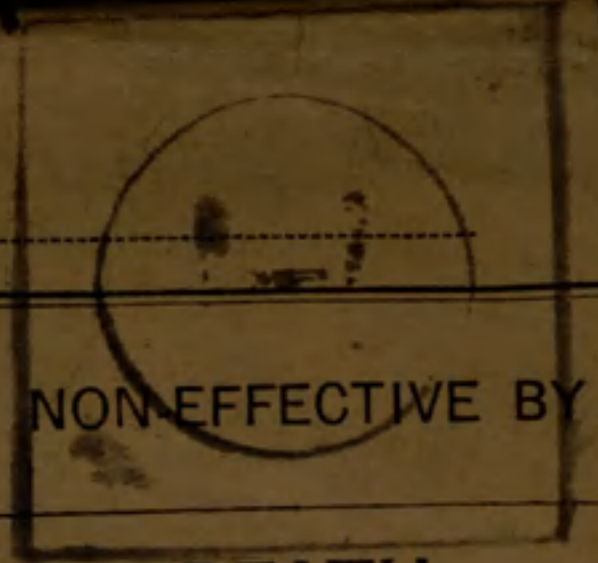


REGIMENTAL DOCUMENTS

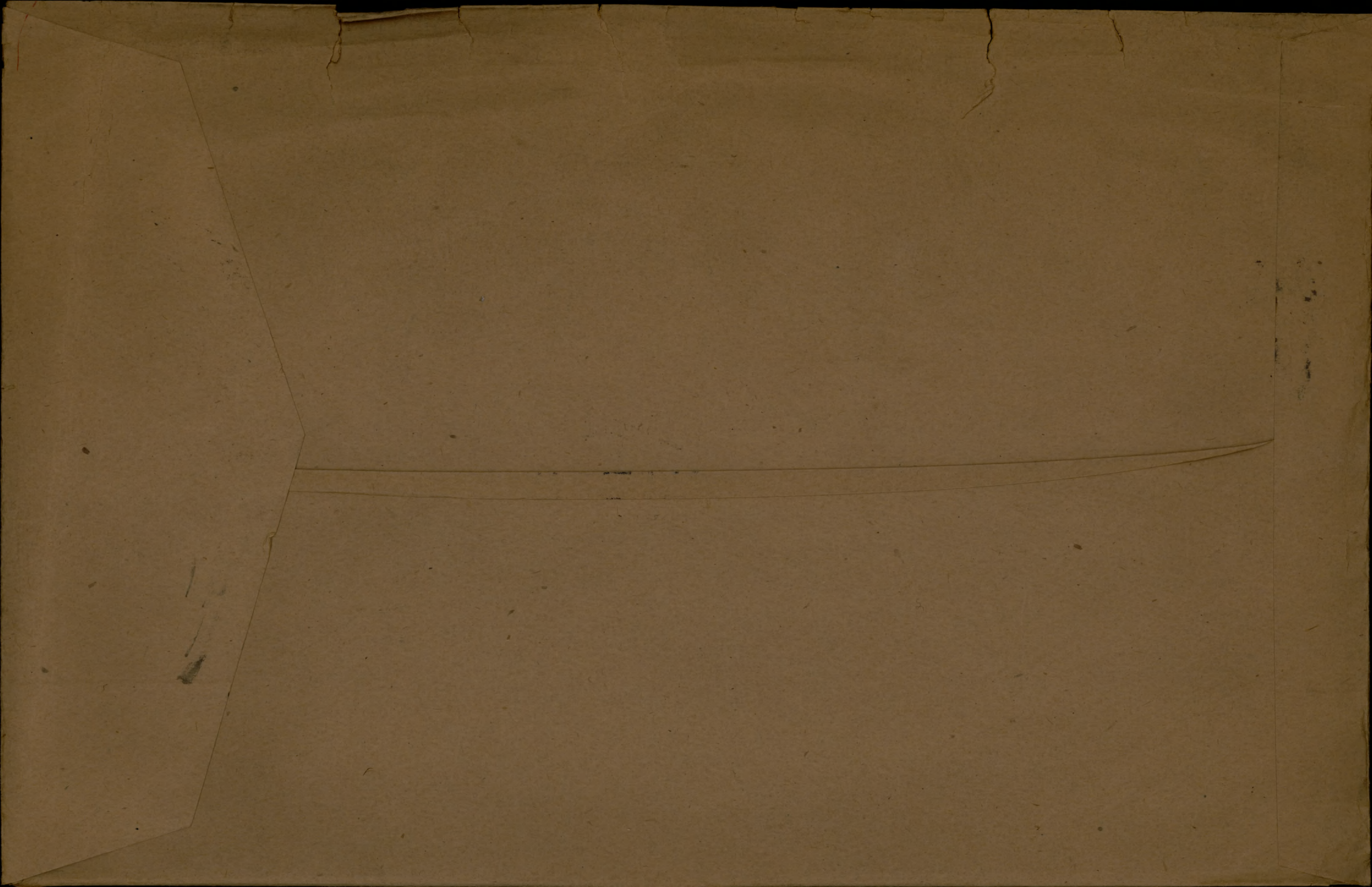
NAME **CARRIGY** *Michael*

REGT. NO. **3108654** UNIT **102nd/3rd**

H. Q. FILE NO.



CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON EFFECTIVE BY	
1-9 2 ATTESTATION PAPER (M.F.W. 23, 133, or 51)				09019	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.F.B. 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)						
DENTAL HISTORY SHEET (M.F.B. 465)						
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)						
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)						DISCHARGE
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					Category	
LAST PAY CERTIFICATE (M.F.W. 44)					<i>Demob</i>	
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 <i>RMG 3</i>						
1 <i>Sept 1945</i>						
1 <i>COA 25009A</i>						
					DESERTION	



No. 2 M. B. 1st. Depot Battalion 2nd. C.O.R. Regiment

Regtl. No. *D 3108654*

ORIGINAL
PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917
(Class *M.S.A.* One.)

RR

1. Surname..... *Carrigy,*

2. Christian name..... *Michael,*

3. Present address..... *St. Catharines, Ont.*

4. Military Service Act letter and number..... *Not registered.*

5. Date of birth..... *12th. September 1882.*

6. Place of birth..... *County of Longford, Ireland.*
(town, township or county and country)

7. Married, widower or single..... *Single.*

8. Religion..... *R. C.*

9. Trade or calling..... *Corker.*

10. Name of next-of-kin..... *James Carrigy,*

11. Relationship of next-of-kin..... *Father.*

12. Address of next-of-kin..... *Ballycloughan, County Longford,*
IRELAND.

13. Whether at present a member of the Active Militia..... *--*

14. Particulars of previous military or naval service, if any..... *--*

15. Medical Examination under Military Service Act:—
(a) Place *St. Catharines* (b) Date *16th. April, 1918* (c) Category *A-2*

DECLARATION OF RECRUIT

I, *Michael Carrigy*, do solemnly declare that the above particulars refer to me, and are true.

Michael Carrigy (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age.....	<i>35</i>	yrs.....	<i>7</i>	mths.....	Distinctive marks, and marks indicating congenial peculiarities or previous disease.
Height.....	<i>5</i>	ft.....	<i>7 1-2</i>	ins.....	
Chest measurement } fully expanded..... range of expansion.....			<i>36 1-2</i>	ins.....	Hearing normal. Visual acuity, both eyes D20 Scar on forehead over rt. eye. Supervicial veins only. Low arches Varicose veins r. leg effecting. One vacc.rt arm in childhood.
			<i>2 1-2</i>	ins.....	
Complexion.....	<i>Dark</i>				
Eyes.....	<i>Grey</i>				
Hair.....	<i>Dark.</i>				

M. J. ...
for O. C. *1st DEPOT BN., 2nd C. O. R.* Depot Btln.

Place *Hamilton, Ontario.* Date *16th. April 1918.*

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
Class "A" No.

137162

THIS IS TO CERTIFY that No. 3108654 (Rank) PTE.

Name (in full) CARRIGY, MICHAEL enlisted in
the 2ND C.O.R. (1ST DEPOT BN.)

CANADIAN EXPEDITIONARY FORCE at HAMILTON, ONTARIO on the 16TH
day of APRIL 1918.

HE served in 102ND BN. FRANCE.

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 36 yrs.

Marks or Scars.....

Height 5' 8"

Complexion DARK

NIL.

Eyes HAZEL

Hair DARK

Signature of Soldier. M. Carrigy

[Signature]
Issuing Officer.

Date of Discharge

For
O.C. No. 2 District Depot.

No. 2 DISTRICT DEPOT
JUN 8 1919
TORONTO

Rank
JUN 8-1919
Date..... 19.....

NB - 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.

ORIGINAL

MSA 2214 C

MILITARY SERVICE ACT, 1917.

MEDICAL BOARD

MEDICAL HISTORY SHEET

No. 3 3108654

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

- 1. Surname Carrigy Christian name Michael
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule Defaulter
3. Consecutive number on schedule of men reporting for service (if he appears on it)
4. Address (including street and number, if any) St. Catharines Ont.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 16th day of April 1918 by the undersigned medical board sitting at ST. CATHARINES

- 5. Age as stated 35 Years 7 Months
6. Apparent age 35 Years
7. Height 5 Feet 7 1/2 Inches
8. Weight 151 Pounds
9. Chest measurement { Minimum 34 Ins. Maximum 36 1/2 Ins.
10. Complexion Dark
11. Physical development Good
12. Smallpox marks Nil
13. Number of vaccination marks { Right arm 1 Left arm Nil
14. When vaccinated last Childhood
15. Distinctive marks and marks indicating congenital peculiarities or previous disease Scar on forehead over right eye.

supervicial veins only Low arches
16. Slight defects but not sufficient to cause rejection Varicose veins R. leg effecting
The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A.2 V.R.D. 20 .20 L.D. 20.30 Hearing, Nose Throat O.K.
F. King President.

Table with columns: Date, Result, VACCINATIONS, ANTI-TYPHOID INOCULATIONS, ETC. Includes handwritten entries for dates like 17-4-18 and 19-4-18.

Joined day of 191 at

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Includes handwritten entries: 102ND BN., 3108654, NOV. 4 1918.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT. Includes handwritten entries: Bramsholt, 8-5-19, Varicose, A.R.K. Houston Capt.

N. B.—This sheet is 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.

Signature of Man Michael Carrigy

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

CARRIGY, M.

REGIMENT

102 Can Bde

RANK

Pte.

No

3108654

Date of Examination in England

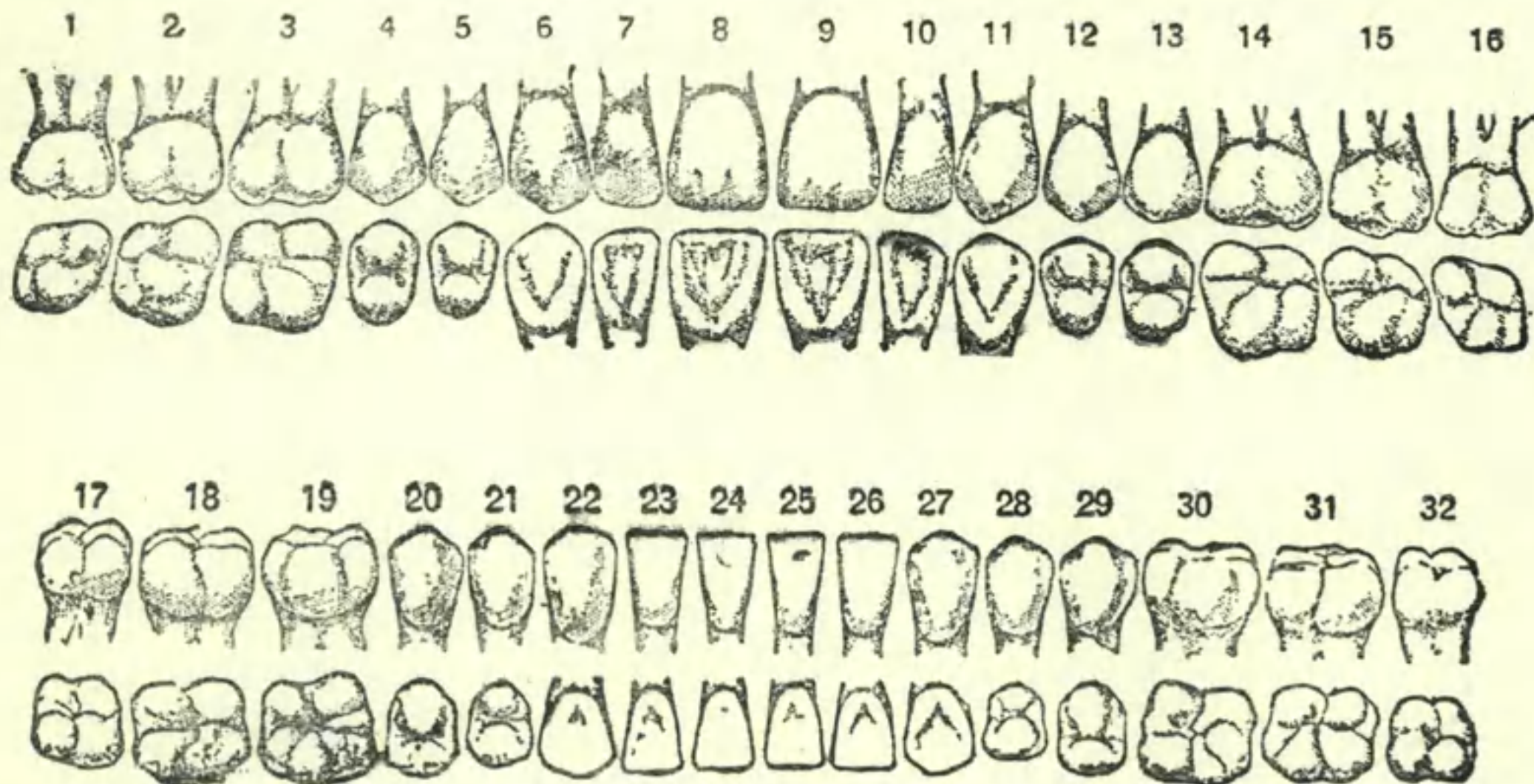
5-5-19

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

8-7



PRESENT DENTAL REQUIREMENTS

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

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 *Yes*

Signature of Dental Officer

Ed Bury, Capt.

HANTS.

2-2-19
CARRIAGE
2-2-19

Handwritten text, possibly a signature or name, located in the middle of the page.

2

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

Regimental No. *3108654* Rank *76* Name *Carry J.*

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				

³¹ MAY 21 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT, TORONTO	1919	PART II D.	164
JUN 8 1919	S. O. S.	(DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT, PART II D.			164

W. C. Roberts

For O. C. No. 2 District

(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				

M.S.A.

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

War Service Badge
M. F. W. 54. (A. F. B. 103.)
Class "A"
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps

Regimental No. D3108654 Rank Pvt Name Carrigy, Michael CARRIGY

Enlisted (a) 16/4/18 Terms of Service (a) D of W. T. Murphy Service reckons from (a) 16/4/18

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) Other

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	Montreal	3.6.18	H. M. J.
			Arrived	London	21.6.18	"Arbre"
¹⁴ 7-18	8th Res.	T. O. S. from Canada.	Witley	21-6-18	D. O. #195.	
¹⁵ NOV 1918	8th Res.	Proceeded overseas for Service with 102nd Bn.	Witley	NOV 1918	DO 309	
6.11.18	6th Bn	SOS 102nd Bn on arrival	Dance	6.11.18	NR 20. 115 4/4/18	
do	do	SOS	T CCK6	8.11.18	"	
10.11.18	CCK6	SOS	do	10.11.18	"	
do	do	SOS	T Unit	do	"	

F. W. H. O. S. Lt. ASST ADJ'T FOR O.C. 8th CANADIAN RES. BN.

(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.

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				
16.11.18	unt	<p><i>Jerned</i></p> <p>Proceeded to England.</p>	<p><i>Field</i></p> <p>7 3 MAI 19</p>	<p><i>10.11.18 B213</i></p>	<p><i>S. G. Carson Capt</i></p> <p>for Lt.-Col., A. A. G.</p> <p>Canadian Section, G. H. Q. 3rd Echelon B. E. F.</p> <p><i>S.O.S. Proceeding to Canada 31/5/19. Part II. Index # 30.</i></p> <p><i>A Wing. C.C.C.</i></p> <p><i>[Signature]</i></p>
		<p>H. M. T. S. MAURETIN I</p> <p>EMBARKED 31-5-19</p>			

2ND CEN. ONT. REGT

CR Rank **30th Dft 1st Bn 2nd C, O, R** Name **CARRIGY, Michael.** Reg'l No. **3108654.**
 Unit **30th Dft 1st Bn 2nd C, O, R** If in perm. Corps, }
 What Unit? }

Married or Single **Single.**

Place and Date of Enlistment **Hamilton, Apr. 16th. 1918.** Place of Birth **Co. Longford, Ireland.**

Name and Address, Next-of-Kin **James Carrigy, Ballycloughan, County Longford, Ireland** Relationship **Father.**

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No **18830**
 File R.L.
 Category **O.F.G. n**

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.				
		Arrived in England		11-6-18	S/S ATREUS
14, 7, 18	8th, Res	T. O, S, from CANADA	WILLEY.	21. 6-18	DO 195
5-11-18	"	Sos to 102 Bn Operas 102. BATT DC 26D. 6, 5, 19 PROC TO, ENG. D 3, 5 19		Pte 4-11-18	Do 309 102 Bn Bno 115 d/14/18
6-6-19	AWing ccc	A WING CCC DO, 22, DI 5. 19 TOS. D 4 5 19		68-1-98. 31/5/19	Bram v 31-5-19-30

29
CARD NO. X
S.O.S. Plus 8/6/19
Hennock FOLL.
D.O. - 16 4/13/6/1918
10A.

SURNAME. *Carrigy*
CHRISTIAN NAMES *My Michael*
REGL. NO. *3108654* RANK *Pte.*
UNIT *2nd Cen. Ant. Regt. 1st Dps. Br.*
FORMER CORPS *nil.*

T. O. S. *April 16 1918*
D.O. Part II No *107*

NEXT OF KIN.

NAMES IN FULL *Carrigy, James*
RELATIONSHIP TO SOLDIER *Father*
ADDRESS *Ballyclough, Co. Longford, Ire.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH *Ireland, Co. Longford.*
PLACE OF ATTESTATION *Hamilton Ont.*

DATE *Sept. 12th. 1882*
DATE *Apr. 16th. 1918*

O/S. 9-6-18 $\frac{1275}{2}$

R/C 6/6/19 $\frac{343}{60}$ Pte.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

142
Number 3108654

Rank Pte. 13

Surname CARRIGY
Michael

Christian Name

Units 10 2nd Br Coy Inf Theatre of War France

Date of Service 6-11-18.

Remarks

Latest Address 346 Market St,
Parthamboy

Roll No. Page 18563 n.j. also

GRATUITY (IMPERIAL)

CHRISTIAN NAME

SURNAME

REG. No.

SCHEDULE No.

LINE No.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA

IMPERIAL DEPOT No.

DATE RECEIVED FROM REG. DEPOT.

DATE FORWARDED TO OTTAWA

LIST OF DISCHARGE DOCUMENTS.

- Attestation Paper, Triplicate..... Militia Form W. 23
- or Particulars of Recruit..... Militia Form W. 133
- Field Conduct Sheet..... Militia Form W. 178 or A.F.B. 122
- Casualty Form..... Militia Form W. 54 or A.F.B. 103
- Last Pay Certificate..... Militia Form W. 44
- Certificate that missing documents are unobtainable.....
- Medical History Sheet..... Militia Form B. 313 or A.F.B. 178
- Proceedings of Medical Board..... M.F.B. 227, A.F.B. 179 or A.F.A. 45
- Dental History Sheet..... Militia Form B. 465
- Medical Report..... M. F. W. 129 or D. M. S. 1375
- Regimental Conduct Sheet..... Militia Form B. 263
- Company Conduct Sheet..... Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Medical Board (M.F.B. 227 or M.F.W. 129).
5. Dental Certificate (C.A.D.C. 50894).
6. Field Conduct Sheet (A.F.B. 122).
7. Proceedings on Discharge (M.F.B. 218a).
8. Discharge Certificate (M.F.W. 39) (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dental Certificate (C.D. 8).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851). *10 up*
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Missing Documents.

Group B.
 Checked by No. 15
 Date 29-5-19.

War Service Badge
 Class "A" No. 37162

DA I.

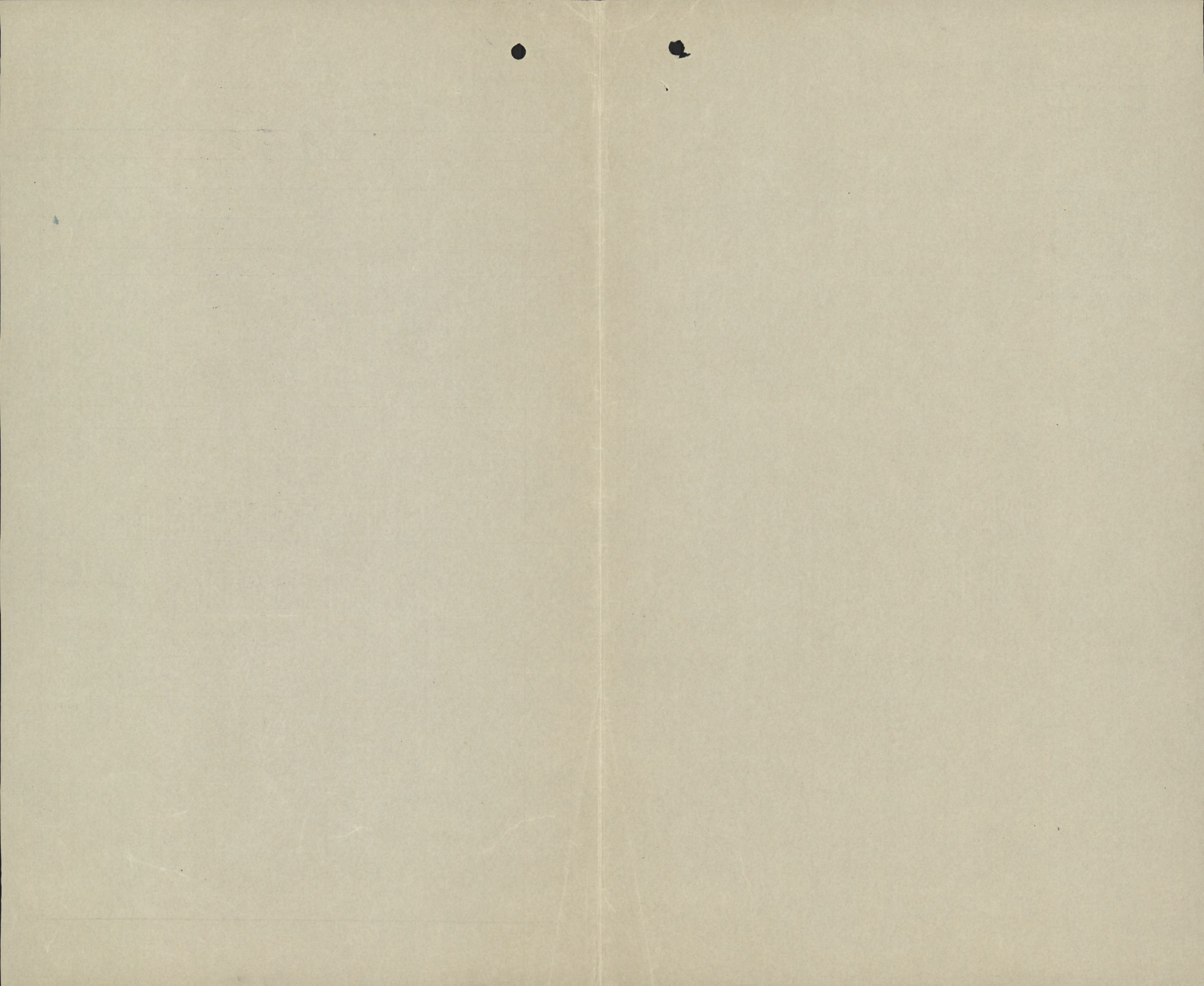
SHORT FORM.

Occupational Group No. 6

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No.	<u>3108654</u>	
2. Rank.	<u>Pvt.</u>	
3. Name.	<u>Carrigy Michael</u>	
4. Unit.	<u>102nd</u>	
5. Date of Discharge	<u>JUN 8-1919</u>	Place <u>Toronto Ont.</u>
6. Reason for Discharge	<u>Demob.</u>	
7. Authority.	<u>No. 2. D.D. Part II, D.O. No. 164</u>	
8. Proposed Residence after Discharge	<u>346- Market St. Perthamboy, N.J. U.S.A.</u>	
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. ?	
	<u>M Carrigy</u>	
	Signature of Soldier.	
10.	CONFIRMATION.	
	The discharge of the above named man is hereby confirmed.	
Place	
Date	
	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> No. 2 DISTRICT DEPOT JUN 8 1919 TORONTO </div>	
	Signature.....	For O.C. No. 2 District Depot. (O. C. Discharging Unit.)



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

REGT. No. 3108654 RANK Pte. NAME (IN FULL) CARRIGY, M.

Form with fields for NEXT OF KIN, ADDRESS, RELATIONSHIP, PARTICULARS, EFFECTIVE DATE, AUTHORITY, ORIGINAL UNIT, PLACE OF ATTESTATION, DATE OF ATTESTATION, ASSIGNED PAY \$, PAYABLE TO, ADDRESS, DISCHARGED, PLACE, DATE, REASON, AUTHORITY, IF ENTITLED TO POST DISCHARGE PAY.

BALANCE FROM PREVIOUS ACCOUNT

Table with columns: MONTH, NO. OF DAYS, RATE, AMOUNT, OTHER CREDITS, TOTAL CREDITS, ACQUITTANCE ROLLS (COL. NO. 1, 2, 3), CASH PAYMENTS (COL. NO. 1, 2, 3), ASSIGNED PAY, REGI-MENTAL CHARGES, OTHER CHARGES, TOTAL DEBITS, BALANCE (DEBIT, CREDIT), PARTICULARS OF REMARKS.

1911

.....
.....

.....

.....

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME: CARRIGY Michael
EFFECTIVE DATE: 1. 18		EFFECTIVE DATE: -		NUMBER: D3108654
AMOUNT: \$15.		AMOUNT: -		PARTICULARS OF RANK OR APPOINTMENT
NAME, ADDRESS, RELATIONSHIP & AUTHORITY		WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.		AUTHORITY
Mr. James Carrigy, Ballycloughan, Co. Longford (Carrickboy P.O.) Ireland. (Father: N. Roll)				L.P.C. Can.
				DATE EFFECTIVE
				RANK OR APPOINTMENT
				Pte.
				30 th Dpt. UNIT AND TRANSFERS
				ORIGINAL UNIT: 1st Depot Bn 2nd C.O.R.
				DATE ACCOUNT FIRST OPENED: 1. 6. 18
				AUTHORITY
				DATE EFFECTIVE
				DATE LEDGER SHEET T'S'D
				UNIT TRANSFERRED TO
				8th Res Bn Canada

Stopped 1/7/19.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
27/4/19	1048	France	365				
10/5/19	1743	666	4380				
			4745				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
L.P.C. Can	1	10		

Trans to Canada 1/6/19 NR. B8784. 13/5/19 MD. 2 B. Stott L.P.C. \$13.61.

Particulars of rendering non-effective: *Note - assigned pay for month of May 1918, deducted on pay riots of Regimental Paymaster for that month*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31.5.18	Cr. Bal From Canada								27 70		
June	He's Pay	33		AP. CK B 75926 - June & July			30				
July	He's Pay	34 10		AR. 748 - 12/7/18 Details	487						
				✓ 3232 - 25/7/18 - 8 Res	487						
			67 10		974		30		55 06		
Aug	He's Pay	34 10		AP. CK. C 49859 - £3/1/18			15				
				AR 3886 - 13/8/18 - 8 Res	487						
				✓ 4179 28/8/18 ✓	487				64 42		
			34 10		974		15				
Sept	✓	33 00		APCK D 6856 £3-1-8			15				
				AR 4669 12/9/18 8 Res	487						
				✓ 4919 26.9.18 ✓	487				72 68		<i>1/6 apud 30.9.18</i>
			33 -		974		15				
Oct	✓	34 10		D 53213 £3-1-8			15				
				5154 2/10 8 Res (5)	3893						
				Q 4005-486 15/10 ✓ (16)	240						
				Q 4005-521 19/10 - (16)	20						
				5634 15/10 ✓ (7)	973						
				5741 19/10 ✓ (18)	973						
				5847 28/10 ✓ (19)	973				21 06		
				DN 25207 7th Bn A.R. 354/10 (2)	487				16 19		
			34 10		7559		15				
Nov	✓	33 -		81E4 210 £3-1-8			15				
				6901 4/11 8 Res (1)	973						
				1006 19/11 10 2 Bn (10)	1306						
				E 6411 £3-1-8			15				
Dec				1073 2/12 102 Bn (15)	373						
			33		2652		30				

1918 NUMBER D3108654 RANK

NAME CARRIGY M.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
		33.			2652		30		1619		
Dec 1919	99	34/10		1146 17/12 102 Br (19)	373						
Jan	/	34/10		Ch. F 10208 £3-1-8			15		4214	28/3/19	
Feb	/	10/20			3025		45				
		30/50		Ch F 66008 £3-1-8			15		5794		
				1255 6/1/19 102 Br (1)	373						
				1379 15/1 ✓ (2)	373						
				1502 29/1 ✓ (6)	1866						
				1560 4/2 ✓ (11)	373						
				1626 16/2 ✓ (14)	373						
Mar	/	34/10		Ch F 10753 £3-1-8			15		4346		
				1789 3/3 ✓ (25)	365						
				1853 15/3 ✓ (30)	365				3616		
		64/90			4088		30				
Apr	/	33.		Ch A 4671 £3-1-8			15		5416		
				6 3/4 ✓ (1)	349				5067		
May	/	34/10		G.P. Ch A 89486 £3-1-8			15		6977		
		67/10		66 - 25-4-19 ✓ (3)	349				6628		
				68 - 24-4 ✓ (3)	1744				4884		
				G.P. Ch A 89486 £3-1-8			15		3384		
				4048 - 27.H. 102 Br (9)	365				3019		
				6343 - 10.5. G.Wing (11)	4380				1361		
				8489 - 20.5. ✓ (14)	487		45		1848		
June	/	67/10			7674		45				

Solbonada St 68 31.5.19.

36.16.
67.10
103.26
24.42.
47.45
45
85.13.61
36.16
67.10
103.26
116.87
13.61

Mame
13/5/19

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, (b) Service abroad, not general service, (c) Home service (Canada only), (d) Temporarily unfit, (e) Unfit for service in Categories A, B and C

- (Category A) (Yes or No.) (Category B) (Yes or No.) (Category C) (Yes or No.) (Category D) (Yes or No.) (Category E) (Yes or No.)

Category 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.)

Boarded with A.G. 90838/11-12-18

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

Signature of President and Members

PLACE Bramshott

DATE 8-5-19

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.

Signature of President

PLACE

DATE

APPROVED BY

APPROVED BY

Signature of Assistant Director of Medical Services

Signature of Director-General of Medical Services

DATE 8/5/19

DATE

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed. 2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board." 3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise. 4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered. 5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board. 6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board." 7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly. 8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

STATION Bramshott DATE 8/5/19

- 1. 1 (a) Unit 102nd Bn (b) Regimental No. 3108654 (c) Rank Pte. (d) Surname Carrigy (e) Christian name Michael (f) Home address 21, G. U.S.B. 346 - Market St. (g) Next of Kin James Carrigy (h) Relationship Father (i) Address of Next of Kin Ballyeloughan County Longford, Ireland. 2. Age last birthday 35 Date of birth 17 Sept 1883 3. Enlistment, or Appointment (if an Officer) (a) Place Hamilton (b) Date 16/4/18 4. Personal description: (a) Height 5' 8" (b) Weight 160 lbs (c) Complexion Dark (d) Colour of hair Dark (e) Colour of eyes Hazel (f) Identification marks, Scars, etc. none 5. Former trade or occupation Carter

Table with 2 columns: Years, Days. Row 1: 1, 22

Table with 2 columns: From, To. Rows: Canada (16/4/18 to 3/6/18), England (3/6/18 to 6/11/18), France or other theatres of War (6/11/18 to Present)

7. Original disease, or injury Right Inguinal Hernia

- (a) Date of origin 1907 (b) Place of origin Ireland (c) Cause Weakness - abdominal wall

A8

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.)

Bulbousness, Right
No disability - no complaints

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.)

Right Bulbousness - External ring enlarged
and hernia just protruding through.

Subjective - nil - Hernia has never given
any trouble. It has never descended into scrotum.

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

Nervous System no Cardio-Vascular System no Genito-Urinary System no
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
Special Senses no Respiratory System no Integumentary System no
Disturbances of Mentality no Digestive System no Muscular System no
Osseous and Joint Systems no Any other general condition no

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

Hernia commenced about 1907 following a strain. It has never increased in size. It has never caused any symptoms.

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).)

no illness

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

none

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.)

nil

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

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

17. Recommendations none

Ed Rogers Capt. C.A.M.C.
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, Michael Carrigan, 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 nothing
BT.

Michael Carrigan Rank.
Signature of invalid examined.

BT.