Card 13.6.17 m d w

Duplicate

# ATTESTATION PAPER.

No. 335125

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

| | |
|---|---|
| 1. What is your surname? | MORAN |
| 1a. What are your Christian names? | Carl |
| 1b. What is your present address? | Guelph, Box 14-48 |
| 2. In what Town, Township or Parish, and in what Country were you born? | Guelph Township |
| 3. What is the name of your next-of kin? | Edward Moran |
| 4. What is the address of your next-of-kin? | Ariss, Ont., Canada |
| 4a. What is the relationship of your next-of-kin? | Father |
| 5. What is the date of your birth? | 26th. October 1898 |
| 6. What is your Trade or Calling? | Teamster |
| 7. Are you married? | No |
| 8. Are you willing to be vaccinated or re-vaccinated and inoculated? | Yes |
| 9. Do you now belong to the Active Militia? | No |
| 10. Have you ever served in any Military Force? If so, state particulars of former Service. | No |
| 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, Carl Moran, 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.

Carl Moran (Signature of Recruit)

Date April 24th., 1917. Alfred G Rupert (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Carl Moran, 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.

Carl Moran (Signature of Recruit)

Date April 24th., 1917. Alfred G Rupert (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 Guelph, Ont. this 24th. day of April 1917.

John Meikle (Signature of Justice)

M. F. W. 23.
600M.—8-16.
H. Q. 1772-39-841.

## Description of Carl Moran on Enlistment.

Apparent Age 18 years 6 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 8 ins.

Chest measurement: Girth when fully expanded 33½ ins.; Range of expansion 3½ ins.

Complexion fair

Eyes blue

Hair auburn

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

Distinctive marks, and marks indicating congenital peculiarities or previous disease.
(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

large left varicocele

Vision R. 20/20 L. 20/20

Hearing R. L.

### 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 April 24th. 1917. Lt. Barnes

Place Guelph, Ont. Capt. 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.

Carl Moran 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.

Dellwalle Major
(Signature of Officer)
O.C. 64th Depot Battery C.F.A.

Date April 24th. 1917.

# REGIMENTAL DOCUMENTS

NAME MORAN. CARL. REGT. NO. 335125 UNIT C.F.A. H. Q. FILE NO.

| | 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) | | | | | |
| 1 | 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) | | | | | |
| 1 | MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) | | | | | DISCHARGE |
| 1 | DENTAL HISTORY SHEET (M.F.B. 465) | | | | | Category |
| 1 | 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) | | | | 30592 | DEMOB. |
| | 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 2 |
| 1 | LAST PAY CERTIFICATE (M.F.W. 44) | | | | | 23-22 |
| 1 | PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268) | | | | | 19-22 |
| | PARTICULARS OF CHARACTER (A.F.W. 3226) | | | | | 11-22 |
| 1 | COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A) | | | | | |
| 1 | M. & W. 67 | | | | | |
| 3 | A & N 1172 | | | | | |
| 1 | M & W. 2512 | | | | | |
| 2 | misc | | | | | |
| 1 | A & N 1118 | | | | | |
| 3 | A & I 1207 | | | | | |
| 1 | CADC 1009A | | | | | |
| 1 | R 149 | | | | | |

Casualty

PUBLIC ARCHIVES RECORD CENTRE 80075

W. 2589
100M-11-18
1772-38-1327

CARD No. 1

SURNAME. Moran

CHRISTIAN NAMES Carl

REGL. No. 335125 RANK Gr.

UNIT 64th Bty C.F.: A (3rd R. 19)

FORMER CORPS Mil.

SOS. 29-8-19
Do 24 Con. 28-8-19
Demob. 12 D.

NEXT OF KIN.

NAMES IN FULL Moran, Edward

RELATIONSHIP TO SOLDIER Father

ADDRESS Ariss, Ont. R.R#1. saar. 10-8-17

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Guelph, Ont. DATE Oct 26th 1898

PLACE OF ATTESTATION Guelph, Ont. DATE Apr 24th 1917

P/S 2-6-17 8-5-7/6

R/C 21-6-19 349 Gnr.

L. L. 10437. M. & D. 7253.

M. F. W. 22. 100M.—11-16. H. Q. 17-2-39-339.

Sailed from Halifax per S.S. Olympic 2/6/19

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Teamster RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE 18 YEARS 6 MONTHS

HEIGHT 5 FEET 8 INCHES

CHEST MEASUREMENT 33½ INCHES EXPANSION 3½ INCHES

COMPLEXION Fair EYES Blue HAIR Auburn

DISTINGUISHING MARKS Large left varicocele.

MEDICAL EXAMINATION. PLACE Guelph, Ont. DATE Apr 24th 1917

Present Address Box 14-48, Guelph, Ont.

No. 335125 RANK Pte. NAME Moran, Carl

T. O. S. 24-4-17 (DO 115 of 25-4-17) UNIT 64th Depot Battery, C.F.A., C.C.F.

M. D. /

| PAID FROM | PAID TO | SIG. OR REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | |
|---|---|---|---|---|
| | | | PARTICULARS | AUTHORITY |
| 1917 Apr 24 | 1917 Apr. 30 | c | | |
| May | | To | Trans to I. 05-5-17. | D.O. # 145 of 25-5-17. |

LEDGER NO. 2448 SERIAL NO. B22.336.38

REG. NO. 335125 NAME Moran C E

RANK Gnr CORPS RDS AGE 22 SERVICE 6 1/12 E 12/12 F 12/12

HOSPITALS DATE OF ADMISSION

1 W. O. Nth London 23-6-19

2

3

DIAGNOSIS OS GSW Rt Leg

TRANSFERRED TO

DISPOSITION Dis to unit 26.8.19 CATEGORY

M.F.W. 2553.
1126-D.P.-50M-12-18.
1772-39-1832.

P.T.O.

| REMARKS: | HOSPITALS. | DATE. | DIAGNOSIS. |
| --- | --- | --- | --- |
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Form R. 149.

Name MORAN. CARL. Rank DVR. Reg. No. 335-125.

Unit CAN. ARTY. POOL.

Next of Kin CANADA.

J.W.

| Date | Movement | Place | Casualty | List No. | Notified N/K O. | W.O. List |
|---|---|---|---|---|---|---|
| | | | R. (C.F. 76) | | | |
| 3.9.18 | 53 Gen Hosp | Boulogne | G.S.W. Leg | B 341 | Q 512 | Ha 3819/6 |
| 8.9 | 1st E. G. Cambridge | do | do | B 399 | | 26184 |
| 7.1.19 | Rtd (Con) Epsom | | do | B 444 | | 4535 |
| 10.5.19 | Can Hosp Kirkdale | | do | B 548 | | 10553 |
| 10.6.19 | Invd to Canada | | | B 573 | | 9245 |
| | Sl 504 M D 1 | | | | | |

| Date | Movement | Place | Casualty | List No. | Notified N/K O. | | W.O. List |
|---|---|---|---|---|---|---|---|
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REGT'L No. 335125

NAME Moran Earl

H. Q. FILE No. 649.

RANK AND CORPS Driv. Art. Pool (3rd. R.D.)

FOLLOWS 64th Bty

No. C.F.A.

FOLLOWS

| CABLE NO. | CABLE DATE | NATURE OF CASUALTY |
|---|---|---|
| N. K | | Edward Moran (father)<br>R. R. #1, Arisa Ont |
| Q512<br>7-7 | 8-9-18 | Adm. 53 Gen. H. Boulogne<br>Sept 3rd. /18. GSW. R. leg. |

L. L. 26438. M. & D. 8207.

M. F. W. 42—50M.—8-17.
H. Q. 1772-39-893.

| LIST No. | HOSPITAL | DATE OF ADMISSION | REMARKS |
|---|---|---|---|
| | | | Can Art |
| a 34 (2) | 53 Gen. Boulogne | 3-9-18 | GSW. R. leg. C. frac. fibula |
| B 344 (1) | 1st East. Gen. Cambridge | 8-9-18 | " " " " " " |
| B 444 (4) | Mil. Con. V. Deate. Pk. Epsom | 7-1-19 | " " " " " " |
| B 548 | 5 Can Gen. Liverpool | 10-5-19 | " " " " " " |
| B 573 | Invalided to Canada | 10-6-19 | " " " " " " |
| | S L 504 M D 1. | | |

Number 335125 Rank Dvr.

Surname MORAN

Christian Name Carl

Units C.F.A. Theatre of War France

Date of Service 19.11.17

Remarks

Latest Address ~~P.O. R.R.#1 Lucan Ont~~
48 Blackfriars St
London
Ont.

Roll No. B. Page 5842

DESP OCT 15 1921
REGN. NO YQ48479

D.M.S. 1300-50M-21-11-17.

| SURNAME | CHRISTIAN NAME OR NAMES | REG. NO. |
|---|---|---|
| Moran. | C. | 335126 |

| RANK | UNIT | CO. | TROOP | BATTY. |
|---|---|---|---|---|
| Dvr. | Ca. Pool. | | | |

| HOSPITAL | DATE OF ADMISSION |
|---|---|
| 53 G. Boulogne. | 3-9-18. |
| 1. 1st E. G. Cambridge. | HOSP. 8.9.18. |
| Woodcote Park Epsom. | 7-1-19 |
| 2. 5 C. G. H. Liverpool | OSP. 10.5.19 |
| 3. | HOSP. |
| 4. | HOSP. |

DIAGNOSIS

1. ~~GSW~~ R. Leg. C.7. Febrile R.
2.
3.

| DISPOSITION | DATE |
|---|---|
| C-S | 7-9-18 |
| 11.9.18. | B 344. |
| 9-1-19. | B444/2 |
| 13.5.19 B 5168 | |
| 14.6.19 B5V3 | |

REMARKS

Invalided Canada 10.6.19
SL Hosp. M.D.1

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

## EPITOME OF HOSPITAL TREATMENT

| | HOSPITAL | ADM. |
|---|---|---|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |

*Name MORAN, Carl Rank Dvr. Regtl. No. 335125

Fyle Depot LO-M-1044

Original unit C.F.A. Present unit C.F.A. M. or S. S Age 21 Religion R.C. Ref. H.Q.

Port, ship, and date of arrival Portland, Maine, U.S.A Essequibo, 21-6-19

Next of kin Father - Edward Moran, Arissa, Ont.

Address on leave

Address on discharge R.R.NO.1, Harris, Ont.

Transportation issued Yes / No Date Character on discharge

Previous occupation Teamster Date and place of enlistment April 24th, 1917, Guelph, Ont.

Diagnosis Compound Fracture Fibula (RIGHT) Date of Medical Boards London, Ont. 15-8-19

| Date. T.O.S. | Remarks | Pt. 2 Order No. |
|---|---|---|
| 11-6-19 | No.1 D.D. | |
| 23-6-19 | Posted to Hosp. Sect. (W.O.M.H) and granted furlough with subs. to 7-7-19 | 177 |
| AUG 26 1919 | Posted to Casualty Coy. | 239 |

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

(over)

| Date. | Remarks. | Pt. 2 Order No. |
|---|---|---|
| 29-8-19 | Discharged from H.M.S. On Demobilization Medically Unfit for General Service (P.D.P.) | 240 |

M.F.W. 192
150M—6-18.
1772-39-1243.

20. 2. 10

A.T. Serum Dose and date } 1st A.T.S. 1500 2.9.15

2nd

FIELD AMBULANCE NOTES.

Morphia Dose and time }

Date of wound or onset of illness }

Religion [redacted]

Army Form W. 3118.

# FIELD MEDICAL CARD.

89

No. 335125 Rank Gun Carr Name MORAN S.E Edwd Unit 2nd C.D.A.C. C.F.A.

Battle Casualty ~~Accidentally Wounded.~~ ~~"Sick"~~

(Strike out description which does not apply).

No. of F.A. No. 3 CANADIAN FIELD AMBULANCE.

Date of admission 2 SEP 1918

F.A. diagnosis Bomb W both feet & knees

Additional F.A. Notes to be written on back of card.

C.C.S. diagnosis (if altered from above)

comp fract R Tibula.

Base Hospital diagnosis (alterations or additional)

W3159/M2063. 1,750M. 6-17. M. & H., Ltd. (M65413).

S 13

Date of entry and medical unit admitting must be recorded immediately on admission. Brief clinical notes to be added later and signed by M.O.

N.Z.M.

No. of C.C.S. 4

Date of entry 2.9.18

2.9.18. 2.30 pm.

Open notes attached.

A.D. Symmons

Capt. R.M.O.

2

No. of Hospital No. 53 GENERAL HOSPITAL.

Date of entry 3 SEP 1918

Cor Both legs in splints - dressed under $CE_2$ + repacked -

6/9/18 Improving

Evac England B

W.W. Dro

Capt. Tame

M2

This F.M. Card must not be destroyed, and it must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

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

M. F. W. 54. (A. F. B. 163.)
250M.—1-16.
H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps 64th Battery, C.F.A: C.E.F

Regimental No. 335125 Rank ~~Gunner~~ DVR ~~Private~~ Private Name MORAN, Carl.
C. E. F.

Enlisted (a) 24-4-17 Terms of Service (a) ~~C. E. F.~~ Dur of War Service reckons from (a) 24-4-17

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) Teamster.

| Report: Date | Report: From whom received | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case. | Place | Date | Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents. |
|---|---|---|---|---|---|
| | | Embarked | Canada | 28/5/17 | |
| | | Disembarked | England | 9/6/17 | |
| June 12-17 | O.C. Res. Bde. C.F.A. | TAKEN ON STRENGTH RES. BDE. C.F.A. | SHORNCLIFFE | 10-6-17 | B/o Pt 2/163 [illegible] Adjutant, ~~2nd~~ Reserve Brigade, C.F.A. |
| 24. 23-6-17 | O.C. Res. Bde C.F.A. | S.O.S. Res. Bde. C.F.A to 2nd Bde. C.R.A. on absorption | S/cliffe | 23. 23-6-17 | B.O. Pt II ~~174~~ 175 [illegible] Adjutant, 2nd Reserve Brigade C.F.A. |
| ~~22~~ 23-6-17 25 | O.C. 2nd Bde C.R.A. | T.O.S. from Res. Bde C.F.A. | S/cliffe | 23. ~~22~~ 23-6-17 | 2nd Bde O Pt II 3 [illegible] CAPT. & ADJUTANT, 2ND BRIGADE CANADIAN RESERVE ARTILLERY |
| 26-8-17 | O.C. 2nd Bde C.R.A. | T.O.S. on posting to ~~Can Corps Reg't'l Depot~~ 1st Bde C.R.A. | Shorncliffe | 26 ~~24~~/8/17 | 2nd Bde Pt II Ord. No 66 [illegible] CAPT. & ADJUTANT, 2ND BRIGADE CANADIAN RESERVE ARTILLERY |

(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 Date | Report From whom received | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36. or in other official documents. The authority to be quoted in each case. | Place | Date | Remarks taken from Army Form B. 213 Army Form A. 36, or other official documents. |
|---|---|---|---|---|---|
| 29-8-17 | 1st Bde CRA. | D.O.S from 2nd Bde | Eclipse | 30-8-17 | B.O. Pt III 69 |
| 18 NOV 1917 | O.C. 1st BDE. Can. Res. Arty. | PROCEEDED O/SEAS TO B.E.F. | WITLEY CAMP. | 17 NOV 1917 | 1ST BDE. PT. II. ORDER No. 150. J.L. Wrenaden CAPT. & ADJT. FOR O.C. 1ST BDE. CAN. RES. ARTY. |
| 19-11-17 | C.G.B.D. | Arr'd Reinf. T on S | Can. Art'y Pool | 19-11-17 | NR (379) 113-d/22-11-17 |
| 21-11-17 | do | Left for C.C.R.C. | Field. | 21-11-17 | NR(747) |
| do | C.C.R.C. | Arrived at C.C.R.C. | do | do | NR(63) |
| 17-11-17 | A.H.Q. | Posted to 2nd C.D.A.C. | " | 9-12-17 | C.A.R.C. NR 9-12-17. (105) KR 369 Pt II O/130 d/18-12-17. |
| " | " | Taken On " " | " | " | Pt II O/214 d/- 20-12-17 |
| 15/1/18 | 1st Unit. | Joined Unit. | | | A.B.213. |
| 9-2-18 | 1/2 C.D.A.C. | To 1st army School of Mortars | | 2-2-18 | A.B.213. |
| 2-3-18 | | Rejoined Unit. | " | 20-2-18 | " C.A.R.C. A.F.105-35. d 24/2/18 B.B.R.C. N.R. (100). d 24/2/18. Pt II O 82 d 9-7-18 |
| 24-4-18 | Base Depot. | S.O.S. 2 C.D.A.C. + posted to Base Depot. | Base Depot. | 24-4-18 | |
| Do | Do | T on S Can Art'y Pool. | | 24.6.18 | Do Do 90 d/9-7-18 |
| 5-9-18 | C.A.R.D. | Evac. to Hosp. | | 5-9-18 | N.R. 1540 |
| 3-9-18 | 3 C.G.H. | Remd to Unit from Hosp | C68 | 2.9.18 | H 5328 |
| 3-9-18 | 53 Bn. | S.R.D. Leg P. | 53 Bn. | 3.9.18 | H 6585 |
| 8-9-18 | 53 Bn. | Invalided, Wounded Posted to C.A.R.D. Witley | C.A.R.D. | 8-9-18 | Pt. I Canada No 283 Pt. II O. 125 d/20-9-18 |

Chas B. Maxwell Lieut Lieut-Colonel Canadian Artillery

Sheet 2

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps 64th Battery C.F.A.

Regimental No. 335125 Rank Gnr. Name MORAN, Carl.
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 | | | | |
| 11.6.19 | O/S. | Taken on strength No. 1 District Depot | London | DO/77 | |

Lance Cpl.

No. 1 DISTRICT DEPOT

LONDON, ONT. DISCHARGED AUG 29 1919 ON DEMOBILIZATION Medically unfit for general service

O. C. Discharge Section, No. 1 D. D.

(*a*) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(*b*) *e.g.* Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

| Report | | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case | Place | Date | Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents |
|---|---|---|---|---|---|
| Date | From whom received | | | | |
| | | | | | |

Form R 122.
2353—100M—9-12-16.

J.P. Rank | Name MORAN, Carl | Reg'l No. 335125.

Dft 64th Bty to Res. Arty. Unit | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Guelph. 24th. April.1917. | Place of Birth Guelph. Tp. Ont.

Name and Address, Next-of-Kin Edward Moran. Ariss. Ont. | Relationship Father.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character

H. W. V., Ld.—9546-16.

M/E. R.B. No. 26931
File
Category

| 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. |
|---|---|---|---|---|---|---|
| 6. | | ARRIVED IN ENGLAND 9 6 17 S/S OLYMPIC | | | | |
| 12.6.17 | Res Bde 64th | T.O.S. from Canada | Schiffe | | 10.6.17 | Pt II O 163 |
| 24.6.17 | " " " | T.O.S. to 2nd Res Arty | " | | 23.6.17 | " " " 175 |
| 25.6.17 | 2nd Res Arty | T.O.S. from Res Bde | " | | " | " " " 3 |
| 26.8.17 | " " | T.O.S. to 1st Res Arty | by | Schffe | 10.8.17 | Pt II 66 + 1st Ra Pt II 69 |
| 22-11-17 | Pool | T.O.S. as reinf. | Dvr | Field | 19-11-17 | Pt III 0113 + Pt III 0130 |
| 18.12.17 | —" | T.O.S. on posting to 2nd C D A C. | Dvr | Field | 9.12.17 | " " 130 Pt II O 214 d/20.12.17 of 2nd D.A.C. |
| 9.7.18 | Art. Pool | T.O.S. from 2nd C D A C | " | " | 24.6.18 | Pt II - 907 2nd Dal Pt II 0840 |
| 7-9-18. | " " | Wounded. | Dvr | " " | 3-9-18 | C.C.A. 341. |
| 20-9-18. | " " | Invalided to Canada & Posted to C.A.R.D. Witley | Dvr | " " | 8-9-18 8-9-18. | Pt II 1250 to C.A.R.D. Pt II 2282 D 9-10-18. |

C.F.B. 103 CHECKED 26 NOV 1918

Ulvan C. 335125

| 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. | | | | |
| 14.6.19 | Cas/Lt. B. Inv. 15 | Cdg Sailing Sqn 1/D1 SW right leg | Dvr. J Cg. Kirkdale | 10.6.19 | ~~R.T.D.~~ No B 373. |

# DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT No. 10 M.D. No. 2

NAME OF SOLDIER Morgan Earle

RANK Pte

REGIMENT 6th C.M.R.

No. 335125

Inl

## 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 | 26/8/19 | | | | | | | Dr | P. | | | | | H | | | | | | L.S. Atkinson Capt | I | Can 2.18.31 Eng 3.19.30 |
| | | | | | | | | | | | | | | | | | | | | | | on Discharge |

M.F.B. 465.
150M.—6-18.
1772-39-950.

Forms I. 14

Army Form 1237.

# MEDICAL CASE SHEET.*

| No. in Admission and Discharge Book. | Regimental No. | Rank. | Surname. | Christian Name. |
|---|---|---|---|---|
| | 335125 | Gnr | Moran. | C.E. |

| Year. | Unit. | Age. | Service. |
|---|---|---|---|
| 1919 | C.F.A. | 20 | 2hyrs. |

| Station and Date. | Disease ~~G.S.W.RIGHT LEG FRAC.FIBULA.~~ |
|---|---|
| M.C.H.EPSOM. | |
| 7-1-19 | Wd.healed. Massage. |
| | SIGNED: B.C.HARDIMAN.CAPT. |
| 9-1-19 | Carry on massage. Wd.open. |
| 16-1-19 | do. do. Ankle stronger. |
| 23-1-19 | do. Wd.healing. |
| | No impromement in movements. |
| 30-1-19 | Carry on massage Wd.healed no imp. in movts. |
| 13-2-19 | do. do. No imp. Board. |
| 15-2-19 | Received Med.Board I. to C. |
| | B.C.HARDIMAN. |
| 20-2-19 | Requires radiograph for Board. |
| | SGD. A.E.KENNEDY. CAPT.CAMC. |

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

(A 1014) W3081/P/1296 3,450m 7/18 Drayton Mill Forms/I. 1237/14 (E. 3420)

[P.T.O

| Station and Date. | |
|---|---|

London Oct 15-8-19.

To Capt Munro.

Gnr. MORAN. # 335125. ODt

X-Ray 1341.

Antero-posterior & lateral views were made of the R ankle. These show an old Gs injury to the lower end of the fibula. ~~about~~ an area in the external supra Sequestrum or necrosis is now present Many minute Metallic ✓B. are present The ankle joint shows considerable arthritic Change. Hersmer Capt

London Oct 14-8-19.

To Capt Munro

Gnr. C. MORAN. #335125 D.D.

X Ray #1335.

a 6½ x 8½ plate was made ~~of the~~ of the Lt. hand in the antero-posterior + lateral positions. No fracture is seen.

H. Wismer Capt.

Wdsn. HOSPITAL

Date 17-7-19

# REQUISITION FOR TREATMENT OR EXAMINATION

Reg. No. 335125 Rank Gnr Name Morda. C.E. Unit T

Bed Ward 9

Injury or disease G.S.W. Part affected Rt Ankle

Treatment or Examination:

Capt A B Rankin
For your report.
Rem.
J. B. McFarlane Capt

Report: 19.7.19
Admit m/m accident
to be sent to D.O.H. for
proper pair of shoes -
Orthopedic Spec. shewed
on the case and
prescribe same

Signed Herbert B Rankin Capt

M. F. W. 2512
100m. 4-18
1772-39-1280

880. CS 186. W.503/P.36. 20,000 Pads. 10/17. N.P.A. Ltd. E. 1955.

Army Form W. 3172.
(In pads of 50.)

Woodcote Hospital.

Ward Hut. 87 Div H No. of Bed Date 21.2.19

| Regl. No. | Rank and Name. | Corps. | Part to be X-Rayed. |
|---|---|---|---|
| 335125 | Gnr Moran | C.F.A. | Right foot. |

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case.)

GSW.

Signature of M.O.

Date

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

No. of Plate 15407.- 15408

Fracture lower end of fibula with ankylosis at ankel. A good few small pieces of metal present.

(Signed) D.F.
21.2.19

Signature of Radiographer

Date

880. CS 186. W.503/1-36. 20,000 Pads. 10/17. N.P.A. Ltd. E. 1855.

Army Form W. 3172.
(In pads of 50.)

Lut. 74 [illegible] Woodcote. Hospital.

Ward Dw. A. 8 [illegible] No. of Bed _____ Date 21:2:19.

| Regl. No. | Rank and Name. | Corps. | Part to be X-Rayed. |
|---|---|---|---|
| 335/35 | Gr. Moran | C. F. A. | Rt. Foot |

**Short History of Case.**
(To be completed by M.O. i/c case.)

G.S.W.

Signature of M.O. _____

Date _____

**Report on Result of X-Ray Examination.**
(To be completed by Radiographer.)

No. of Plate 15407. 15405

Fracture lower end of fibula with ankylosis at ankle a few small pieces of metal present

Signature of Radiographer DF

Date 21.2.19

880. CS 186. W.503/P.36. 20,000 Pads. 10/17. N:P.A. Ltd. E. 1955.

Army Form W. 3172.
(In pads of 50.)

Woodcote Hospital.

Ward Hut 87 Div H No. of Bed Date 21.2.19

| Regl. No. | Rank and Name. | Corps. | Part to be X-Rayed. |
|---|---|---|---|
| 335125 | Gnr Moran | C.F.A. | Right foot. |

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case.)

GSW.

Signature of M.O.

Date

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

No. of Plate 15407.- 15408

Fracture lower end of fibula with ankylosis at ankel. A good few small pieces of metal present.

(Signed) D.F.
21.2.19

Signature of Radiographer

Date

499 IV

ORIGINAL

Original

#335125

# MEDICAL HISTORY SHEET.

*Surname* MORAN *Christian Name* Carl ~~Edward~~

Examined { on 24th. day of April 1917
at Guelph, Ont., Canada

Birthplace { City or Town Guelph Township
County Wellington

Apparent age 18

Trade or occupation Teamster

Height 5 Feet 8 Inches.

Weight 131½ Lbs.

Chest measurement { Minimum 30 inches.
Maximum expansion 33 inches.

Physical development Fair

Small-Pox Marks None

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 large left varicocele.

R.E.V. 20 20
L.E.V. 20 20

Approved by J.C. Barnes

Rank Capt a.m.c. M.O.

| Date. | Fit or Unfit. | Examined for Re-engagement. |
|---|---|---|
| | | 11 SEP 1918 |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |

| Date. | Result. | Vaccinations. |
|---|---|---|
| 24/5/17 | | antitetanic M.O. |
| | | M.O. |
| | | M.O. |

| Date. | Result. | Anti-Typhoid Inoculations, Etc. |
|---|---|---|
| 19/5/17 | | antityphoid M.O. |
| 20/5/17 | | antityphoid M.O. |
| 29/5/17 | | antityphoid M.O. |

*Enlisted on* 24th. *day of* April 1917 *at* Guelph, Ont.

| | Corps. | Regt'l Number. | Habits. | Date. |
|---|---|---|---|---|
| Joined on enlistment | 64th Battery C.F.A., C.E.F. | 335125 | | April 24/1917, |
| Transferred to | Res. Bde C.F.A. | | Good | 10. 6. 17 |
| | 2nd Bde C.R.A. | | Good | 22. 6. 17 |
| | 1st Bde C.R.A. | | Good | 21/8/17. |
| | P.O.S. To. C.F.A. | | | 17 NOV 1917 |

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| Station. | Date. | Disease. | Result. |
|---|---|---|---|
| ~~London. Ont.,~~ | ~~23- 8- 19.~~ | Comp. Fracture of Fibula right. | Fit for Special duty Canada. |
| Guelph, Ont. | April 24/17 F. Walsh. captain | On enlistment Jos. McD. Capt. C.A.M.C. | Found fit Capt. Pres. C.B. Barnes Capt. A.M.C. |
| Guelph Ont | May 10 - 17 F. Walsh. captain | On exam O.S. [illegible] capt M.C. | found fit C.B. Barnes Capt. A.M.C. |

Boards not to be held

APR 1919

CANADA

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.

200M—11-15.
H. Q. 1772 39-439.

Surname HORAN Christian Name Carl Edward

| 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. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1st EASTERN GENERAL HOSPITAL CAMBRIDGE | | 8 | 9 | 18 | 6 | 6 | 19 | G.S.W. Both Legs (Severe) | 120 | No fracture. Wounds clean Trans. to Aux. Hospital | J Deighton Lt Col R.A.M.C.T |
| M.C.H. Epsom | | 6 | 1 | 19 | 9 | 5 | 19 | GSW. Rt Leg C Fract Fibula | 121 | Wd healed massage C.O. Massage recommended for Board I.T.C. | W Harden Capt Camc |
| No 5 CANADIAN GENERAL HOSPITAL LIVERPOOL | | 8 [illegible] | MAY | 19 | 10 | JUN | 1919 | Do | | Wound healed joint (ankle) ankylosed. Walking causes pain in joint some deformity. | J R Fairbairn |
| H. S. ESSEQUIBO | | JUN | 10 | 1919 | 21 | JUN | 1919 | do | 12 | Discharge | E Campbell capt. |
| W.O.M.A. London W1 | | 23 | 6 | 19 | 26 | 8 | 19 | Do. | 64 | Wounds all healed. Has been fitted with properly fitting surgical boot. Can walk for about a mile. General condition good. | J.G. Munro Capt RAMC |

D.G. 5009A

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

# DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) MORAN C.E

REGIMENT C.F.A. RANK Gnr. No. 335125

Date of Examination in England 15/2/19. | Date of Examination in France

**DIRECTIONS TO DENTAL OFFICERS**

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

## PRESENT DENTAL REQUIREMENTS

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

HAS HE EVER REFUSED DENTAL TREATMENT? No!

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

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

*Signature of Dental Officer* Unusually capt
Epsom

ORIGINAL

1 P.M.

1 ☐ 30-M-2335 LAST PAY CERTIFICATE

Regt.No. 335125 Rank Gnr Name Moran Earl

Corps C F C who was Discharged

on 29-8-1919 to

The following is a statement of the account of the above named from 1-8-19 to 29-8-19

| | | | |
|---|---|---|---|
| Bal Dr from mon. of from L.P.C. | | Bal Cr from mon. of from L.P.C. | 20.38 |
| ASSIGNED PAY: | $50397/15.00 | Regt.Pay dys. @ $ | |
| | | F'ld All. 29 dys. @ $1.10 | 31.90 |
| SEPARATION ALLOWANCE: | | SEPARATION ALLOWANCE: | |
| | | OTHER CREDITS: wsg | 70.00 |
| OTHER CHARGES: | 504106 15 | Clothing Allowance | 35.00 |
| | 503687 10 | | |
| PAYMENTS: | $ 503215 / 117.28 | Subsistence @ 80¢ per day | |
| Bal.Credit (to be pd.) | 157.28 | Bal.Dr.(to be deducted) (from soldier $ ) (from Dependent $ ) | 157.28 |

| SEPARATION ALLOWANCE | ASSIGNED PAY | VICTORY BND |
|---|---|---|
| at $ per month has been to by this Unit Nil | at $ 15 per month has been Paid to 31-8-19 by this Unit | Subcribed $ Pa.by other Units $ pd.by this Unit |

Dependent or Beneficiary : Edward Moran

Address: R R No 1 Paris Ontario

REMARKS: D.O. 240 Discharged 29-8-19 on Demobilization.

Date of Enlistment: 24-4-17 If married and if Separation Allowance card submitted.

Paymaster.

I have carefully examined this statement of account and find it to be a correct extract from the Paylist of this Unit.

District Depot
AUG 29 1919
No. 1
LONDON, ONT.

Date:: London, Ontario.

Captain.

Paymaster, No.1 District Depot.

# RETURN OF LEAVE OF ABSENCE.

| RANK | NAME | REGIMENT | If during "Course" Long or Other | PERIOD | | | REMARKS |
|---|---|---|---|---|---|---|---|
| | | | | Days | From | To | |
| | | | | | | | |

M. F. B. 212.

15m.—1-16.
H. Q. 1772-39-415.

Lieut.-Col. Commanding.

Duplicate

335125.

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 64th Depot Battery, C.F.A., C.E.F.

(2) Regimental Number 335125

(3) Full Name of Soldier Carlton Edward Moran.

(4) Place of Birth Guelph 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 ? No.

(8) Have you any children ?

If so, give number of boys and girls

Also their names and ages

M. F. W. 67

20 M.—2-16
1772-39-954

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address Edward Joseph Moran

(10) Is your Mother alive? No Arisa P.O. Ont

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.

D W Watts Major

*Officer Commanding.*

O.C. 64th Depot Battery C.F.A.

Date MAY 10 1917

DUPLICATE. Duplicate

# MEDICAL HISTORY SHEET.

*Surname* MORAN *Christian Name* Carl Edward

Examined { on 24th. day of April 1917
at Guelph, Ont., Canada

Approved by E. Barnes

Rank Capt. A.M.C. M.O.

Birthplace { City or Town Guelph Township
County Wellington

Apparent age 18

Trade or occupation Teamster

Height 5 Feet 8 Inches.

Weight 131 1/4 Lbs.

Chest measurement { Minimum 30 inches.
Maximum expansion 33 1/2 inches.

Physical development Fair

Small-Pox Marks none

Vaccination Marks { Arm Right. Left.
Number

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease

R.E.V. 20/20
L.E.V. 20/30

(b) Slight defects but not sufficient to cause rejection large left varicocele

| 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. |
|---|---|---|
| 24/5/17 | | successful M.O. |
| | | M.O. |
| | | M.O. |

| Date. | Result. | Anti-Typhoid Inoculations, Etc. |
|---|---|---|
| 10/5/17 | | successful M.O. |
| 15/5/17 | | successful M.O. |
| 20/5/17 | | successful M.O. |

*Enlisted on* 24th. *day of* April 1917 *at* Guelph, Ont.

| | Corps. | Regt'l Number. | Habits. | Date. |
|---|---|---|---|---|
| Joined on enlistment | 64th Battery C.F.A., C.E.F. | 335125 | | April 24/1917. |
| Transferred to | P.O.S.H. C.F.A. | | | 17-11-17 |

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| Station. | Date. | Disease. | Result. |
|---|---|---|---|
| London, Ont., | 25- 8- 19. | Comp. Fracture Fibula right. | A/Lieut. |
| Guelph, Ont. | April 24/17 F. Walsh Captain | On enlistment Jos. Mowat Capt A.M.C. | Fit for special duty Canada. Found fit Capt. Pres. E. Barnes Capt. A.M.C. |
| Guelph ont | May 10. 17 F. Walsh captain | On examination Chisholm Capt A.M.C. | Farmer fit E. Barnes Capt. A.M.C. |

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.

200M—11-15.
H. Q. 1772 39-479.

Surname MORAN, Christian Name Carl. Edward

| 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. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |

# CANADIAN EXPEDITIONARY FORCE

## DISCHARGE CERTIFICATE

COPY ONLY

THIS IS TO CERTIFY that No. 335125 (Rank) DRIVER

Name (in full) MORAN, Carl.

enlisted in the CANADIAN FIELD ARTILLERY, C.O.M.F.

CANADIAN EXPEDITIONARY FORCE at GUELPH, ONTARIO. on the TWENTY-FOURTH day of APRIL 1917.

HE served in CANADA, ENGLAND & FRANCE (WITH CANADIAN FIELD ARTILLERY)

and is now discharged from the service by reason of ~~Medical Unfitness~~ Medically unfit for general service. Demobilization.

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

| | |
|---|---|
| Age 20 Years | Marks or Scars G.S.W. BOTH FEET AND KNEES. |
| Height 5' 6" | |
| Complexion MEDIUM | |
| Eyes BLUE | |
| Hair BROWN | |

C. E. Moran
Signature of Soldier

J. B. Lucie
Issuing Officer

LIEUT.
Rank

O.C. DISCHARGE SECTION, NO. 1 D.D.

Date of Discharge

DISCHARGE SECTION
AUG 29 1919
No. 1 District Depot

AUGUST TWENTY-NINTH 19

Date 19

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

M.F.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

DEPARTMENT OF VETERANS AFFAIRS
*MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS*

**DEATH NOTIFICATION**
***AVIS DE DÉCÈS***

TO:
*À:*

DATE March 7, 1979

NAME
*NOM* Moran, Carl (E.)

Service No.
*Matricule Nº* 335125 Army WW1

CPC No.
*CCP Nº* 1669969

WVA No.
*AAC Nº*

Information Received from:
*Information reçue de:* CPC To

Date of Death
*Date du Décès* 23-1-79

Place
*Endroit* n/s

Distribution: ~~WSR-DASG~~
VI - ASS
DO - BD
HO - BC

*Pour le chef,*

for Chief, Central Registry Division.
*Dépôt central des dossiers.*

DVA 24 (Rev. 2/70) BIL.

L.L. 19226—M. & D. 7814.

— Father —

MILITIA AND DEFENCE

# ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
25m—4-17.
H. Q. 1772-39-819.

To Whom Edward Moran

Address Ariss
R.R.# No. 1.
Ontario.

Rate $15.00

JUN 1 1917

By Whom Assigned Moran. C.

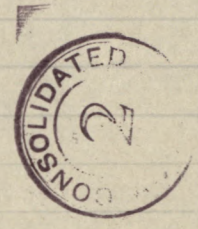
Regtl. No. - 335125 -

Rank Gnr

Corps 64th Bty.

## 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. | | | | |
| Dec. | | | | |
| Jan. | 1916 | | | |
| Feb. | | | | |
| March | | | | |



– Father –

MILITIA AND DEFENCE

# ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—4-16.
1772—33—819.

Sheet No. 2. Edward Moran. Name of Soldier Moran. E.

PAYMENTS. 335125 – Gnr – 64th Bty.

L. L. Job 310.—Req. 6574.

$15 –

JUN 1 1917

| Month. | Year. | Cheque No. | Amt. | Remarks. |
|---|---|---|---|---|
| April | 1916 | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1917 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | M 77269 | 15 | |
| July | | F 23900 | 15 | 6 |
| Aug. | | S 31297 | 15 | |
| Sept. | | S 38485 | 15 | 6 |
| Oct. | | J 44495 | 15 | |
| Nov. | | 50984 | 15 | |
| Dec. | | 58023 | 15 | |
| Jan. | 1918 | | 105 | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |

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. | | | | |

P. 550
MARRIED OR SINGLE: Single

PLACE OF BIRTH: Guelph. Tp. Ont. Can.

NAME AND ADDRESS OF NEXT OF KIN: Edward. Morgan
Ariss. Ont. Canada.

RELATIONSHIP OF NEXT OF KIN: Father.

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 |
|---|---|---|
| | | |

**ADMISSIONS TO HOSPITAL, &c.**

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

REG'L NO. 335125. RANK Gunner NAME Moran. Carl.

IF IN PERMT. CORPS WHAT UNIT — UNIT Hfx. 64th Bty TRANSFERRED TO Total DATE 14/3/18 AUTHORITY 14

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO — DATE — AUTHORITY

PLACE OF ATTESTATION Guelph. — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION April 24th 1917. — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY MONTHLY $ 15 xx DATE EFFECTIVE 1st June 1917.

PAYABLE TO Edward Morgan, R.R. #1. Ariss. Ont RELATIONSHIP Father

ASSIGNED PAY MONTHLY $ — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP

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

DISCHARGE DATE AND PLACE — REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

| DATE 1917 | 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 | C.O. | REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| June/July | 61 | 1.10 | 67 | 10 | | | | | | | | | | | 67 10 | 1435 | 30.67 | | | | | | | 9 73 | | | | 30 | | 30 | 37 10 | | | | | | No Issue July |
| Aug | 31 | | 34 | 10 | | | | | | | | | | | 34 10 | 1749 | 21.67 | | | | | | | 9 73 | | | | 15 | | 34 46 | 36 74 | | | | | | |
| Sept. | 30 | | 33 | 00 | | | | | | | | | | | 33 00 | 1567 | 1547 | | | | | | | 19 41 | | | | 45 | | 64 46 | | | | | | |
| | | | 101 | 20 | | | | | | | | | | | 101 20 | 1871 | 1878 | | | | | | | 14 60 | | | | 15 | 176 | 43 53 | 26 21 | | | 26 21 | Jan R 3319. 28.6.17. | |
| | | | 134 | 20 | | | | | | | | | | | 134 20 | | | | | | | | | 12 17 | | | | | | | | | | | | |
| | | | 134 | 20 | | | | | | | | | | | 134 20 | | | | | | | | | 46 73 | | | | 60 | 176 | 107 99 | | | | | | |

| MONTH | PARTICULARS | CR. 1 | CR. 2 | PARTICULARS | DR. 1 | DR. 2 | DR 3 | DR 4 | BALANCE D. or F. |
|---|---|---|---|---|---|---|---|---|---|
| Sept 30. | | ~~26 21~~ | | | | | | | 26 21 Dr |
| Oct. | D.P. | 34 10 | | A. Pay. Can. | | 15 | | | |
| | See L.P.& pay Canada 31-5-17 | | 32 10 | A.R. 2499. 10/8/17. C.R.A. | 9 73 | | | | 67 68 Dr |
| | | 34 10 | 32 10 | | 9 73 | 15 | | | |
| Nov | G.P. | 33 - | | A.R. 2991 15/8/17. C.R.A. | 4 87 | | | | |
| Dec | | 34 10 | | " 3464 24/8/17 " | 4 87 | | | | |
| | | | | " 3612 26/9/17 " | 9 73 | | | | |
| | | | | Sick R 2224 18/8/17 " | 12 17 | | | | |
| | | 67 10 | | | 31 64 | ~~103 80~~ | | | |

| MONTH | PARTICULARS | CR. 1 | CR. 2 | PARTICULARS | DR. 1 | DR. 2 | DR. 3 | DR. 4 | BALANCE |
|---|---|---|---|---|---|---|---|---|---|
| 1917 | | | | | | | | | DEPER. SER. RED. ALLCE. PAY ENG. |
| Nov | 1 P Fare | 67 10 | | | 31 64 | | | | ~~103 80~~ |
| | | | | A.R. 2356 29/8/17 C.R.A. | 4 86 | | | | |
| | | | | " 3221 14/9/17 " | 9 73 | | | | |
| | C.P. Nov | | | | | | 15 | | |
| | Dec | | | | | | 15 | | |
| | | | | Q 1/12th 13/11/17 C.R.A. | 1 32 | | | | 57 23 Dr |
| 1918 | | 67 10 | | | 44 55 | | - 30 | | |
| Jan | G.P. | 34 10 | | Con A.P. | | | 15 | | |
| | | | | ~~On~~ A.R. 1105 - 2 Dab 24/12/17 | 3 87 | | | | |
| | | | | 715 - 5 Dab 29/9/17 | 5 35 | | | | |
| | | | | 1101 - 2 Dab 12/12/17 | 13 38 | | | | 54 03 Dr |
| | | 34 10 | | | 22 30 | | 15 | | |

335125 Gpr. Moran, Carl

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| MONTH | PARTICULARS | | | CT | | | | CT | PARTICULARS | | | | | DR. | | 23 | DR. | BALANCE | DEFERRED PAY | SPEC. ALLOT. ENG. | | | | | | | | | | | | | | | |
| 1918. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | 5H | 03 | | | | | | | | | | | | | | | | | |
| Feby | G P | 16 | 28 | 30 | 80 | | | | C A P. | | | | | | | 15 | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | 2 Dal | 1215 | 12/1 | | 3 | 57 | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | 2 Dal | 1224 | 31/1 | | 3 | 57 | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | 2 Dal | 1258 | 1/2 | | 4 | 46 | | | | | | | | | 58 | 23 | Nil | | | | | | | | | | | |
| | | | | 30 | 80 | | | | | | | | | 11 | 60 | 15 | | | | | | | | | | | | | | | | | | | |
| Mch | G. P | 14 | 31 | 34 | 10 | | | | C. A P. | | | | | | | 15 | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | 2 Dal | 1244 | 21/2 | | 3 | 57 | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | 2 Dal | 1434 | 22/3 | | 4 | 46 | ✓ | | | | | | | | 64 | 8H | | | | | | | | | | | | |
| | | | | | | | | | 2 Dal | 1408 | 16/3 | | 4 | 46 | ✓ | | | | | | | | 6H | 8H | Nil | | | | | | | | | | | |
| | | | | 34 | 10 | | | | | | | | | 12 | 49 | 15 | | | | | | | | | | | | | | | | | | | |

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

| ASSIGNED PAY. * ~~ENGLAND OR~~ CANADA. | SEPARATION ALLOWANCE. * ENGLAND OR CANADA. |
|---|---|
| EFFECTIVE DATE:- 1-6-17 ~~Draft~~ 1/5/19 | EFFECTIVE DATE:- |
| AMOUNT:- 15.00 | AMOUNT:- |
| 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. |
| Mr. Edward Moran<br>R.R. No 1<br>Arnsp<br>(Father) Ontario | |

NAME:- MORAN. Carl.

NUMBER:- 335125.

PARTICULARS OF RANK OR APPOINTMENT

| AUTHORITY | DATE EFFECTIVE | RANK OR APPOINTMENT |
|---|---|---|
| | | Gunner |
| | | |
| | | |
| | | |

UNIT AND TRANSFERS

ORIGINAL UNIT:- Draft 64th Battty

DATE ACCOUNT FIRST OPENED:- 1-6-17

| AUTHORITY | DATE EFFECTIVE | DATE LEDGER SHEET T'SF'D | UNIT TRANSFERRED TO |
|---|---|---|---|
| DO 14 | 14-2-18 | | 2 Dab |
| 90. 9/7/18. | 24-6-18. | | Art Pool |
| | | | |

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

| DATE OF PAYMENT | NUMBER OF A.R | UNIT PAID BY | AMOUNT | DATE OF PAYMENT | NUMBER OF A.R | UNIT PAID BY | AMOUNT |
|---|---|---|---|---|---|---|---|
| 3/4 | 599 | Epsom | ~~9 73~~ | 2.7. | 21/3-31/3 | | 7 30 |
| 16/4 | 2377 | | ~~14 60~~ | | | | |
| | | | | | | Dft. Can Bal & | 136 12 |

DAILY RATES OF PAY AND ALLOWANCES

| AUTHORITY | PAY | F.A. | P.F.A. | SUBSCE ALLCE |
|---|---|---|---|---|
| | 1 . . | 10 | | |
| | | | | |
| | | | | |

PARTICULARS OF RENDERING NON-EFFECTIVE:- Disc. to Canada 30/4/19 and dft List a 161 Epsom 19/4/19 Epsom

| MONTH | PARTICULARS | CR. 1 | CR. 2. | PARTICULARS | DR. 1 | DR 2. | DR. 3. | DR. 4. | BALANCE | DEFERRED | SEPARATION |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 31.3.18 | Bal Fwd. | | | | | | | | 64 81 | | |
| Apl | Gr. Pay. | 33. | | Can Ass Pay. | | | | 15. | | | |
| | | | | 2 DAC 144 5/4/18 | 3 57 | | | | | | |
| | | | | 2 DAC 86 20/5/18. | 4 46 | | | | 74 81 | | |
| | | 33. | | | 8 03 | | | 15. | | | |
| May | Gr. Pay. | 34 10 | | Can A Pay. | | | | 15. | | | |
| | | | | 2 DAb 132 3/5/18 | 3 57 | | | | | | |
| | | | | 2 DAb 160 19/5/18 | 4 46 | | | | 85 88 | | |
| | | 34 10 | | | 8 03 | | | 15. | 9 27 | | |
| June | Gr. Pay | 33. | | Can A Pay. | | | | 15. | 95 55 | | |
| | | | | 2 DAb 235 4/6/18 | 3 57 | | | | | | |
| | | | | 2 DAb 292 17/6/18 | 4 46 | | | | 95 85 | | |
| | | 33 | | | 8 03 | | | 15 | | | |
| July | Gr. Pay | 34 10 | | Can A Pay | | | | 15 | | | |
| | | | | 75 Rem 498 3/7/18 | 4 46 | | | | | | |
| | | | | b.b. Sig bo. 2154 20/7/18 | 3 57 | | | | 106 92 | | |
| | | 34 10 | | | 8 03 | | | 15 | | | |
| Aug | " | 34 10 | | Can A. | | | | 15 - | 126 03 | | |
| | | | | DAIR 664 2 CCR 2. 30/8 | 3 57 | | | | | | |
| | | | | AR 617 664 R 9/8 | 3 57 | | | | 118 88 | | |
| | | 34 10 | | | 7 14 | | | 15 - | | | |
| Sept | " | 33 | | Can | | | | 15 | | | |
| | | | | HR 35179 20/9 | 9 73 | | | | 27 15 | | |
| | | 33 | | | 9 73 | | | 15 | | | |
| Oct | | 34 10 | | AR | | | | 15 | 146 25 | | |
| | | | | HR. 39550 10/10 1st E.B.H. Can. | 9 73 | | | | 136 52 | | |
| | | 34 10 | | | 9 73 | | | 15 | | | |

NUMBER 335125 RANK Gnr NAME Moran - C

| MONTH | PARTICULARS | CR. 1. | CR. 2. | PARTICULARS | DR. 1 | DR. 2 | DR. 3. | DR. 4. | BALANCE | DEFERRED | SEPARATION |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Nov | Fwd | | | | | | | | 136 52 | | |
| | Qtr | 33 - | | a/c | | | | 15 | | | |
| | | | | HR 50992 9/11 stkd-Wad. | 9 73 | | | | | | |
| | | | | HR 61427 20/12 " | 9 73 | | | | | | |
| Dec | | 34 10 | | a/c | | | | 15 | | | |
| Jan | | 34 10 | | | | | | 15 | 173 26 | | |
| | | 101 20 | | | 19 46 | | | 45 | | | |
| | | | | HR 65671 " | 9 73 | | | | | | |
| | | | | 1846 17/1 Epsm | 4 87 | | | | | | |
| | | | | 4090 4/2 | 4 87 | | | | | | |
| Feb | | 64 90 | | a/c | | | | 30 | 38 16 | | |
| | | | | 490 4/3 | 4 87 | | | | | | |
| | | | | 4029 19/3 | 48 67 | | | | 135 15 | | |
| | | 64 90 | | | 73 01 | | | 30 | | | |
| Apl | | 33 | | a/c | | | | 15 | | | |
| | | | | AR 599 3/4 " | 9 73 | | | | | | |
| | | | | AR 2377 16/4 " | 14 60 | | | | | | |
| | | | | AR 2328 3/5 " End | 48 7 | | | | | | |
| | | | | 2974 22/4 " " | 9 73 | | | | | | |
| | | | | 3171 13/5 Stkd " | 39 93 4 87 | | | | | | |
| | | | | 4286 20/5 " End | 9 73 | | | | 99 62 57 | | |
| | | 33 00 | | | 53 53 | | | 15 | | | |
| | | | | 5113 3/6 Ckd. | 4 87 | | | | 94 75 | | |
| | | | | | 4 87 | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | |

War Service Badge
Class A No. 256929 Issued

SHORT FORM.

**PROCEEDINGS ON DISCHARGE.**

(Demobilization.)

1. No. 335125

2 Rank. DRIVER, ~~Moran~~

3. Name. MORAN, Carl,

4. Unit. CANADIAN FIELD ARTILLERY, C.O.M.F.

5 Date of Discharge AUG 29 1919 Place LONDON, ONT.

6 Reason for Discharge

ON DEMOBILIZATION Medically unfit for general service

7. Authority. R. O. 1894 DO 240 28/8/19

8. Proposed Residence after Discharge P.O. R.R. #1., ARISS, ONT.

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.? 39

C. E. Moran
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place LONDON, ONT.

Date AUGUST 29TH, 1919.

Signature J. Church Lieut
(O. C. Discharging Unit.)
O. C. Discharge Section, No. 1 D. D.

M.F.B. 218a—300M.-11-18—1772-39-113.

## 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 |

ID-30-M-2335

AUDITOR | PAYMASTER

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

M. OR S. REGT. NO. 335125 RANK Pvr. NAME (IN FULL) MORAN, Earl (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

| PARTICULARS | EFFECTIVE DATE | AUTHORITY |
|---|---|---|
| | | |

ORIGINAL UNIT C.E.F. C.A.S.C. — IF IN P.F. WHAT UNIT? A.R.T. Paris Ont

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 24-4-17 — TRANSFERRED TO — DATE — AUTHORITY Soldiers' Aid Comm. 5/10/19

ASSIGNED PAY $ 15 — DATE EFFECTIVE

PAYABLE TO Paid to 30/6/19 — RELATIONSHIP

ADDRESS Edward Moran, R.R.#1 Paris Ont — ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED PLACE LONDON, ONT. DATE 29-8-19 REASON Demob M.U. AUTHORITY D0240 IF ENTITLED TO POST DISCHARGE PAY

| MONTH | PAY AND F.A. NO. OF DAYS | RATE | AMOUNT $ | AMOUNT C. | OTHER CREDITS $ | OTHER CREDITS C. | | | TOTAL CREDITS $ | TOTAL CREDITS C. | ACQUITTANCE ROLLS COL. NO. 1 NO. | COL. NO. 1 DATE | COL. NO. 2 NO. | COL. NO. 2 DATE | COL. NO. 3 NO. | COL. NO. 3 DATE | CASH PAYMENTS COL. NO. 1 $ | COL. NO. 1 C. | COL. NO. 2 $ | COL. NO. 2 C. | COL. NO. 3 $ | COL. NO. 3 C. | ASSIGNED PAY $ | ASSIGNED PAY C. | REGIMENTAL CHARGES $ | REGIMENTAL CHARGES C. | OTHER CHARGES $ | OTHER CHARGES C. | | | TOTAL DEBITS $ | TOTAL DEBITS C. | BALANCE DEBIT $ | BALANCE DEBIT C. | BALANCE CREDIT $ | BALANCE CREDIT C. | PARTICULARS OR REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| E.L.R.C. | 1.60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BALANCE FROM PREVIOUS ACCOUNT 30/4/19 | | | | | | | 136 | 12 | 136 | 12 | | | | | | | 9 73 | | 4 87 | | 4 87 | | 30 00 | | | | 5 00 | | | | 123 94 | | | 12 12 | | |
| May + June | 61 | 10 1/2 | 67 | 10 | 12 | 00 | 12 | 18 | 91 | 28 | | | | | | | 4 87 | | 9 73 | | 4 87 | | 30 | 1 69 | | | 50 00 | | | | | | | 91 22 | | |
| July | 31 | 110 | 34 | 10 | | | 91 | 28 | 125 | 38 | 300229 | | | | 361408 | | 75 | | | | 15 | | 15 | | | | | | | | 105 00 | | | 20 38 | | |
| 29-8-19 | 29 | 110 | 31 | 90 | 35 00 | | | | 136 | 90 | 300368 | | | | 504196 | | 10 | | | | 10 | | 15 | | | | | | | | 15 28 | | | | | |
| | | | | | 70 00 | | | | | | | | | | 503315 | | | | | | 117 | 28 | | | | | 70 | | | | 70 | | | | | |
| | | RR | | | | | WAR SERVICE GRATUITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | W&b | Sa | | | | | | | | | | | | | | | W&b | Sa | | | | | | | | | | | Soldier Depend | | | |
| 153 days | | | | | 350 | | | | 350 | | | | | | | | | | | | 70 | | | | | | | | | | | | 280 | | | |
| | | | | | | | | | | | | | | | | | | | | | 70 | | | | | | | | | | | | 210 | | | |
| | | | | | | | | | | | | | | | | | | | | | 70 | 00 | | | | | | | | | | | 140 | 00 | | |
| | | | | | | | | | | | | | | | | | | | | | 70 | 00 | | | | | | | | | | | 70 | 00 | | |
| | | | | | | | | | | | | | | | | | | | | | 70 | 00 | | | | | | | | | | | | | | |
| | | | | | 350 | | | | 350 | | | | | | | | | | | | 350 | | | | | | | | | | | | | | | |

1st pay W&b as above

SEP 25 1919 117797

OCT 25 1919 118893

NOV 27 1919 118641

DEC 24 1919 119101

Capt. R

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

Date of Enlistment

4 ●

RATE OF SEPARATION ALLOWANCE

| | | | |
|---|---|---|---|
| | | | |

MILITIA AND DEFENCE

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

M 19304

Date of Assignment

June 1/17

RATE OF ASSIGNMENT

| | | | |
|---|---|---|---|
| 15. | | | |

(Father)

PARTICULARS OF SEPARATION ALLOWANCE

No. 335125

Rank Gnr. Promoted Reverted Discharge

Soldier's Name G. Moran

Battalion 64 Batty.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Edward Moran

Address Ariss. R.R. #1

Change of Address Ont.

1

2

3

4

| Date 1917 | Cheque No. | | Amount S/A | Amount A/P | Total |
|---|---|---|---|---|---|
| Dec 31 | | | | 105 | 105 |
| Jan 18 | I | 63123 | | 15 | 15 |
| Feb | G | 73343 | | 15 | 15 |
| Mar | N | 91533 | | 15 | 15 |
| Apr | N | 9510 | | 15 | 15 |
| May | R | 16711 | | 15 | 15 |
| June | N | 20962 | | 15 | 15 |
| July | H | 30389 | | 10 | 10 |
| Aug | P | 39642 | | 15 | 15 |
| Sept | U | 41846 | | 15 | 15 |
| Oct | X | 55358 | | 15 | 15 |
| Nov | J | 61782 | | 15 | 15 |
| Dec | X | 66900 | | 15 | 15 |
| 1919 Jan | U | 71687 | | 15 | 15 |
| Feb | W | 76050 | | 15 | 15 |
| mch | M | 85357 | | 15 | 15 |
| Apl | P | 3130 | | 15 | 15 |
| May | G | 7732 | | 15 | 15 |
| June | H | 11050 | | 15 | 15 |
| | | | | 375 | 375 |

REMARKS

013062. 6.6

M.R.O. K.P. 101570 (electron) 27/6/19 B.P.S. Salary 6/19

A/c Closed 30.6.19

Ret'd per Requisito

Date 21/6/19 M.F.W.187 M.N.1

Clerk B.P.S. 27/6/19

A STENCIL HAS BEEN MADE FOR ANY COUNT

M. F. W. 128
400m.—6-17—177-39-1141
L. L. 22320—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

| | | | |
|---|---|---|---|
| | | | |

RATE OF ASSIGNMENT

| | | | |
|---|---|---|---|
| | | | |

## PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

## PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400m.—6-17—177-39-1141
L. L. 22320—M. & D. 7493.

Military Hospital, M. D. No. 1
Wolseley Barracks
LONDON, ONT.

IS.

THIS FORM WILL BE USED FOR ALL RANKS

# 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 London.Ont. DATE Aug. 15- 19.

1. 1 (a) Unit No. 1. D.D. (b) Regimental No. 335125 (c) Rank Gunner

(d) Surname M O R A N . (e) Christian name Carl Edward.

(f) Home address P. O. Ariss. Ont.,

(g) Next of Kin Mr. Edward Moran. (h) Relationship Father.

(i) Address of Next of Kin P.O. Ariss Ont.,

2. Age last birthday 22 Date of birth Oct. 26- 97.

3. Enlistment, or Appointment (if an Officer) (a) Place Guelph. Ont., (b) Date Apr. 24/17.

4. Personal description:

(a) Height 5' 8" (b) Weight 150 (stripped) (c) Complexion Medium.

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Adherant scar outside right ankle. Small scar sloe of left foot. Blight scar inner side leftknee.

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 |
|---|---|---|
| | 2 | 108 |

| | Periods | |
|---|---|---|
| | From | To |
| Canada | Apr. 24/ 17. to May. 25/ 17. | June 10/18. | to date. |
| England | Maj 25- 17. Sept. 8/ 17. | Sept. 18- | June 10/ 18. |
| France or other theatres of War | | Sept. 8- 17. | Sept. 2-18. |

7. Original disease, or injury Compound fracture fibula(right)

(a) Date of origin Sept. 2- 18. (b) Place of origin Arras FRANCE.

(c) Cause Gun shot wound.

M. F. B. 227.
300M.—8-18.
1772-39-117.

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.)

Partial Ankylosis right ankle joint, with moderate weakness and partial loss of function of right ankle.

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.)

OBJECTIVE;- Man walks with slight limp. irregular depressed adherent scar over outer malleolus left. There is loss of bony tissue 1½" from top of malleolus. Scar is well healed and not tender There is no nerve lesion; Movement of ankle joint, Dorsi-flexion to 90° Planter flexion to 105° X- Ray report of 21- 2- 19. Shows pieces of metal present".

X-Ray report 15- 8- 19. See report attached.;-

SUBJECTIVE;- Complains of lameness of stiffnes right ankle. Could walk (with cane) about (1 male) with comfort.

X- Ray Report.

Antero- posterior andlateral xxxxx views were made of the right ankle these show an old Gun shot injury to the lower end of the fibula and area on the external surface about 1" long , has been curretted. No sequestrum or necrosis is now present many minute metallic foreign body are present, the ankle joint shows considerable artharitic change,

(Sgd) H.S. Wismer. Capt. C.A.M.C.

(*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 Yes

Disturbances of Mentality No Digestive System No Muscular System No

Osseous and Joint Systems No Any other general condition Yes.

Slight Gun shot wound dorsum right foot well healed. Slight Gun shot wound healed left knee inner side.

Slight Gun shot wound healed sole of left foot.

Moderate left varicocele no disability.

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

Wounded Sept. 21- 1918. Treated xxx in field Ambulance, wound cleaned and dressed. Sent to 53rd General Hospital Boulogne. Wounds opened and dead bone removed, sent to England Sept. 8- 18. to No. 1. Eastern General Cambridge. Sent to Epsom for convalescence till May 9- 19. then to Mo 5 Canadian General Hospital May. 9- 19. to June 10- 19. There has been no improvement or movements of foot since Jan. 1919.

wound discharged till Jan. 1- 1919.

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*).)

Measles childhood. Good recovery.

Cellutites left hand. Aug. 16- 20- 19. Recovery.

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

As in 9 (a) & (b).

11.—(*a*) Did the disabling condition have its origin before enlistment?

(*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.)

Not applicable.

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, decreasing.

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

Hospitals in France & ENgland wound cleaned and dressed and dead bone removed. 5 months massage and Electrical treatment.

Surgical boot supplied Aug. 1918.

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. with lessening of efficiency.
(If not, briefly state why)

17. Recommendations Fit for special duty in Canada.

L. G. Munro Capt. CAMC
*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 C. E. Moran. 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

C. E. Moran Rank.
*Signature of invalid examined.*

## 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.

Board agrees, but add No. 9 Man walk with slight limp. There is some loss of bone tissue of outer malleolus about 1½" from the tip. Soldier states that he can walk about 1 mile at his own pace. OK

No. 10(c) Scars 3" inner left, [illegible] and inner dorsum of left foot scar 2" x 1" right outer malleilus scat 1" dorsum right foot.

19. Is the invalid fit for

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

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.)

Is fit for Special duty in CANADA.

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.

A. F. Lucas Capt. C.A.M.C. President.

PLACE London. Ont. J. Monash Capt. C.A.M.C. } Members

DATE 23- 8- 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.

..... President.

PLACE ..... } Members

DATE .....

APPROVED BY

D. J. McKay for Assistant Director of Medical Services.

DATE 25- 8- 19.

APPROVED BY

Major. C.A.M.C. Director-General of Medical Services.

DATE .....

# CASE HISTORY SHEET.

No. 335125 Rank Gnr. Name Moran. C.E. Age 22

Unit I.D.D. Completed years of service (Where and how long) C 1 9/12 E 12/12 F 12/12

Date of admission 23-6-19 Date of discharge Aug 26/19

Diagnosis G.S.W. Rt Leg. Place of origin Overseas

CONDITION ON ADMISSION AND PROGRESS OF CASE

History - Wounded Sept 2. 18 & shrapnel resulting in F & Comm Malleolus Tibula Crural Contusion (Compound) Operated on twice. Last. Shrapnel removed. Wd. clean. Sinus curetted At present. Wd. healed & granulating Objective. Scar over internal malleolus just above. Comp. thickly healed Scar over tendon of Ext of toe healed. Movements of ankle limited to 15°. Limps on walking. Circulation normal Subjective - Weakness of ankle. Limitation of movement. Big toe and weakness of ankle.

10-8-19 Ia. Board. Adm.

13-8-19 Complains of injury to left hand while playing baseball. Hand is swollen & tender over 4th metacarpal bone. X ray shows no fracture (J.S.M.)

15/8/19 Hand still swollen & painful & tender. Cellulitis present. Sinus tract to 4th metacarpal bone. Commencing hot baths both. (J.S.M.)

16/8/19. Hand opened by X incision at base of 4th digit on palmar surface. Pus discharge & ins. dress. more than daily.

18/8/19 Free discharge on dressing. Hand still swollen & slightly tender. 21/8/19 Supplied with properly fitting surgeon boot.

TREATMENT (Especially any specific or special form.) Report by Capt Reading

Aug 20/19 Hand much improved discharge very slight. movements of fingers O.K. (J.S.M.)

CONDITION ON DISCHARGE, (and disposal made of case.) As above. Has been fitted with proper fitting surgical boot.

Capt. R.

Date 26/8/19

J. S. Moran Capt A.D.M.S.

Medical Officer i/c case.

M. F. B. 313a.
50M.-11-17.
1772—39-439.

Cat R.

B22.336.

Forms
I. 1237
12

Army Form I. 1237.

# MEDICAL CASE SHEET.*

| No. in Admission and Discharge Book. | Regimental No. | Rank. | Surname. | Christian Name. |
|---|---|---|---|---|
| | 335125 | Gnr. | Moran | C. E. |

| Year | Unit. | Age. | Service. |
|---|---|---|---|
| 1919 | C. F. A. | 20 | 2 yr. |

| Station and Date. | Disease |
|---|---|
| | G.S.W. right leg & fract. Fibula |
| 7-1-19 | W healed. Mars. Blackdown |
| 9.1.19 | C.O. Mass. wd open |
| 16.1.19 | " " ankle stiff |
| 23.1.19 | " " and healing. no imp. in wrists. |
| 30.1.19 | " " and healed. no imp in " |
| 13.2.19 | " " no improvement. Board. |
| 15-2-19 | Rec Medicine B. ITC Blackdown |
| 20/2/19 | Require Radiograph for Board. |

FURLOUGH ADDRESS IN FULL

Beaver Hut
London

D

Guelph 28.4

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

(6365) W2944/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

(P.T.O.

| Station and Date. | |
| --- | --- |

For
I. 1237
14

Army Form I. 1237.

# MEDICAL CASE SHEET.*

| No. in Admission and Discharge Book. | Regimental No. | Rank. | Surname. | Christian Name. |
|---|---|---|---|---|
| | 335125 | Gnr | Moran. | C.E. |

| Year. | Unit. | Age. | Service. |
|---|---|---|---|
| 1919 | C.F.A. | 20 | 2hyrs. |

| Station and Date. | Disease G.S.W.RIGHT LEG FRAC.FIBULA. |
|---|---|
| M.C.H.EPSOM. | |
| 7-1-19 | Wd.healed. Massage. |
| | SIGNED: B.C.HARDIMAN.CAPT. |
| 9-1-19 | Carry on massage. Wd.open. |
| 16-1-19 | do. do. Ankle stronger. |
| 23-1-19 | do. Wd.healing. |
| | No impromement in movements. |
| 30-1-19 | Carry on massage Wd.healed no imp. in movts. |
| 13-2-19 | do. do. No imp. Board. |
| 15-2-19 | Received Med.Board I. to C. |
| | B.C.HARDIMAN. |
| 20-2-19 | Requires radiograph for Board. |
| | SGD. A.E.KENNEDY. CAPT.CAMC. |

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

(A 1014) W3081/P/1296 3,450m 7/18 Drayton Mill Forms/I. 1237/14 (E. 3420)

[P.T.O

| Station and Date. | |
|---|---|