent age 43

Trade or occupation Farmer

Height 6 Feet ..... Inches.

Weight 189 Lbs.

Chest measurement { Minimum 37 inches.
Maximum expansion 40 inches.

Physical development Good

Small-Pox Marks .....

Vaccination Marks { Arm Right. Left. X
Number Two

When Vaccinated last Childhood

(*a*) Marks indicating congenital peculiarities or previous disease .....

(*b*) Slight defects but not sufficient to cause rejection .....

Approved by J. D Enrhs

Rank Capt RAMC M.O.

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	VACCINATIONS.
		M.O.
		M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.
		M.O.
		M.O.

Enlisted on ..... *day of* ..... *191* ..... *at* .....

	CORPS.	REGT'L NUMBER.	HABITS.	DATE.
Joined on enlistment	78 Bn.	Lieut		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
Bramshott	13/5/19	Myopia	a Wastage Cpl

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

M. F. B. 313.

400M.—1-16.
H. Q. 1772-39-439.

Surname Causey Christian Name John Wallace Brown

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				
5th, DRX. Hosp.	B'logne.	14	5	17	1	6	17	P.U.O. Slt.		Dis to duty	A667-695 C

A 2 M form 1-11-16.

Assignment as at
November 1st, 1916.

30-6-9

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

Carey, J. W. M. ~~Lieut.~~ Capt 78th Battalion. 30

Mrs. H. M. Carey,
Cypress River,
Manitoba. Canada.

RETURNED TO CANADA
L.P.C. TO 30 JUN 1919
TRANSFER ... LEDGER

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						

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

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

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

Sheet No. 2.

L. L. Job 89002.—Req. 6213.

Hilda M Carey Wife

Name of Soldier Carey, J. W. M. Capt. ~~Lieut~~

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	S 2260	65	65
May		M 7319	30	30
June	D	2953	30	30
July	C	S 831	30	30
Aug.		J 11769	30	30.
Sept.		C 15345	30	30
Oct.		R 18633	30	30
Nov.		P 22031	30	30
Dec.		124734	30	30
Jan.	1917	S 28296	30	30 102 academy. Rd winnipeg
Feb.		S 31404	30	30
March		S 34529	30	30
April		J 389	30	30
May		S 3946	30	30
June	27 M.L.R.	U 6676	30	30 750 Mulvey St Winnipeg
July		T 10335	30	30
Aug.		W 13343	30	R
Sept.		V 16551	30	130
Oct.		D 21093	30	T
Nov.		~~C 25838~~	~~30~~ 95	RE-WRITE C 25838 ban Inc
Dec.		~~D 26902~~	~~30~~ 40	700 D 26902 ban Inc
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

T25583

aff

L-L. Job 5470—M. & D. 6888

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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

Wife

To Whom Mrs Hilda M Carey

Address ~~Cypress River~~ ~~102 Academy Rd. Winn~~ 750 Mulvey ave Winnipeg Man.

Rate 30cc Nov 1/16

2 M 31/10 H. Ft. 19 12/16

By Whom Assigned Carey J. W. M.

Regtl. No.

Rank ~~Lieut~~ A/Capt 14 5/17

Corps 78 Bn

6/12/17 27/7

PAYMENTS

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

CONSOLIDATED ACCOUNT 5

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.				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2. Mrs Hilda M. Carey (Assignee)

Name of Soldier Carey J. W. Jr.

L. L. Job 5470—Req. 6888.

Nov 1/16 A/Capt Lieut 30.00 Remarks. 78 Bn

Month.	Year.	Cheque No.	Amt.	
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		D 35991	60	
Jan.	1917	C 38696	30	43763. cancd M.J.E. 7/2/17
Feb.		~~C 43763~~	~~30~~	30 - 2 - 102 Academy Rd. Winnipeg
March		E 49936	30	30 Cunap 1/2/17
April		R 609	30	30 6
May		37210.	30	
June		138 23	30	30 X
July	Cancelled	D 20703	~~30~~	750 Mulvey Ave. Winnipeg Man 27/7/17
Aug.	60	A 18716	60	60 Acct closed as per A/C 649-6-8600
Sept.		X 35343	30	Adjust: File 02766 J 3 13/7/17
Oct.		N 46630	30	$240 T.E. to J.H. 13/8/17.
Nov.		~~P 53682~~ P 53681	~~30~~	Closed in error J.H. 13/8/17
Dec.		K 55029	30	P 53681 cancelled also see cable P0380 17/11 DAAP 02766-J-3.
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

240

5·40
6 h.
9 h.
10 0
7

18 30
5·40

26-2-16 143

L. L. Job 95618—M. & D. 6555.

MILITIA AND DEFENCE

M. F. W. 11.
15m.—3-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Hilda M. Carey

Address ~~Cypress River~~ Man

~~102 Academy, Ave~~ Winnipeg

Relation to Soldier wife, child or mother } Wife

750 Mulvey Ave

Name of Soldier Carey, J. W. M.

Regtl. No.

Rank ~~Lieut~~ Capt. 14-5-17. Opt. M. 29/9/17.

Corps 78 Batt 12/10/17 Rep 29

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 ADDRESS

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				
9-5-19	78 Bn	Proceeded to England		5/5/19	Pte O. 32
11-5-19	78 Bn	SOS from 78 Bn		5/5/19	Pte O 19
		Sailed for Canada		31/5/19	Sailing List 78
2/6/19	66 Brans	SOS proceeded to Canada		30/5/19	Pte O. 32

17460

R 150

AUG 1 1916

C.T. Rank and Name CAREY John William Moore ~~Lieutenant~~ Capt. M.C.

Regimental No.

Unit 78th Battalion

Date of enlistment

Place of birth Bream, Glos. England.

Married (Yes or No) Yes

If in Permanent Force

Promotions or appointments

Name and Address of Next-of-Kin
Mrs Hilda Mary Carey, (Wife)
Cypress River, Manitoba,
Canada. also Wolfy

Date and place of discharge

Reason for discharge

Character on discharge

also notify
Mrs Gwen Mumford
The Grammar School
Gillingham
Dorset
Mrs A. Carey
1 Mornington Rd. Regents Park N.W.1

LEFT CANADA 20 5 16

A.F.B. 103
24 8/16

Report Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
21.7.16	78th Bn	appointed Transport Officer proceeded o/s		21.7.16	P.O. II ord 41
3.1.17	78th Bn	Granted leave of absence from 18/1/17		12.8.16	A.F.B. 103 UK P.O. II ord 41
18.5.17.	C.R.O.	adm. 5th British Red x Stn	Boulogne	14.5.17.	C.L. 677. P.O. Sh.
8-6-17	do	Discharged to duty	do do	1-6-17	C.L. 695 do
4-8-17	Gen Hq	To be a/Capt vice Temp Capt G.S. Houston (wounded)		14-5-17	ACR List - 147 L.G. 30244 - 23/11/17
28-8-17	78 Bn	Granted 10 days leave of absence from		18-8-17	P.O. II 79
29-8-17	A.G.	Granted extension of leave from 28-8-17		3-9-17	A.G. 3a(1) 188
14-1-18	78 Bn	Granted 14 day leave to England from		5-1-18	P.O. II 3.
		MENTIONED IN DESPATCHES - Lon. Gaz. 30448 d. 28/12/17			
28-7-18	78 Bn	Granted 14 days leave to U.K.		13-7-18	P.O. II 64
16-11-18	W.O.	To be Temp Captain		22.9.18	L.G. 31068
1-1-19	W.O.	awarded Military Cross			L.G. 31092
29-1-19	78 Bn	Granted 14 days leave to U.K.		12-1-19	P.O. II 9

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-9 0.

Casualty Form—Active Service.

Unit, Regiment or Corps. 78th Bn

Regimental No..... Rank Capt C. E. F. Name Carey . J W . Jr

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

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B 213, Army Form A. 36, or other official documents
Date	From whom received				
13/6/19	M.H.Q. Ottawa	T.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 10	31/5/19	C.E.F. R.O. No. 2016-19
23-6-19	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 10	15-6-19	C.E.F. R.O. No. 2040-19

W. Hunter. Capt.
for Director Personal 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 dutie .

[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				

Certified R.L. 91-a
R.L. 24-8-16

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps 78th OVERSEAS BATTALION C. E. F.

Regimental No. ..... Rank Lieut C. E. F. Name Carey, John Williams Moore

Enlisted (a) 6 Mch 16 Terms of Service (a) ..... Service reckons from (a) .....

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

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

W.S.B. CLASS A.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked Canada	Halifax	20-5-16	
		Disembarked England	Liverpool	30-5-16	
		Proceeded for Service Overseas	Southampton	12/8/16	P. A. Goodes ..... Capt. & Adjt. 78th. Battalion, C. E. F.
24/8/16	M.L.C.	Disembarked	Havre	15/8/16	Landing Return C 101
23.12.16.	78 Batt.	Granted leave of Absence from	18.12.16 to	28.12.16.	B.213 Pt. II O. 1dy - 3.1.17
b. 1.17.	do	Rejoined Unit	Field	31.12.16	B.213.
~~29.1.17.~~	~~Adj. 78th~~	~~Wounded~~	~~Field~~	~~27.1.17.~~	~~List No 8. Dec. 70.~~
~~3.2.17~~	~~78th~~	~~do~~	~~"~~	~~27-1-17~~	~~B.213. Dec 75~~
~~3.2.17.~~	~~23. C.C.S.~~	~~Bt Wd head. (Cerebral Hernia) adm~~	~~23 C.C.S.~~	~~28.1.17.~~	~~A.36. Dec. 9th~~
~~10.2.17~~	~~23 C.C.S.~~	~~Bt Wd head (Cerebral Hernia) adm~~	~~23 C.C.S.~~	~~28.1.17~~	~~A 36 Dec 78~~
19.5.17	78th Bth	Sick to	C.C.S.	12.5.17	B213 DCS 108.
3.6.17	C.B.D. Etaples	Arr. C.B.D. Et Hosp	C.B.D.	3-6-17	R.R.
19.5.17	11 C.F.A.	French Fever Adm	11 C.F.A.	13-5.17	A 36/E418 DCS 110
1-6-17	5th B.R.C.	P.U.O. to 2 Duty	23 C.C.S.	13-5.17	603034/402004.
				1-6-17	

(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.

Lieut. Carey. J.H.M.

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				
10.6.17	4th C.J.B.D.	Left for Unit	Field	10.6.17	N.K.
16.6.17	78th Bttn.	Rejoined Unit	"	12.6.17	B213 D.C.8114
4.8.17	A.C.R.	To be Acting Captain vice Temp Capt G.S. Thornton (wounded)		14.5.17	Lieut 147 Gaz 4/17/8/17
18.8.17	78th Battn	Granted 10 days Leave of Absence		18.8.17	B213 Gaz 7/9/17
29.8.17	D.A.A.G.	Granted extension of leave from 28.8.17 to		3.9.17	N.K. Ref. A.G. 3 A.(1) 188.
8.9.17	78 Bn	Rejoined from leave		1/9/17	B213 and 82 d/8.9.17
5.1.18	Unit	Granted 14 days Leave to England		5.1.18	B213 A.H.Q. ord 3 d/14.1.18
26.1.18	"	Rejoined Unit Ex Leave		21.1.18	B213
28.12.17	Lon. Gazette.	Mentioned in Sir Douglas Haig's Despatch of 7th November/17.		7.11.17	No 30448. A.H.Q. ord 14 d/21.2.18.
13.7.18	Unit	Granted 14 days leave to U.K.		12.7.18	B213 D.O. 64/1918.
3.8.18	"	Rejoined Unit from leave		28.7.18	B213
16.12.18	Lon Gaz.	To be Temp. Captain		22.9.18	31068 D.O. 1/19
12.1.19	Unit.	Granted 14 d. L. to U.K.		12.1.19	B213 - D.O. No 7 - d/22.1.19
1.1.19	"	Awarded Military Cross		1.1.19	Lon Gazette 31092 d/1.1.19. D.O. 9/19
1.2.19	Unit	Rejoined Unit from leave		30.1.19	B213
31.3.19	James Ted Lieut	Proceeded to England.			

PROCEEDED TO CANADA
for CAPT.
OFFICER i/c RECORDS,
"G" WING C.C.C.
BRAMSHOTT.

Lieut. for Lt Col. A. A. G.
Canadian Section, G. H. Q. - 3rd, Ech.

S.F. - MPL NOV 31/17
III IFX LUNE
N. 7 ADR 1/7

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

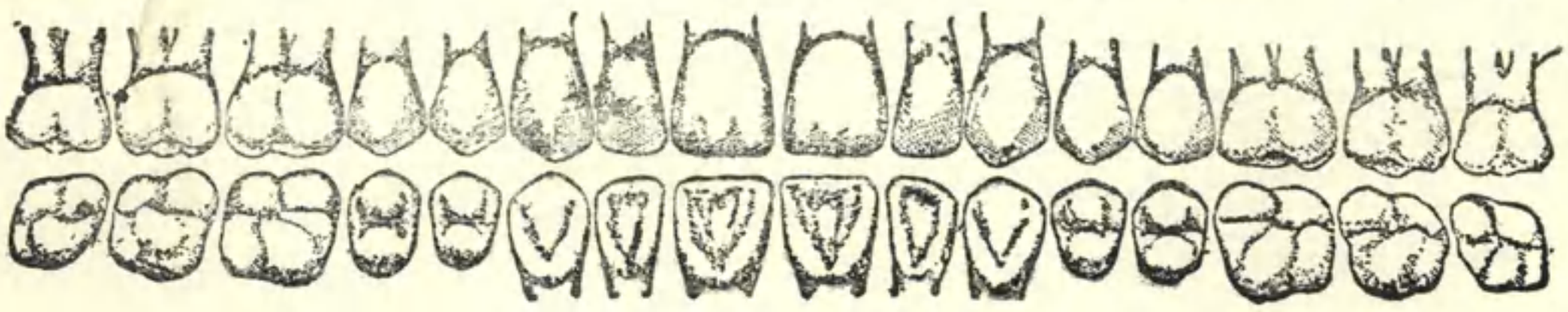
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) Carey, J W M.

REGIMENT 78th Bn. RANK Capt. No.

Date of Examination in England 7/6/19 | 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

W M.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 29.
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper Set A
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower 18 19 30 31

HAS HE EVER REFUSED DENTAL TREATMENT ?

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

- (*a*) ~~In Canada~~
- (*b*) In England Yes
- (*c*) ~~In France~~

Signature of Dental Officer R.T. Alexander

417 MENZIES ST,
VICTORIA, B. C.

OCT 16 1920

169

FORM LETTER "C".

To Mr. J.W.M.Carey,

Royston, VI. B.C.

Dental treatment.

You are hereby authorized to receive dental treatment from Dr. E.S.Tait, Courtney, B.C.

You are entitled to the following work: Examination; Full upper denture; Partial lower denture of 9xx teeth #18-19-20-23-24-25-26-30-31; Extract #23-24-25-26; (No charge allowed, Denture to follow) with 2 gold clasps.
and the amount allowed for this work is $36.00

You will please forward immediately on completion of this work, an account in quadruplicate, showing that the work for which payment is claimed has been performed, certified by the Dental Surgeon.

Capt.

District Dental Officer,
Military District No. 11

M.F.W. 2649.
21m.-4-20.(M)
H.Q.1772-39-1468.

Surname.	Christian Name.
CAREY	J. W. M.
Rank.	Unit.
Lieut.	78th Batt.

Date of admission.

Hospital. 5th.Brit.Red X Hosp.Boulogne 14-5-17

Transferred ..... Hosp.

..... Hosp.

..... Hosp.

..... Hosp.

Diagnosis. P.U.O.slt. K

Later diagnosis. .....

.....

.....

.....

Disposition. Date.

..... Dis.to Duty "A",1-6-17

C.L. 18-5-17 677 Remarks.
C.L. 8-6-17 695-2.
C.L. .....
C.L. .....
C.L. .....
C.L. .....
C.L. .....

A.M.D. 2 DEPT.

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

D. M. S. 1347.

Surname	Christian Name	Reg. No.
CAREY	J. W. M.	

Rank	Unit
Lieut.	78th. Batt'n.

MEDICAL BOARD held at	Date	Serial No.
(1) Bramshott Area	13-5-19	

Other Medical Boards at	Date	Serial No.
(2)		
(3)		
(4)		
(5)		

Condition found by Board

Myopia.

Disposition Recommended

(1) Fit for General service.

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at ..... Date.....

Disposition .....

Remarks

Indicate by a P.T.O. if continued on other side.

Reg. No..... Name Carey J. W. M.

Rank Lieut. Corps 78 Bn. Age..... Service.....

Ledger No..... Serial No. .....

HOSPITALS	DATE	DIAGNOSIS
General Winnipeg	23. 3. 16	Influenza
Sick Duty	26. 3. 16	

P. T. O.

HOSPITALS	DATE	DIAGNOSIS

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

FORM R. 149.
7106—250m—7/2/17.

Name CAREY *Rank* Lieut. *Reg. No.*

Unit John William Moore
78th.Bn.

Next of Kin Canada also notify Mrs.Givan Mumford. ~~The Grammar~~ 3X
The Grammar School. Gillingham
Dorset.

Date	Movement	Place	Casualty	No.	N/K	W.O. List
14.5.17.	5th.BRX Hosp.	B'Logne	P.U.O.Slt.	677		
1-6-17	Reach to duty	A		69s		

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

10th CARD NO.

SURNAME. Carey "M. C." 25 #1092 1-4-19

CHRISTIAN NAMES John William Moore

REGL. NO. RANK Lieut. Actg Capt

UNIT 78th

FORMER CORPS Fil

R.O.S. 15/6/19
Demob. FOLL. E&K
R.O. 65 14/6/19 #10 DD
R.O. 2040 23/6/19
Bn.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Carey Mrs Hilda Mary

RELATIONSHIP TO SOLDIER Wife

ADDRESS 2108 Central Ave,
Victoria B.C.
B.C.
Vic.

(Coap 12-2-19

COUNTRY OF BIRTH England Bream. Glos. DATE

PLACE OF ATTESTATION DATE R/C 8/6/19 344 Capt

Sailed 20-5-16 Empress of Britain" Halifax

From Actg. May 14-5-17 with R.O. Issued 3-7-17

L L. 94504. M. & D. 6512. M. F. W. 22. 2M—2-16. H. Q. 1772-30-339.

MARRIED Yes. SINGLE WIDOWER

TRADE OR CALLING Farmer RELIGION Church of England

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE Winnipeg, Man. DATE Mar 6th 1916

No Rank Lieut. Name Carey J. W. M.

T. O. S. Transfered from 90th Regt. W.R. D.O. 157. 26 2/16. Unit 78th Battalion.

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916.			
Feb. 26	Feb. 29	✓		
	Mar.	✓		
	April	✓		
	May	✓		

UNIT SAILED
MAY 20 1916

Number ..... Rank CAPT

Surname CAREY

Christian Name JOHN WILLIAM MOORE

Units ..... Theatre of War FRANCE

Date of Service 12.8.16

Remarks .....

Latest Address ~~2108 Central Ave~~
~~Victoria BC~~
Royston
B.C.

Roll No Page 14376

200m.-2-21.M. man Reg

DEP. JUN 23 1922
REGN. NO. H 41181

Date of Enlistment

26-2-16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch C

OVERSEAS CONTINGENTS

2007

Date of Assignment

May 1/18 ~~Nov 1/16~~

RATE OF SEPARATION ALLOWANCE

~~30~~	40 14/5/17		

RATE OF ASSIGNMENT

~~30.~~	45 7/5/17	30 1-5-18.	

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank ~~Lieut~~ Promoted ~~Capt~~ Reverted ~~Lieut~~ Capt Discharge

Soldier's Name J. W. M. Carey

Battalion 78th Battn

Beneficiary Mrs Hilda M. Carey

Relationship Wife

Address ~~750 Mulvey Ave Winnipeg Man.~~ Repd OK Duth MFW 2554: 27-7-18

PARTICULARS OF ASSIGNMENT

Name Mrs Hilda M. Carey. wife

Address 750 Mulvey ave

Change of Address Winnipeg Man

1 ~~To Miss bowley 9th Fort Bay Blvd~~

2 ~~1514 Elgood St. Victoria B.C.~~ 8/4/18 ~~30/4/18 Mp~~

3 2108 Central ave Victoria B.C. M.O. 67797 8-2-19

4

02766 J 3

Date 1917		Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Dec. 31.			700	420	1120	mailed 14.1.1.7 Br.	2M. 31-10-16.
Dec	U	53443	40		40		Lieut. from 26-2-16.
Jan 1918	N	71428	40	30	70	D	Capt. from 14-5-17. Opml. 29-9-17.
Feb.	D	90968	40	30	70		S/a December cheque not yet made out.
Mch	A	109122	40	30	70	✓	Reported D of W in C.F.Y. #540 to 30-4-18
apl	A	6172	40	30	70	✓	error see File 02766-J-3: Acct. open
May	Y	21067	40	45	85	B.	"15" overpaid in May
June.			40	45	85		by ACP. Recovered
June	J.	400	40	15	55	✓ mailed 20/6/18	by issuing ch for "55
July	T	29086	40	30	70	✓	for June: 7/6/18 J.S.
Aug	E	32542	40	30	70	✓	MRO1c issued 7/6/18
Sept	H	46972	40	30	70	✓	
Oct	I	49414	40	30	70	✓	
Nov	B	62014	40	30	70	✓	
Dec.	M	65338	40	30	70	✓	
Jan/19	J	70015	40	30	70	✓	
FEB	J	80210	40	30	70	✓	
MAR	F	91741	40	30	70	✓	
APR	J	970	40	30	70		
May	Y	6609	40	30	70	✓	
JUN	E	130 51	40	30	70		
			1460	960			

Pensions Notified Date ... 30/4/18 ...
~~Killed in Action~~
Died of Wounds Date 19/4/18 ...
~~Missing~~
C. V 63/12 25/4/18 Clerk J. LeClair ...
Date Noted ... 30/4/18

Sp. adj. ch. o. 8538: S/A & A/P for June: 19/6/18 J.S.

AUDITED.

Rec'd per ... Admiralty

Date 3/6/19 ... M.F.W. 187 MRO 20 Recd 7-6-18

Closed MRO 12722 MRO 2a Rec'd 2/5/18

M. F. W. 128
400M.—6-17—1772-38-1141
L. L. 22320—M. & D. 7583.

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. 2220—M. & D. 7993.

FORM P. 15.
5986—25M—19/1/17

ASSIGNED PAY. **1917-18**

UNIT. NAME OF	DATE	AUTHORITY	RANK.	DATE	AUTHORITY	NAME.
78th Bn		Pay 30.00 F.A. .75 Mess 1.00 4.75 P.d.	~~Lieut~~ a/Capt	~~30/5/16~~ 14/5/17	A/c 147 d 4/8/17	Name Garey Initials John. W. M. Bank of Montreal

Beneficiary
Address Canada

Amount. $ 30.00 1/11/16
Separation Allowance issued. Yes or No.....

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.								
Apl 25	Ass Pay				30			
26	Ape Pay R		108					
27	Bank	3010		78				
May 22	May Pay R		111 60				Rehd for Camp 5/17	
" 17	a Pay Canada				30		N.P.C. to 31/8/17	
" 26	Bank	6029		81 60			T.F. to W.E. Ledger 4	
June 15	A.P. Can				30		Transpired to Leger 12	
" 18	June Pay R.		108				from Ledger 15 8/6/17	
" 20	Bank	7998		78			Dep P.A. as usual	
July 17	A Pay Canada				30			
" 19	July Pay R		111 60					
" 25	Bank	13007		81 60				
Aug 15	A.P. Can				30			
" 17	aug pay R		111 60					
" 22	Bank	17080		81 60				
" 30	Adj Pay for Lt to a/Capt 14/5/17 - 31/8/17	11879	126 50					
" 30	" " " Bank	17697		126 50				
Sept 13	A.P. Can				30			
" 17	Sept Pay R		142 50					
" 21								
" 25	Bank	21813		112 50				
Oct 9	Pay (R)		147 25					
" 11	A Pay Canada				30			
" 22	Bank	26114		117 25				
Nov 15	A Pay Canada				30			
" 16	Pay (R)		~~147 25~~ 142 50					
28	Cash ~~Cash~~ Bank	30909		2 00 / 110 50				

FORM P. 15.
5986—25M—19/1/17

ASSIGNED PAY.

UNIT. NAME OF: 78 Bn. DATE: . AUTHORITY: .

RANK. Lieut a/Capt. DATE: 30-5-16. AUTHORITY: 114 5/17 A.C. 1147 d/- 14 5/17

NAME. Name Carey. Initials John William M. Bank of Montreal.

Beneficiary

Address

Canada

Amount. $ 300.00 1/11/16.

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

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	Brought forward.					Nil		
Dec 7	A Pay Canada				30			
11	Pay (R)		147 25					
13		Bank 35096		117 25		—		
1918								
Jan 14	A Pay Can.				30			
16	Pay (R) Jan.		147 25					
23		Bank 39441		117 25		—		
Feb 12.	A Pay Can				30			
16	Pay (R) Feb		133					
21		Bank 41013		103		0		
Mch 12	A Pay Can				30			
15	Pay (R) Mch		147 25					
21		Bank 42637		117 25		0		

FORM P. 15
2227—10M—1/1/17

ASSIGNED PAY.

UNIT.

NAME OF	DATE	AUTHORITY
78 Bn.		

RANK.

	DATE	AUTHORITY
Lieut	30/5/16	

NAME.

Beneficiary

Address

Canada

Amount. $40.00 1/4/17

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

Name Carey
Initials John Wm M.
Bank of Montreal

1916-17

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
	Bro Ford					0		
Mch 17	A.P. Can				30			
21	Pay March		111 60					
22	Bank			81 60		0		

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY.	UNIT. NAME OF	DATE	AUTHORITY	RANK.	DATE	AUTHORITY	NAME.
Beneficiary							Name
Address							Initials
							Bank
Amount. $							
Separation Allowance issued. Yes or No.....							

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS

FORM P. 15
5986–25M–19/1/17

ASSIGNED PAY. | UNIT. | RANK. | NAME. 15

UNIT: NAME OF 78 Bn | DATE AUTHORITY Rates Pay 3.00 Za 75c Mess 1.00 4.75 p.d.

RANK: a/Capt 14/5/17. Gaz 147 d 4/8/17. | 2/Capt 22/9/18. 78 Kg. 28529/9/18

Beneficiary

Address

Amount. $ ~~30.00~~ 30.00 Canada 1/11/16.

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

NAME: Name Carey | Initials John W M | Bank of Montreal

add Outfit allce 1/8/18 $100

DATE 1918	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
Apl 17	a.P. Can.				30			
19	Pay R.		142 50					
23	Bank.	1173		112 50		0.		
May 21	Pay R.		147 25					
9.	a.P. Can.				30			
24	Bank	2645		117 25		0		
June 10	a.P. Canada				30			
	Pay R.		142 50					
24	Bank	4047		112 50				
July 11	a.P. Can.				30			
	Pay R		142 50					
31	Bank	5586		114 25				
Aug 15	a.P. Can.				30			
	Pay R		142 50					
23	Bank	7207		114 25				
Sep 11	a.P. Can				30			
16	Pay R		142 50					
25	Bank	9103		112 50				
Oct 14	a.P. Can				30			
17	Pay R		142 50					
22	Bank	10363		114 25				
31	Outfit allce 1/8/18.		100					
Nov 2	Bank	10840		100				
	a.P. Can				30			
	Pay R		162 50					
	Bank	12605		132 50				

FORM P. 15
5986–25M–19/1/17

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

Beneficiary
Address Canada
Amount. $ 30 1/16
Separation Allowance issued. Yes or No.....

78 Bn — Pay 3 — Fa 40 — Med 1/4.75

a/Capt 14 5/19 — 1/Capt 22 9/18 — 29 Dec 18. — V 18975

Name Carey
Initials John W. M
Bank of Montreal

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
Dec	Pay R. A.P. Can Bank	13770	155.		30			
1919 Jan 17				125		0		
Jan 20	A.P.Can.				30			
20	D.O.R. Khaki ds £10-4-0 13/19 - 80 1647			4964				
21	Pay (R) Can Bank	15528	155	75 36				
Feb 8	Can R (Socks undrsd) 17/19 £1.7.0 L 6 Feby 80. 392			657		Dr 657		
	Pay (R) Feby		140 -					
14	A.P.Can.				30 -			
24	Bank	17062		103 43				
Mch 19	Pay (R) March A.P.Can		155		30			
	Bank	18693		125				
April 16	Pay (R) A.P.Can		150		30			
25	Bank	1101		120				
May 12	Advance May & June Pay Bank			245		Dr 245	Rctd to loan	
13	A.P.Can				30 -		L P b to 30 6/19 (Bkhdt)	
	Pay (R)		155			Cr 120 -	To N Shedger	
June	A.P. Can Pay R.		150		30		Transf fr 6-12 14 7/19 Lb 6329	

P—15.

ASSIGNED PAY.

UNIT. NAME OF: 48th Batt | DATE: | AUTHORITY:

RANK. Lieut | DATE: 30/5/16 | AUTHORITY: fr Canada to 89 C.D. d/16/6

NAME. 9-6-722

Beneficiary

Address Canada

Amount. $30.00 1/16

Separation Allowance issued. Yes or No.

Name Carey

Initials John Wm

Bank of Montreal

1916-17

DATE 1916	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case	INITIALS
June 9	Bank			43 10				
" 20	Pay June Mess. Allow. fr. 30/5/16		110					
	Cred. Bal. Fwd. ~~43~~ to 31/5/16		43 10					
28	Bank	3993.		110				
July 20	Pay July R		111 60					
27	Bank	5565		111 60				
Aug. 18	Pay Aug R.		111 60					
24	Bank	7400		111 60				
Sept 19	Pay Sept R.		108					
26	Bank	9469		108				
Oct 19	Pay Oct R.		111 60					
25	Bank	10998		111 60				
Nov 20	Pay Nov R. A. P. Can.		108			30		
24	Bank	14190		78				
Dec 12	a. P. Can					30		
13	Dec Pay		111 60					
20	Bank			81 60				
1917 Jan 8	a/Paid dy (Dec) £4-10-6	18009		22 02				
11	a/Paid dy " £4-10-6	18009		22 02				
17	a. P. Can					30		
20	Jan Pay		111 60					
26	Bank	19288		37 56				
Feb 18	Feb Pay		100 80					
19	a. P. Can					30		
21	Bank			70 80				

UNIT

NAME

DATE OF APPOINT

MARRIED (YES OR

NEXT OF KIN:—

ASSIGNED PAY:—

MONTHLY AMOUNT

TO WHOM PAYABLE

DATE NON-EFFECT

AND CA

BANK IN WHICH PAY & ALLOWANCES DEPOSITED

PERIOD		NO. OF DAYS	REGTL. RATE	PAY					RATE OF FIELD ALLOWANCE	ALLOWANCES					TO
FROM	TO			AMOUNT OF REGIMENTAL	COMMAND	ADJUTANT	CR. FROM PREV. ACCOUNT	TOTAL PAY		AMOUNT OF FIELD ALLOWANCE	P. F. ALLOWANCE	MESSING	SUBSISTENCE	TOTAL	ALL

SUNDRY PAYMENTS

DATE		CHEQUE NO.	PARTICULARS

2nd Sheet

AUDITOR | PAYMASTER

M. OR S. | PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES | REGT. No. | RANK Capt | NAME (IN FULL) Carey John W. M.

NEXT OF KIN | RELATIONSHIP | PARTICULARS | EFFECTIVE DATE | AUTHORITY | ORIGINAL UNIT C.E.F. 18th | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS-SURNAME FIRST)

ADDRESS | PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

IS SEPARATION ALLOWANCE PAID? How | DATE EFFECTIVE 1-7-19 | ASSIGNED PAY $ 30-00 | DATE EFFECTIVE 1-7-19

TO WHOM PAID | RELATIONSHIP | PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Mrs Hilda M Carey, Ladysmith, Vancouver Island, B.C. | ADDRESS | Ladysmith, Vancouver Island, B.C.

Page 2

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE | DATE | REASON | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																			
Nov 11																											6 91 ✓			6 91 ✓	6 91 ✓				St 6 91 Unpaid, Mrs 9/c as per A.F. 02766-T-3 D.S. 5/12/19 Ref M.D.10 10-11-19 England Letter sent re recovery Ref A.F. 02766-T-3 d. 5/12/19
																			Closed 9/c																

C.16.53

8.6.19. Adriatic.

AUDITOR | PAYMASTER

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

M. OR S. | REGT. No. | RANK Capt | NAME (IN FULL) CAREY. JOHN W.M. William Moore (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? 40.00 | DATE EFFECTIVE 1.7.19

TO WHOM PAID Mrs. Hilda M. Carey | RELATIONSHIP wife

ADDRESS ~~2108 Central Ave~~ Victoria. Ladysmith Vancouver Island B.C.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 78th | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO Dis Stn M | DATE 31.5.19 | AUTHORITY D, O, 165

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 30.00 | DATE EFFECTIVE 1.7.19

PAYABLE TO ~~Same as S.A.~~ | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS ~~2108 Central Ave~~ Victoria, ~~B.C.~~ Ladysmith Vancouver Island B.C. 4/9

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE M.D. 10 | DATE 15.6.19 | REASON D | AUTHORITY D, O, 165 | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	S.A. $	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT (Credit) $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																			
30.6.19					15 40				15 40								120 00										9 00				129 00		113 60				Opal Messing Allce from 31.5 to 8.6.19 9 days @ 1.00
																																			Cert. avd 7.6.19 1st W.S.C. 120.00 Diff between Mess + Subs from 1.6 to 30.6.19 22 days @ 70
																																			Ass Pay. clgd on A/C to 30.6.19.
																																			Subs @ 1.70 per diem Eff. 1.7.19
7/7		4.00									15 176						120 00										20 00 85 50 113 60				339 10		339 10				1st W.S.C. part visited and to be received ~~85.50~~ o/pd 15 days PLATE ~~20.00~~ o/pd. S.A.
																	120 00										219 10				339 10		339 10				339.10 to be recov. fr. W.S.C.
July 3	183						732																				339 10							412 90			339.10 Dr as per above of which 2.= is to be deducted from S.A.
"					240		240																										220				
"															780874		120																	292 90		120 - 1st Sept. wdg.
"															780875		40																180			40 - " " " S.A.
July 7															794177		120															(X)	~~60~~ -	172		120 - 2nd payment wdg.
" "															78		40																140			40 - 2nd " " S.A.
												Aug. 15			1713770		120																			
												15			771		40																100		52 -	120 3 20 = Final
												Sep. 14			1538779		52 -																			
															730		40																66 -	N14		40 4 " Final S.A.
												Oct. 15			1684248		90		60		1684249														90 A/c marked (X) Final pay S.
					972												412.90		220								339 10				972 -						SEE PAGE 2.

A/c Closed

AUDITED 1919

COOM—3-19.—L. ... 58768-I.I. & D. 9985.
M. F. W. 2596.
1772-39-1390.

OPINION OF THE MEDICAL BOARD

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

Yes

19. Is the invalid fit for

(*a*) General service,	(Category A)	(Yes or No.)
(*b*) Service abroad, not general service,	(" B)	(Yes or No.)
(*c*) Home service (Canada only),	(" C)	(Yes or No.)
(*d*) Temporarily unfit.	(" D)	(Yes or No.)
(*e*) Unfit for service in Categories A, B and C	(" E)	(Yes or No.)

Yes a

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.)

Authority a.g. ~~Para~~ 1A 8-1-155 & 4/1119

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.

R. J. Dwyer Lt-Col *President.*

PLACE Bramshott

DATE 13/5/19 *Members*

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President.

PLACE.....

DATE..... *Members*

I concur in the finding of the Board of Medical Officers here recorded.
R. Clarke Lt-Col
Captain, D.M.S.
for D.M.S.
Canadians,

APPROVED BY

Assistant Director of Medical Services.

DATE.....

APPROVED BY

Director-General of Medical Services.

DATE.....

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

G. 11/1

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 Bramshott DATE May 7th/19

1. 1 (*a*) Unit 78th Battn (*b*) Regimental No..... (*c*) Rank Capt

(*d*) Surname CAREY (*e*) Christian name John William Moore

(*f*) Home address 208 Central Ave Victoria B.C.

(*g*) Next of Kin Hilda Carey (*h*) Relationship Wife

(*i*) Address of Next of Kin 208 Central Ave Victoria

2. Age last birthday 44 Date of birth January 11th 1875

3. Enlistment, or Appointment (if an Officer) (*a*) Place Winnipeg (*b*) Date 26/2/16

4. Personal description:

(*a*) Height 6' 0" (*b*) Weight 189 (stripped) (*c*) Complexion Fair

(*d*) Colour of hair Grey (*e*) Colour of eyes Grey (*f*) Identification marks, Scars, etc. Mole 1" above R/ mandible

5. Former trade or occupation Farmer

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	80

	Periods	
	From	To
Canada	26/2/16	6/5/16
England	7/6/16	12/8/16
France or other theatres of War	13/8/16	May 4/19

7. Original disease, or injury Myopia

(*a*) Date of origin Congenital (*b*) Place of origin

(*c*) Cause Congenital

R.T.O. FAL 3

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.)

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.)

R. 6/60 6/4
Vision glasses
L. 6/60 6/9
W.E. Campbell Capt.
13/6/19.

(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).)

Always has been short sighted

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).)

14. 5. 17 P.U.O. Li. Trench fever recd.

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

small scar R. thigh resid. thin

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? (a) No (b) No

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

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

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

see special report

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

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

17. Recommendations

J. A. Hunsbury Capt.
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 J Carey 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

R. P. C. FOLIO
FALSE DOCKET

J Carey Capr
Rank.
Signature of invalid examined.

1. Triplicate Declaration Paper (M.F.W. 51), or
   Triplicate Attestation Paper (M.F.W. 23).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B.313 or A.F.B.178)
4. Proceedings of Medical Board (M.F.B.227 or M.F.W.129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Proceedings on Striking off Strength (M.F.W. 2591).
7. Last Pay Certificate (P. 41) and dup.
8. War Service Gratuity Form (M.F.W. 2595).
9. Sundry Documents.

Group..... P.
Checked by No.....
.....
Date..... 29 MAY 1919

12-4-35

P

PROCEEDINGS OF AN OFFICER OR NURSING SISTER STRUCK OFF STRENGTH OF THE CANADIAN EXPEDITIONARY FORCE

D. A. M
O. G. 1

1. RANK Captain
2. NAME Carey John Williams Moore
3. UNIT 72nd Can. Inf. Battalion
4. DATE STRUCK OFF STRENGTH | | PLACE
5. REASON DEMOBILISATION. SOS 15-6-19 RO 2040-19
6. AUTHORITY
7. PROPOSED RESIDENCE Victoria B.C. 2108 Central Ave.

SURREY MAY 31/19
H.M.T. ADRIATIC
1 JUNE

Discharged

This folder should contain the following documents:

1. Declaration Paper, M. F. W. 51, or Attestation Paper, M. F. W. 23.
2. Casualty Form, A. F. B. 103 or M. F. W. 54.
3. Medical History Sheet, M. F. B. 313 or A. F. B. 178.
4. Proceedings of Medical Boards, A. F. A. 179 or M. F. B. 227.
5. Medical Report M. F. W. 129.
6. Dental History Sheet, M. F. B. 465.
7. Last Pay Certificate, M. F. W. 44.
8. Certificate as to Missing Documents.

M. F. W. 2591.
20M—11-18.
1772-39-1380.

B-252-54