28-8-18.
23.

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

26142

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 1

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet..... 1

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 1

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

Nar
Reg
Co

Name, COADY. THOMAS LEO

Re No, H.58470 Rank. pte.

C Batt. 1.E.F.

A Action 9-10-16.

Index Card.....

Casualty Card... 1.....

Non-Effective Card.....

Part II Order Card. 1.....

Change of Address Card.....

Honour & Award Card.....

a. 7, B. 122 — 1

a. 7, B. 148 — 1

P. 85 — 1

R. 149 — 1

M. F. W. 62.
50m.—9-16.
H. Q. 1772—39—935.

M.X. 6-9-21. R.R.

On card — 1

1

+1 19
10 19
5 19
1

B. Coy

A4 58470

ATTESTATION PAPER.

No.

Folio.

ORIGINAL

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? Leo Joby Goady
2. In what Town, Township or Parish, and in what Country were you born? Toronto
3. What is the name of your next-of-kin? Rose Goady, wife
4. What is the address of your next-of-kin? 2221 St Dominique St, Montreal Que.
5. What is the date of your birth? 24 Dec 1888
6. What is your Trade or Calling? Printer
7. Are you married? yes
8. Are you willing to be vaccinated or re-vaccinated? 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. 7th Garrison Artillery Montreal
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

L. L. Goady (Signature of Man).

A. Black (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Leo Joby Goady, do solemnly declare that the above answers made by me to the above questions 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.

L. L. Goady (Signature of Recruit)

Date July 31 1915 A. Black (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Leo Goady, 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.

L. L. Goady (Signature of Recruit)

Date July 31 1915 A. Black (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 Montreal this 31 day of July 1915.

J. O'Donnell Major (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

A. Bonnevigne Lt Col (Approving Officer)

M. F. W. 23.
200 M.—5-15.
H. Q. 1772-39-841.

Description of Leo Goudy on Enlistment.

Apparent Age 27 years 7 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 7 ins.

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

weight- 139

Complexion ..... Dark

Eyes ..... Dk Brown

Hair ..... Dk Brown

Religious denominations:
- Church of England .....
- Presbyterian .....
- Wesleyan .....
- Baptist or Congregationalist .....
- Other Protestants (Denomination to be stated.) .....
- Roman Catholic ..... ✓
- Jewish .....

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).

Vacc Right- Arm
1 scar left-side of Neck.

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 31st July 1915 ..... J. A. Farie

Place Montreal ..... Lieut A.M.C.

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.

Thos. Leo Goudy ..... 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.

M Grascoyne ..... (Signature of Officer)

Date July 31 1915

Register No. DC202

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 3347-L-6.

Regt'l No. 45-8470 Name Thos Leo Coady
(Christian Name) (Surname)

Unit 60- Battn. Rank Pte. Date of enlistment

Date of casualty 9-10-16 B.P.C. File No. 7032

Was service performed overseas ? Yes

DEPENDENT

Name Mrs Rosie L. Coady Relationship Widow

Address 188 St. Catherine St. W.
Montreal
P.Q.

Amount of Special Pension Bonus $ 64. Abstracted by (illegible) E. & O. Rolls

M.F.W. 2652
25M—6-20.
H.Q. 1772—30-1473

Eligible for Gratuity $ 180 00

Less amount of Special Pension Bonus paid $ 64 00

Less Debit Balance of S. A. or A.P. $

Total deductions $ 64 00

Balance due $ 116 00

DG 18

Cheque No. C1890980 Date issued 14-7-20 M.C.

REMARKS :

Clerk W. Mitchell

Audited by
J. Mc...

Date 13/7/20

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname Christian Name

Regimental Number Rank

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Address (in full)

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

L.L. 53961—M. & D. 9721

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

M. F. W. 127
30CM-1-19
172-30-1149

Remarks:

L. L. JOB. 85506 M. & D. 5997.

2nd Coutingent.

Wife

609

M. F. W. 12.
20m.—9-15.
H. Q. 1772-39-819.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

To Whom Mrs. Rose Coady,

Address ~~2221 St Dominique St.~~ 2m 25/4/16 20/6/16 432 Mentana st Montreal.

By Whom Assigned Coady, Thos. Leo.

Regtl. No. 458470

Rank Pte.

Corps 60th Batt. B. Co.

Rate $20.00 NOV 1- 1915

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		Y47514	20	
Dec.		X7424	20	
Jan.	1916	W 12168	20 —	
Feb.		D14282	20	
March		D14896	20 —	

Casualties

Killed in Action Oct 9th/16

also 3 Gm. L# 2 24 10/16 Ch. 22 11/16, 22/10/16 Jan

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

610

M. F. W. 12a.
60m.—12-15.
1772—39—819.

Sheet No. 2.

L. L. Job 89002.—Req. 6213.

Name of Soldier Rose Coady wife Coady Thos 58 Co 458470 20.00

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	M1841	20	
May		04333	20	
June		P 7751	20	
July		E 7187	20	
Aug.		H 11292	20	
Sept.		J 17488	20	
Oct.		P 22130	20	a/c closed a/c closed Nov 1. 1916.
Nov.				Pension granted 10/10/16 SHS
Dec.				Casualties
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Total 8

E. X. Rend. Date ... By ...

E.F.X. " Date 1/17 By

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.				

31—7—15

188

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name Mrs Rose Coady

Address ~~2221 St. Dominique St.~~ 432 Montana St. Montreal P.Q.

Relation to Soldier wife, child or mother } Wife

Name of Soldier Coady, Thos. Lrs

Regtl. No. #58470

Rank Pte.

Corps 60th Battn

To what Corps belonging when called out }

PAYMENTS

42229 M. CO.

	Month	Year	Cheque No.	Amt.	REMARKS
	Aug.	1914			
30.5.16	Sept.				
	Oct.				
	Nov.				
	Dec.				
	Jan.	1915			
	Feb.				
	March				
	Apl.				
	May				
	June				
	July				
	Aug.		#3226	20-	20
	Sept.		9173	20	20
	Oct.		M7959	20	20
	Nov.		818052	20	20
	Dec.		K 13611	20	20
	Jan.	1916	N17533	20	20
	Feb.		F24009	20	20
	March		9 3104.3	20	20

ACCOUNT CLOSED

DATE..... PER.....

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

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

Sheet No. 2. Mrs Rose Coady Wife

Name of Soldier Coady, Thos. Leo

A58470 Pte.

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	L10476	20	20
May		N4639	20	20
June		Q9161	20	20
July		E6002	20	20
Aug.		K14463	20	20
Sept.		Q14801	20	20
Oct.		Z18316	20	20
Nov.		B21765	20	20
Dec.		~~B25335~~	~~20~~	20 B 25335 Cancelled.
Jan.	1917			
Feb.				
March				a/c closed Pension granted 10/10/16.
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

ACCOUNT CLOSED

DATE..... PER W

PENSION
A. CLOSED.....
OVER-PAYT.....
RECOVERED.....
BY
B.P.C. BL 13-12-17
GRANTED

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.				

P-56

Rank Pte. Name COADY, Leo Reg'l No. 458470

Unit 60th Bn. If in perm. Corps, What Unit? Married or Single Married

Place and Date of Enlistment Montreal, July 31st 1915. Place of Birth Toronto.

Name and Address, Next-of-Kin Rose Coady, ~~2321 St Dominique, St,~~ 432 Montana St. Montreal. Que. eff 1/5/16.

Relationship Wife

Assigned Pay Monthly $ 20.00 Payable to Next-of-kin.

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

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
1915 Nov. 1	Nov 30	30	1.00	30 00	30	.10	3 00	10 00	43 00			7 30	20 00		27 30	15 70	
Dec 1	Dec 31	31	1.00	31 00	31	10	3 10	15 70	49 80			19 46	20 00		39 46	10 34	
1916 Jan. 1	1916 Jan 31	31	1.00	31 00	31	10	3 10	10 34	44 44			17 04	20 00		37 04	7 40	
Feb. 1	Feb 29	29	1.00	29 00	29	10	2 90	7 40	39 30			5 05	20 00		25 05	14 25	
Mar 1	Mar 31	31	1.00	31 00	31	10	3 10	14 25	48 35			5 23	20 00		25 23	23 12	
				152 00			15 20	10 00	177 20			54 08	100 00		154 08	23 12	

Checked W.P.

Settled

BALANCE TRANSFERRED TO NEW LEDGER.

PAY OFFICE, A.F. & P. BRANCH, NOV 15 1916, CANADIAN CORPS

M.D. No. 1, M. E. BRANCH, MAY 31 1917, CONTINGENTS

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						

B. Coy

A 5-8470

ORIGINAL

MEDICAL HISTORY SHEET.

B

Surname Coady Christian Name Leo

Examined on 31 day of July 1915 at Montreal

Approved by J. A. Fairie

Rank Lieut A.M.C. M.O

Birthplace City or Town Toronto

County Ontario

Apparent age 27 Yrs

Trade or occupation Painter

Height 5 Feet 7 Inches.

Weight 139 Lbs.

Chest measurement Minimum 35 inches.

Maximum expansion 37½ inches.

Physical development

Small-Pox Marks

Vaccination Marks Arm Right. / Left.

Number /

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

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.
26.11.15	OK	H L Gavey Major M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
9.9.15	OK	H L Gavey Maj M.O.
21.9.15	"	H L Gavey " M.O.
9.10.15	OK	H L Gavey " M.O.

Enlisted on 31 day of July 1915 at Montreal

	Corps	Regt'l Number	Habits.	Date.
Joined on enlistment	60 M	458470		
Transferred to..				

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.

100M.—5-15.
H. Q. 1772-39-439

Surname..... Christian Name.....

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

FORM OF WILL

I, Leo Coady (Name in full)

Regimental Number 458470 serving in 60th Battalion C.E.F.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

~~I devise all my real estate unto~~

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

FWW. L.C. GM.

FWW.

~~absolutely, and my personal estate~~ I bequeath to

L.C. GM.

my mother Mrs Peter Coady, 1179 St Hubert St. Montreal $1000 Insurance. from the Canadian order of Foresters and $400 insurance from the International Typographical Union. The remainder of my personal estate I bequeath to my wife Mrs Leo Coady 432 Mentana St. Montreal Canada. including $1000 insurance from the Metropolitan Life Insurance Company	Name and Address of person or persons to receive personal estate* (*See note*).

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

In Witness whereof I have hereunto set my hand this 8th day of June A.D. 191 6.

L. Coady Signature of Soldier.

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

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

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness F W Wiggins Lieut

Address of Witness 60th Canadian Battalion

Occupation of Witness Paymaster --

Signature of Second Witness Robt Woodall

Address of Witness 60th Can. Bn.

Occupation of Witness Private.

M. F. W. 82.
300M.-12-16.
1772-39-983.

FORM OF WILL.

I, Leo Coady .....(Name in full)

Regimental Number 458470 serving in 60TH BATTALION C.E.F.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare his to be my last Will.

I bequeath all my real estate ~~unto~~

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

~~absolutely, and my personal estate~~ I bequeath to

my mother Mrs Peter Coady, 1179 St Hubert St. Montreal $1000 Insurance from the Canadian Order of Foresters and $400 insurance from the International Typographical Union. The remainder of my personal estate I bequeath to my wife Mrs Leo Coady 432 Montana St. Montreal Canada including $1000 insurance from the Metropolitan Life Insurance Company.	Name & Address of person or persons to receive personal estate* *(see note).*

In Witness whereof I have hereunto set my hand

this 8th day of June A.D. 1916

L Coady Signature.

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

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

Name of Witness F W Wiggins Lieut

Address of Witness 60th Canadian Battalion

Occupation of Witness Paymaster

Name of Witness Robt Woodall

Address of Witness 60th Can. Bn.

Occupation of Witness Private.

P. 85. 10,000. 20-11-15.

R—122.

Rank Pte. Name COADY, Thomas Leo Reg'l No. 458470

Unit 60th Bn. If in perm. Corps, What Unit? Married or Single Married

Place and Date of Enlistment Montreal, July 31st 1915. Place of Birth Toronto.

Name and Address, Next-of-Kin Rose Coady, 2221 St Dominique, St, Montreal. Que.

Relationship Wife

Assigned Pay Monthly $ Payable to

Relationship

M.X. 6-9-21 R.R.

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason 25-6-2123.- Character

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
		Arrived in England.		16 NOV. 1915	K.R.Y.
		Embarked for France.		20.2.16 N.R.	
18/10/16 C/60		Killed in action	Field.	9/10/16	Pt. II O.O. 63.
23/10/16 "		"	"	9/10/16	C.L. 4149 O.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				

(641)—Wt. W1751-1403.—500,000.—5-15.—C. & G. Forms B. 103/1.

Army Form B. 103.

CERTIFIED CORRECT
Canadian Record Office,
Westminster House,
7, Millbank, S.W.

Casualty Form—Active Service.

Regiment or Corps 60th BATTALION C.E.F.

Regimental No. 458470 Rank Pte Name Coady, T. Leo

Enlisted (*a*) 31st July Terms of Service (*a*) Duration of War Service reckons from (*a*) July 31/15

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				
		Embarked for Overseas Service with 60th "Bn			Feb 20th, 1916
					Adj. For O.C. 60th "Bn
		ARRIVED IN FRANCE	Havre	21/22/2/16.	L.R. 4701 4702 4710.
12/10/16	O.C. Bn.	Killed in Action	—	9/10/16.	DRLS 118 a/12/10/16. Ref 161. 137/1752. Pt II a/c £63 18 10/16 DCB. 165 "

Lieut.
for Lieut Col. A.A.G.

(*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				

No. 458470 Name Coady, Leo | Sqn., Batty., or Company } B | Corps 60th BATTALION C. E. F. | Date of enlistment } July 31/15 | G.C. Badges } | Service or Proficiency Pay } | Bomber

Date of last entry in Company Conduct Sheet } | No. and date of last drunk } ✓ | Period not reckoning towards freedom from extra fine } | Sheet No. One | Signature O.C. Company, etc. } R.S. Bowen Capt. | Character very good

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
				Killed in Action 9/10/16					
				Lieutenant CAPT. ADJUTANT 60th BN. C.E.F.					

Army Form B. 122

[P.T.O.

S.O. 719. W836/792. 1500M McC. & Co. Ltd.

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks

D.M S 1300.

Surname	Christian Name or Names	Reg. No.
Coady	T.L.	458470

Rank	Unit	Co.	Troop	Batty.
Pte.	60th Bn.			

Hospital — Date of Admission

Transferred — Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Killed in Action 9.IO.16

DISPOSITION — Date

C.L. 23.IO.16 A179

REMARKS

Reported from Base

A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Coady. Thos. Leo., Pte. 458470 60thBn. 649-C-6127

Med. & Dec. (Widow) Mrs. R. L. T. Coady.
1140 St. Antoine ~~188 St. Catherine St., W.,~~
Montreal. P. Q.

P. & S. (Widow) Address as above.

Mem. Cross. (Widow) Address as above.

Mem. Cross. (Mother) Mrs. P. Coady.
412 Mount Royal Ave.,
Montreal. Quel

Not Eligible for 14-15 Star
Eligible for V.M
E. " " " B.W.M.

56181

919

W-651741

M-51742 { 1/9/21

M x Rel'd 4/10/21 not there.

Mem X redisc. 1/2/23. X 3141.

Scan Desk MAR 4 1922 Accn. No. 253947
Picture Desk MAR 9 1922 Room No. P3949

M&H

Number 458470 Rank Pte

Surname COADY

Christian Name Thomas Leo

Units 60 Bn Can Inf Theatre of War France

Late of Service 22-2-16 D

Remarks (W) Mrs K. L. Coady

Latest Address 186 St Catherine St W
Montreal P.Q.

Roll No.

200m.-6-21. B Page 2194-3

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

DEP. JAN 25 1923 REG.

868—D.P.—40M-1-12-19.

NAME Coady, Thomas Leo

REGT'L NO 43-8470

RANK AND CORPS Pte. 60th Battalion

H. Q. FILE No. 649-

FOLLOWS No.

FOLLOWS

CABLE No.	CABLE Date	©	NATURE OF CASUALTY
93331	21-10-16		Killed in action Oct. 9th 1916.
B2090a Rowe	18-10-16		Killed in action 9-9-16.

L. L. Job 90581—M. & D. 6314.

M. F. W. 42—50M—1-16.
H. Q. 1772-39-893.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A179	Dept from Base	9-10-18	Killed in action

No. A 58470 / 458470 Rank Pte. Name Coady Leo.

T. O. S. 31-7-15. Unit 60th. Battalion
Do 6s. 7-8-15.

M. D. Val

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
July 31	Aug 31	c.		
	Sept.	c.		
	Oct.	c	Forfeits 2 days pay	Do 1167 10-15
	Nov.	c		
	Dec.	c		

UNIT SAILED
NOV 6 1915

R. 149.

Name COADY Thomas Leo *Rank* Pte. *Reg. No.* 458470

Unit 60th.Bn.

25-6-2123

Next of Kin Canada

Date 1916	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
Oct. 9	Reported from Base	:-KILLED (B.C.S. 165 18-10-16)	IN ACTION	A179	0 3331	23/10

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

(649-C-6127)

CARD NO. D

FOLL.

SURNAME. Coady

CHRISTIAN NAMES Leo

REGL. No. 458470 RANK Pte

UNIT 60th Batt.

FORMER CORPS Garrison Artillery

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Coady. Mrs. Rose

RELATIONSHIP TO SOLDIER Wife

ADDRESS ~~2221 St. Dominique St.~~ 432 Montana St. Montreal P.Q.

(Auth. S.C.A.P. May 9-16)

(OVER)

COUNTRY OF BIRTH Canada. Toronto Ont. DATE

PLACE OF ATTESTATION Montreal P.Q. DATE July 31, 1915

Sailed from Montreal Per S.S. "Scandinavian" 6-11-15 256/6

L. L. 90-89.—M. & D. 6312.

M. F. W. 22. 100m.—1-16. H. Q. 1772-39-839.

also notify (Mrs) P. Coady - (Mother) 1179 St. Hubert St. Montreal P.Q.
(with letter Oct. 26/16)

MARRIED yes 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

Perforated sheet for Will from Pay Book of Reg.

No. 45-8470

Name Pte. Leo Toody

Unit 60th Batt, C.E.F.

Military Will.

In case of my death, I leave everything I own to my wife, Mrs. Leo Toady, including $1000 insurence from the [redacted]; Metropolitan Life Insurance Company;
And to my Mother, Mrs. Peter Toady, I leave $1000 insurance from the Canadian Order of Foresters, and $400 insurance from the International Typographical Union.

Signature Pte. L. Toady

Rank and Regt. Private - 60th Batt, C.E.F.

Date January 3, 1916

Cancelled by later will

MARRIED OR SINGLE M.

PLACE OF BIRTH Toronto, Ont.

NAME AND ADDRESS OF NEXT OF KIN Rose Loady.
2221 St. Dominique St. Montreal, Que.

RELATIONSHIP OF NEXT OF KIN Wife

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES. PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Killed in Action	9/10/16	B.O. #63 13/10/16
		O.R.A. 179 23/10/16

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 458470 RANK Pte. NAME Loady, Wm. Leo.

IF IN PERMT. CORPS WHAT UNIT — UNIT 60th Battn. TRANSFERRED TO Non-Eff. DATE 10/10/16 AUTHORITY B.O. #63 13/10/16

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO — DATE — AUTHORITY

PLACE OF ATTESTATION Montreal, Que. — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION July 3/15. — TRANSFERRED TO — DATE — AUTHORITY P.B. 7911

PAY OFFICE, N. E. BRANCH NOV 15 1916 CANADIAN CONTINGENTS

ASSIGNED PAY MONTHLY $ 20.00 DATE EFFECTIVE 1/11/15.

PAYABLE TO Rose Loady, 432 Mentana St., Montreal, Que. RELATIONSHIP Wife.

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) 24/10/16 EFFECTIVE 1/11/16 ORD. REASON Killed in Action 9/10/16 B.O. #63 13/10/16

DISCHARGE DATE AND PLACE 9/10/16 Field REASON AND AUTHORITY Killed in Action 9/10/16 B.O. #63 13/10/16

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) ~~13/11/16~~ 10.10.16

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
														17720															15408	2312				
1/4–30/4/16	30	1.00	30	00	30	.10	3	00						3300		144	24/4/16							262				2000		2262	3350				
1/5–8/5/16	31	1.00	31	00	31	.10	3	10						3410		186	7/5/16	233	13/5/16					256	255			2000		2511	4249				
1/6–30/6/16	30	1.00	30	00	30	.10	3	00						3300				281	13/6/16						511			2000		2511	5038				
1/7–31/7/16	31	1.00	31	00	31	.10	3	10						3410		352	30/6/16	417	19/7/16					255	262			2000		2517	5931				
1-31-8	31		31		31		3	10						3410		466	31/7/16			634	5/9			268	261			20		2261	7080				
1-30/9	30		30		30		3							33.		539	19/8	623	16/9					262	261			2000		2784	7596				
Checked W.P. Hall Oct 4/9	9	1.00	9	00	9	.10		90						990		676	28/9							349				2000		2349	6237				
																												Balance transferred to N. E. Branch.			62.37				
N & B July/17																								6237						6237				

Killed in Action 9/10/16 B.O. #63 Issued to C.P.O. 10.10.16 Effective ~~13/11/16~~

6237 To Ottawa for Audit 29/6/17. V.66.

PAY OFFICE, N. E. BRANCH MAY 31 1917 CANADIAN CONTINGENTS

S.P.S.

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		