

Case
Card
JP

DUPLICATE

ATTESTATION PAPER.

No. 802334

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your surname? *Mc Gahey*
- 1a. What are your Christian names? *Andrew Muncy*
- 1b. What is your present address? *Canada St Middlesex Co*
- 2. In what Town, Township or Parish, and in what Country were you born? *Canada St Middlesex Co*
- 3. What is the name of your next-of-kin? *Ernest Mc Gahey*
- 4. What is the address of your next-of-kin? *Muncy*
- 4a. What is the relationship of your next-of-kin? *Son*
- 5. What is the date of your birth? *15th June 1873*
- 6. What is your Trade or Calling? *Farmer*
- 7. Are you married? *Widower*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated? *Yes*
- 9. Do you now belong to the Active Militia? *Yes*
- 10. Have you ever served in any Military Force? *B. Co 26th Regt Long Service Medal*
- 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*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Andrew Mc Gahey*, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *Dec 17th* 1915 *Andrew Mc Gahey* (Signature of Recruit)
C.W. Vollick (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Andrew Mc Gahey*, 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.

Date *Dec 17th* 1915 *Andrew Mc Gahey* (Signature of Recruit)
C.W. Vollick (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 *Muncy* this *17th* day of *December* 1915
H. James (Signature of Justice)

Description of Andrew Mc Gahey on Enlistment.

Apparent Age 42 years months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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.)

Height 5 ft. 7 ins.

Enlargement on the 4th & 5th Metacarpal bones of right hand

Chest measurement { Girth when fully expanded 37 ins.
 Range of expansion 4 ins.

Complexion Wash. (Olive)

Eyes Brown

Hair Black

Religious denominations { Church of England yes
 Presbyterian
 Methodist
 Baptist or Congregationalist
 Roman Catholic
 Jewish
 Other Denominations
(Denomination to be stated)

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 declares that he is not subject to fits of any description.

I consider him* fit for the **Canadian Over-Seas Expeditionary Force.**

Date November 17th 1915

W. H. Woods
 Mount Brydges Ont.
 Medical Officer.

Place Muncy Ont.

* 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:—

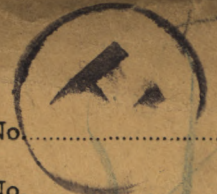
CERTIFICATE OF OFFICER COMMANDING UNIT.

Andrew Mc Gahey 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.

B. Robson Lt. Col. (Signature of Officer)

Date 18. 12 1915

DISCHARGE DOCUMENTS



R. O. No.

H. Q. No.

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... *2*
- 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..... *2* ✓
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet..... *1* ✓
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate..... *1* ✓

Name *McGahy, Andrew.*

Regt. No. *802334* Rank *Pte*

Corps *135th Bn.*

Medically Unfit.



14326

M. G. W. 67 ——— *2*

1 Page





No. 802334 RANK *Pte.*

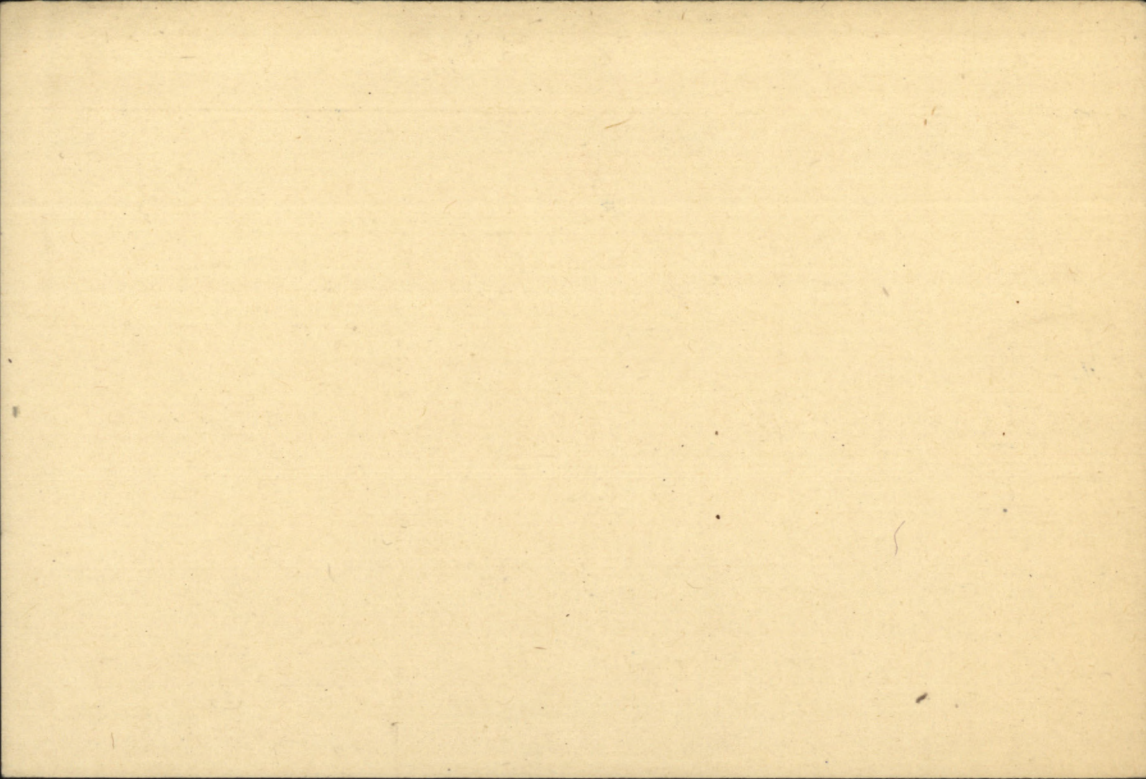
NAME *M. C. Gahey, a.*

T. O. S. *17-12-15* UNIT *135th Battalion. C. E. F.*
(see 25.18-12-15)

M. D. /

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1915</i>	<i>1915</i>			
<i>Dec 16</i>	<i>Dec 31</i>	<i>✓</i>		
<i>1916</i>	<i>1916</i>	<i>✓</i>		
<i>Jan.</i>		<i>✓</i>		
<i>Feb.</i>		<i>✓</i>		
<i>Mar.</i>		<i>✓</i>		
<i>April</i>		<i>✓</i>		
<i>May</i>		<i>✓</i>		
<i>June 1</i>	<i>June 22</i>	<i>✓</i>	<i>Disch'd - med. unfil. 22-6-16</i>	<i>D.O. 151/4 § 22-6-16</i>
			<i>acc closed by payment - S.</i>	

UNIT SAILED
AUG 22 1916



649-m-11384

CARD NO.

SURNAME.

Mc Gahy

CHRISTIAN NAMES

Andrew

So.S. Disch. 22/6/16 = I

REGL. No. *802334*

RANK *Pte.*

UNIT *135th*

Bn.

FORMER CORPS *26th Regt.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Mc Gahy Earnest

RELATIONSHIP TO SOLDIER

(Son)

ADDRESS

Murcey Ont. Can.

COUNTRY OF BIRTH

Canada *Canada* *Middlesex Co. Ont.*

DATE

PLACE OF ATTESTATION

Murcey

DATE

Dec. 17/15.

MARRIED

SINGLE

WIDOWER

Yes.

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

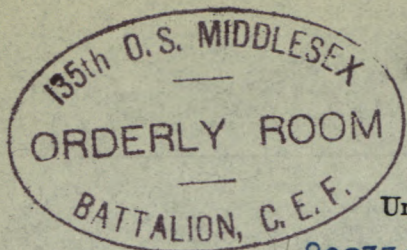
EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE



C

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

6182

6884

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

Casualty Form—Active Service.

Unit, Regiment or Corps 135th O.S. Battalion C.E.F.

Regimental No. 802334. Rank Private Name Andrew McCahey
C. E. F.

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				

22-6-16.		<i>Discharged at London Ont</i>			<i>Medically Unfit</i>
					<i>John Woodward Capt. & adjt. 135th O. Bn. C.E.F.</i>

(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, Shoing 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				

Base

135th O. S. Battalion, C. E. F.

6884

802334

MEDICAL HISTORY SHEET. ORIGINAL

Surname McGahery 6182 Christian Name Andrew

Examined { on 17 day of Dec 1915
at Muncy
Birthplace { City or Town Muncy
County Middlesex

Approved by A. Borden
Rank Rt Col / 357 Regt

Apparent age 42
Trade or occupation Farmer
Height 7 Feet 7 Inches.
Weight 142 Lbs.
Chest measurement { Minimum 33 inches.
Maximum expansion 37 inches.
Physical development Fair
Small-Pox Marks None

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

Vaccination Marks { Arm Right Left
Number One
When Vaccinated last In childhood

Date	Result	VACCINATIONS.
<u>2.4.16</u>	<u>good</u>	<u>A. Borden</u> M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease Callous on ~~4th~~ 5th Metacarpal bones on right hand
(b) Slight defects but not sufficient to cause rejection Slight rash possibly scabies

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>23/3/16</u>	<u>Good</u>	<u>A. Borden</u> M.O.
<u>21/4/16</u>	<u>Good</u>	<u>A. Borden</u> M.O.
		M.O.

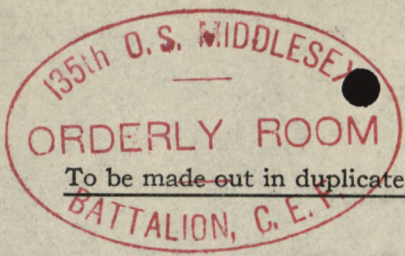
Enlisted on 17 day of December 1915 at Muncy.

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>135th Batt CEF</u>	<u>802334</u>	<u>Good</u>	<u>17.12.15</u>
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.



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..... **135TH, O.S. Battalion C.E.F**

.....

(2) Regimental Number..... **802334**

(3) Full Name of Soldier..... **Andrew Mc, Gahey**

(4) Place of Birth..... **Caradoc Township Middlesex Ont,**

.....

(5) Are you married, or not?..... **No**

(6) If married, state,

(a) Full name of your wife.....

.....

(b) Present Postal Address.....

.....

(7) Are you a widower?..... **Yes**

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

If so, give number of boys and girls..... **1 Girl 3 Boys**

Also their names and ages.....

Joseph Mc, Gahey	17 yrs
Leonard	" 15 "
Jasper	" 9 "
Helena	" 13 "

.....

(9) Is your Father alive?.....**Yes**.....**Isaac Mc, Gahey**.....

If so, state name and address.....**Muncey P.O. Ont,**.....

(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.

.....**Isaac Mc, Gahey**.....

.....**Muncey Ontario**.....

(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.

.....**Yes**.....

(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.

.....*B. Brown*.....
.....**Officer Commanding.**.....

Date.....**May 9-1916**.....

135th O. S Battalion, C. E. F.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

181

LAST PAY CERTIFICATE Folio 9/11 June C Co.

This form to be used for all Ranks (Vide Article 71, Financial Instructions C.E.F., 1914).

Regimental No. 802334 Rank Private Name Andrew McGahey.

Corps. 135th O.S. Battalion, C.E.F. who was * Discharged.

On June 22 1916 1916 to

* Insert "discharged" or "transferred."

The following is a statement of the account of the above-named to date of transfer or discharge inclusive :-

Table with columns: DR. \$ c., CR. \$ c. Rows include: Bal. Dr. from previous month, Total payments during period from June 1-22, Assigned Pay, Other Charges, Bal. Cr. on discharge or transfer, TOTAL. Credits include: Regimental pay 22 days at \$ 1.00, Field allowance 22 " \$ 10, Other allowances, Other Credits (give particulars) Pay Carried Forward, Bal. Dr. on discharge or transfer, TOTAL.

The amount shewn as Balance Cr. due on discharge or transfer has † been paid.

Monthly stoppage on account of assignment of pay is \$15.00 and has been charged in Pay-list for month of June 1916.

† Insert "been" or "not been" as case may be.

REMARKS:-

State (1) date of enlistment 17-12-15.

(2) if married and if a Separation Allowance Card has been submitted Married, Separation Allowance claimed in favor of Rev. R. S. McVitty, Muncey, Ontario. (Guardian)

(3) cause of discharge and authority Medically Unfit.

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date Compulsory Assigned Pay only.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date June 22 1916.

Place London, Canada. [Signature] Captain.

Paymaster.

135th O.S. Battalion, C.E.F.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form is used for all ranks with the exception of those in the ranks of C.E.F. (1914)

Name of member: [blank] Rank: [blank]
Company: [blank] who was: [blank]
On: [blank] 1915 to: [blank] 1915
First discharge or "transferred": [blank]

The following is a statement of the amount of the above named to date of transfer or discharge inclusive:
Dr Cr

Table with columns for 'Dr' and 'Cr' containing various financial entries such as 'Balance from previous month', 'Total arrears during period', 'Other (Arrears from previous month)', 'Other (Arrears from previous month)', 'Total on discharge or transfer', and 'Total'.

The amount shown as Balance for the month of transfer has been...
Monthly savings on account of assignment of pay to [blank] and has been checked in Pass-Book for [blank]

REMARKS:
(1) Date of enlistment: [blank]
(2) If married and if separation Allowance Card has been submitted: [blank]

(3) Casual discharge and authority: [blank]
If discharged from the Contingent under the Stop Payment advice for Assigned Pay has been forwarded and [blank]

Place: [blank]
Date: [blank]
Signature: [blank]

72

SEPARATION ALLOWANCE

Name Rev. R. S. McDittyName of Soldier McGahay AndrewAddress ManseyRegtl. No. 802334Rank Plt-Corps 135th Batta.

Relation to Soldier

wife, child or mother

Childs
Tuition

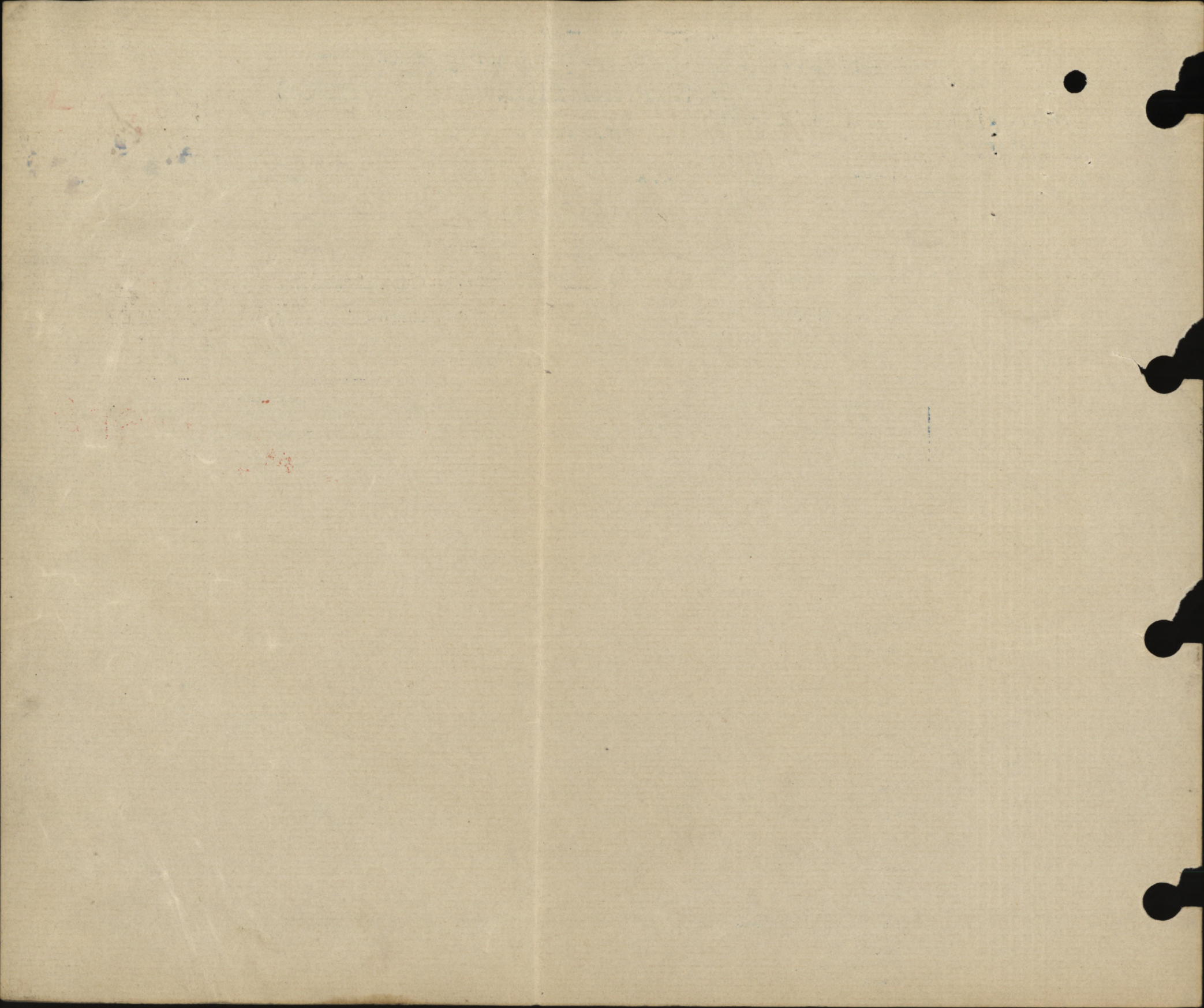
To what Corps belonging

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		<u>028488</u>	<u>20-20</u>	

ACCOUNT CLOSED
DATE JUL 4-1916 PER X



SEPARATION ALLOWANCE

Sheet No. 2

Rev R.S. McVitty

OVERSEAS CONTINGENTS

Children's
PAYMENTS.

Name of Soldier

Mc Gahery Andrew
802334

L. L. Job 8902.-Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	M 2165	20 - 20	
May		Y 899	20 . 20	
June		X 4492	20 20	Dis 22/6/16 paid 29/6/16
July			X X	Recall 5" credit req 27/1/16
Aug.				Refunded \$5.00 to B.M.R.
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

ACCOUNT CLOSED

DATE JUL 4 - 1916 PER W.

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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.				

6182 6884

MEDICAL HISTORY OF AN INVALID.

1. Station. **London, Ont** 8. General remarks on his:

2. Regiment or Corps. **"C" Co'y 135th Bn** (a) Conduct.

3. Regimental No. and Rank. **802334** (b) Habits.

Pte

4. Name. **A. Mc Gahey** (c) Temperance.

5. Age last Birthday. **43**

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

6. Enlisted on **Dec 17/16**

at **Muncey**

7. Former Trade or Occupation.

Date. **June 8/16**

Labourer

9. Service. _____ Years. _____ Days.

	PERIODS.	
	FROM.	TO.
"C" Co'y 135th O.S. Battalion	Dec 17/16	June 8/16

10. (a) Disease or disability. **Stiff right knee**

(b) Date of origin. **Before enlistment**

(c) Place of origin.

(d) Cause. **Injury**

11. Present Condition. (Most Important).

(To include full description of present disabling condition or conditions.)

Movement in knee about half

gives pain on marching

12. (a) Is the disability the result of service or climate? **No**

(b) Has it been aggravated by intemperance, vice or misconduct? **No**

Military District No. 1
 JUN 19 1916
 I. M. D. 30-11-137

MILITIA & DEFENCE
 H.C. 1916
 CANADA

banded
 25/11/16.
 W.M.

6182
1884

6182

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

None

D

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

Not applicable

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Not applicable

14. Treatment

nil.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

Not aggravated

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

permanent

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

Same as before enlistment

18. State if for discharge on account of unfitness for Service.

yes

A. Durner Capt AMC

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

68841 6/82

D

Does the Board concur with the preceding report? If not, give differing opinion. **Yes**

10.

11.

12.

15.

16.

17.

19. Is he unfit for Military Service. **Yes**

20. Recommendations : **Discharge**

Signatures :—

J. S. M. Crocker President.
A. M. C. Training Depot No. 1, C. E. F.

E. P. ... Members.

C. R. Douglas Capt. A.M.C.

Station. **London**

Date. **June 8/16**

Date. **13-6-16**

Approved.

Date. **15-14/16**

W. B. Bell Asst. Director of Medical Services. M.D. N.Z.

D. J. McKay Director-General of Medical Services.
Banded 25/11/16 W.M.

4889

2819

(At Station or Hospital where finally disposed of.)

Station and Hospital

Arrived from

Date

Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depot.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Date of final Medical Board or decision.

Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.
100 m-2-16.
H. G. 1772-89-117.

Station	Corps	Regimental No.	Rank	Name	Disability	Date	Hospital or Station transferred to for final disposal.	Date of final disposal	How finally disposed of

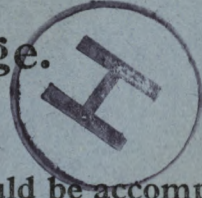
The original Report is invariably to accompany the discharge documents of invalids.

6884

20-1-31

This space to be for numbers.

Proceedings on Discharge.



(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	802334
Rank	Private
Name	Andrew McGahay.
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	"C" Coy 135 O.S. Battalion C.E.F.
Date of Discharge	22-6-14.
Place of Discharge	London Ont.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....	months.	Descriptive Marks
42		
Height.....	5 feet.....	
	7 inches.	
Complexion	Dark (Olive)	
Eyes	Brown	
Hair	Black.	
Trade	Farmer.	
Intended place of residence	Munsey	
(To be given as fully as practicable.)	Ontario	

2. The above-named man is discharged in consequence of

being Medically Unfit

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

3. Conduct and character while in the service have been, according to the records, etc.

Good

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Farmer

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

24-1-1716
20-1-31

5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

Three horizontal dashed lines for listing medals and decorations.

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) London Ont

B. Robson Lt Col

(Date) 22-6-16

Commanding 135th Bde C&F

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) London Ont Andrew Mc Gahy (Signature of Soldier.)

(Date) 22-6-16 John Hart (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) London Ont

(Signature) B. Robson Lt Col

(Date) 22-6-16

135th Bde C&F

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

Andrew Mc Gahy none

List of Discharge Documents.

<i>One</i>	Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, <i>two</i> Militia Form B. 235.			
<i>One</i>	<table border="0" style="width: 100%;"> <tr> <td style="font-size: 2em; vertical-align: middle;">}</td> <td style="padding-left: 5px;">Squadron Battery Company</td> <td style="padding-left: 20px;">Conduct Sheet, " B. 263a.</td> </tr> </table>	}	Squadron Battery Company	Conduct Sheet, " B. 263a.	Proceedings on Discharge <i>one</i> " B. 218. <i>Casualty Form one</i>
}	Squadron Battery Company	Conduct Sheet, " B. 263a.			
	Copies of Convictions, by C. P. in MS.	<i>Particulars of Families two</i> In the case of recruits who are rejected on final approval, the discharge documents will consist of			
<i>two</i>	Med. Hist. Sheet, Militia Form B. 313	(a) Proceedings on Discharge. (b) Attestation. (c) Medical History Sheet (in the event of such having been prepared.)			
<i>One</i>	Medical Report for Invalid* " B. 227.				
<i>One</i>	Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.				
	*Only if discharged "Medically unfit."				

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

1-3-16. See under: McVitty.

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name Rev R. S. McVitty
Address Munster
ont-

Name of Soldier McGahery Andrew
Regtl. No. 802534
Rank Pte
Corps 135th Bth.

Relation to Soldier } Chaplain
wife, child or mother } Guardian

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				

Duplicate

ACCOUNT CLOSED
DATE JUL 4 1916 PER W

