

Unit 133rd. Bn. C.E.F. Rank Lieut. Name M. M. Dillon

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname? Dillon
(b) What are your Christian Names? Marmaduke Murray
2. (a) Where were you born? (State place and country) Galt. Ont. Canada.
(b) What is your present address? Port Dover. Ont.
3. What is the date of your birth? May 18th. 1893.
4. What is (a) the name of your next-of-kin? Mrs. Florence N. Dillon.
(b) the address of your next-of-kin? Port Dover. Ont.
(c) the relationship of your next-of-kin? Mother.
5. What is your profession or occupation? Architect
6. What is your religion? Church of England.
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
8. To what Unit of the Active Militia do you belong? 39th. Regt.
9. State particulars of any former Military Service None.
10. Are you willing to serve in the

CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

The undersigned hereby declares that the above answers made by him to the above questions are true.

M. M. Dillon (Signature of Officer)

Taken on strength (place) Simcoe. Ont.

(date) February 19th. 1916.

W. C. Pratt
(Signature of Commanding Officer.)

Lt. Col. Command. 133rd. Bn. C.E.F.

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date February 19th. 1916.

Place Simcoe. Ont.

*Insert here "fit" or "unfit"

W. C. Pratt
Major. Medical Officer.

OFFICERS' DECLARATION TABLE

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

21/11/47

QUESTIONS TO BE ANSWERED BY OFFICER

(Name)

(Rank)

(1) What is your name?

(2) What is your rank?

(3) What is your service number?

(4) What is your date of birth?

(5) What is your date of entry into service?

(6) What is your date of discharge?

(7) What is your date of return to Canada?

(8) What is your date of arrival in Canada?

(9) What is your date of departure from Canada?

(10) What is your date of return to service?

(11) What is your date of discharge from service?

(12) What is your date of return to Canada?

(13) What is your date of arrival in Canada?

(14) What is your date of departure from Canada?

(15) What is your date of return to service?

(16) What is your date of discharge from service?

(17) What is your date of return to Canada?

(18) What is your date of arrival in Canada?

(19) What is your date of departure from Canada?

(20) What is your date of return to service?

(21) What is your date of discharge from service?

(22) What is your date of return to Canada?

(23) What is your date of arrival in Canada?

(24) What is your date of departure from Canada?

(25) What is your date of return to service?

(26) What is your date of discharge from service?

(27) What is your date of return to Canada?

(28) What is your date of arrival in Canada?

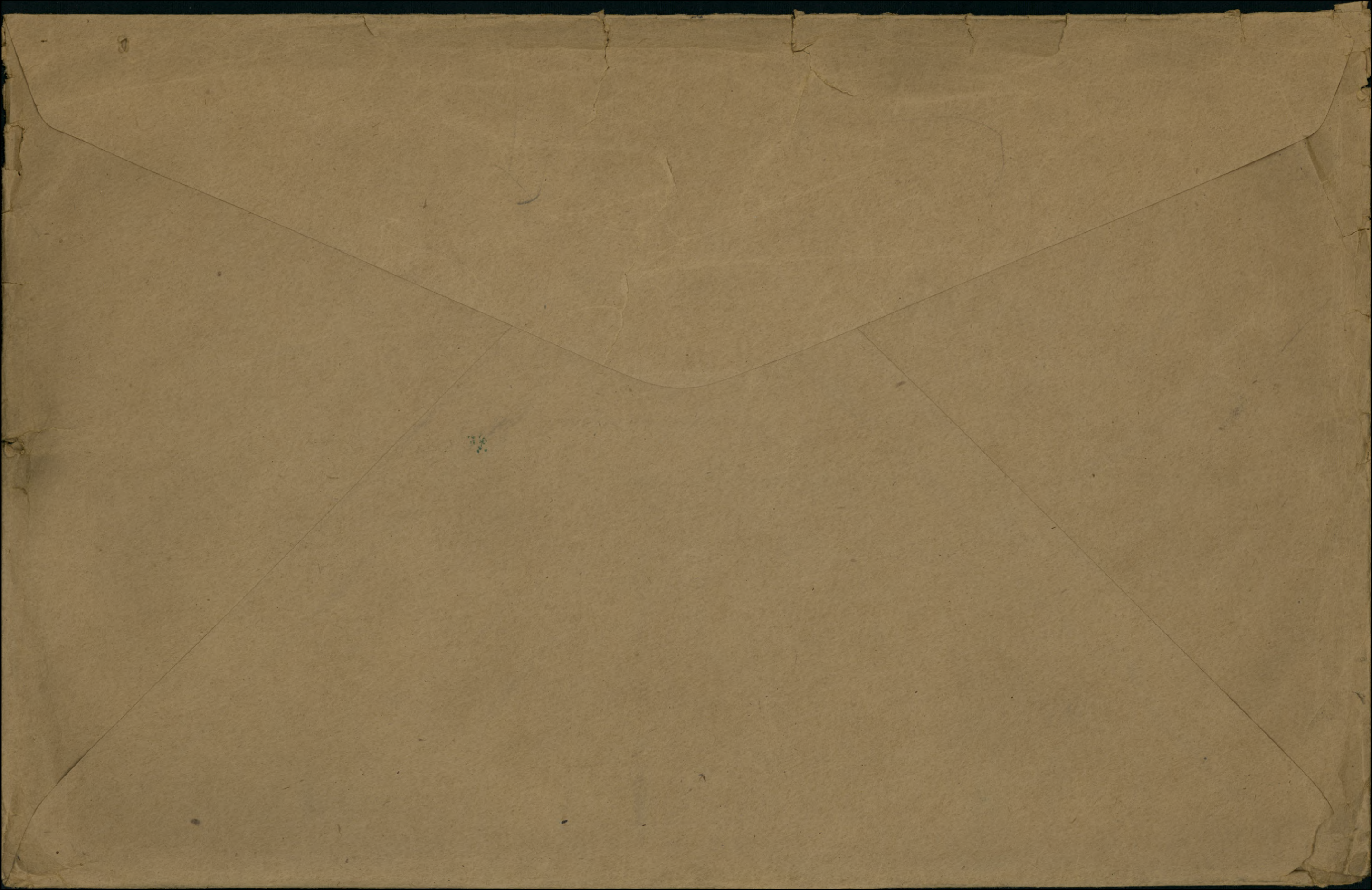
(29) What is your date of departure from Canada?

(30) What is your date of return to service?

12.5.14

12.5.14

12.5.14



CANADIAN ARMY DENTAL CORPS

DIVISION.

NAME OF SOLDIER.

Murray Hill

REGIMENT.

RANK.....Lieut -

No.

A large, stylized blue initial 'A' with a decorative flourish extending from the top left. The letter is written in a calligraphic style with visible ink texture.

[illegible]

DIVISION.

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER.

REGIMENT.

RANK.

No.

[illegible]

ВЕРХНЕ-УФАНСКИЙ РАЙОН
УФА
РАЙОННОЕ УПРАВЛЕНИЕ
ОБРАЗОВАНИЯ И КУЛЬТУРЫ

УФА, ЛЕНИНСКО-СТАЛИНСКАЯ УЛИЦА, 10

УФА, ЛЕНИНСКО-СТАЛИНСКАЯ УЛИЦА, 10

gent. Willm.

RANK.

...

No.

X

A large, stylized initial letter 'A' in blue ink, featuring a decorative flourish on the left side.

[illegible]

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Lieut

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Dillon Christian Name Marmaduke Murray

Examined { on 19 th day of Feb. 191 6
at Simcoe, Ont.

Approved by W. M. Smith

Birthplace { City or Town Wellington Galit
County Wellington

Rank Major M.O.

Apparent age 22

Trade or occupation Architect

Height 6 Feet 2 Inches.

Weight 155 Lbs.

Chest measurement { Minimum 31 inches.
Maximum expansion 34 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right Left
Number 2 W

When Vaccinated last about 9 yrs. ago

(a) Marks indicating congenital peculiarities or previous disease small scar from excision of cyst in front of left ear,

(b) Slight defects but not sufficient to cause rejection None

Date.	Ft or Unft.	EXAMINED FOR RE-ENGAGEMENT.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	VACCINATIONS.
<u>10/8/16</u>		M.O.
		M.O.
		M.O.
Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>27/7/16</u>		M.O.
<u>3/8/16</u>		M.O.
<u>10/8/16</u>		M.O.
		M.O.

Enlisted on 19 th day of February 191 6 at Simcoe, Ont.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>133 rd. O.S., Bn.</u>			
Transferred to	<u>attd 3rd Rec Bn</u>	<u>heret</u>		<u>4. 1. 17</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Bramshott</u>	<u>2/4/19</u>	<u>Varicose Veins leg (left)</u>	<u>Cat A. Dr. Nathan Capt.</u>

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.

Christian Name Mermaduke Murray

[illegible]

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

M. F. W. 54. (A. F. B. 10a.)

500M.—9-16

H. Q. 1772-39-90.

Casualty Form—Active Service.

Unit, Regiment or Corps

Regimental No.

Rank

Name

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				
7 ⁵ / ₁₉	M.H.Q. Ottawa	T.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 2	26 ⁴ / ₁₉	C.E.F. R.O. No. 1946-19
9/5/19	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 2	5/5/19	C.E.F. R.O. No. 1953-19
<i>Spyaehant</i> Lieut. for Director Personal Services					

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

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

REGIMENT

RANK

No.

Date of Examination in England

Date of Examination in France



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

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

(a) In Canada

(b) In England

(c) In France

BRAMSHOTT CAMP
HANTS.

Signature of Dental Officer

DIRECTIONS TO
DENTAL OFFICERS

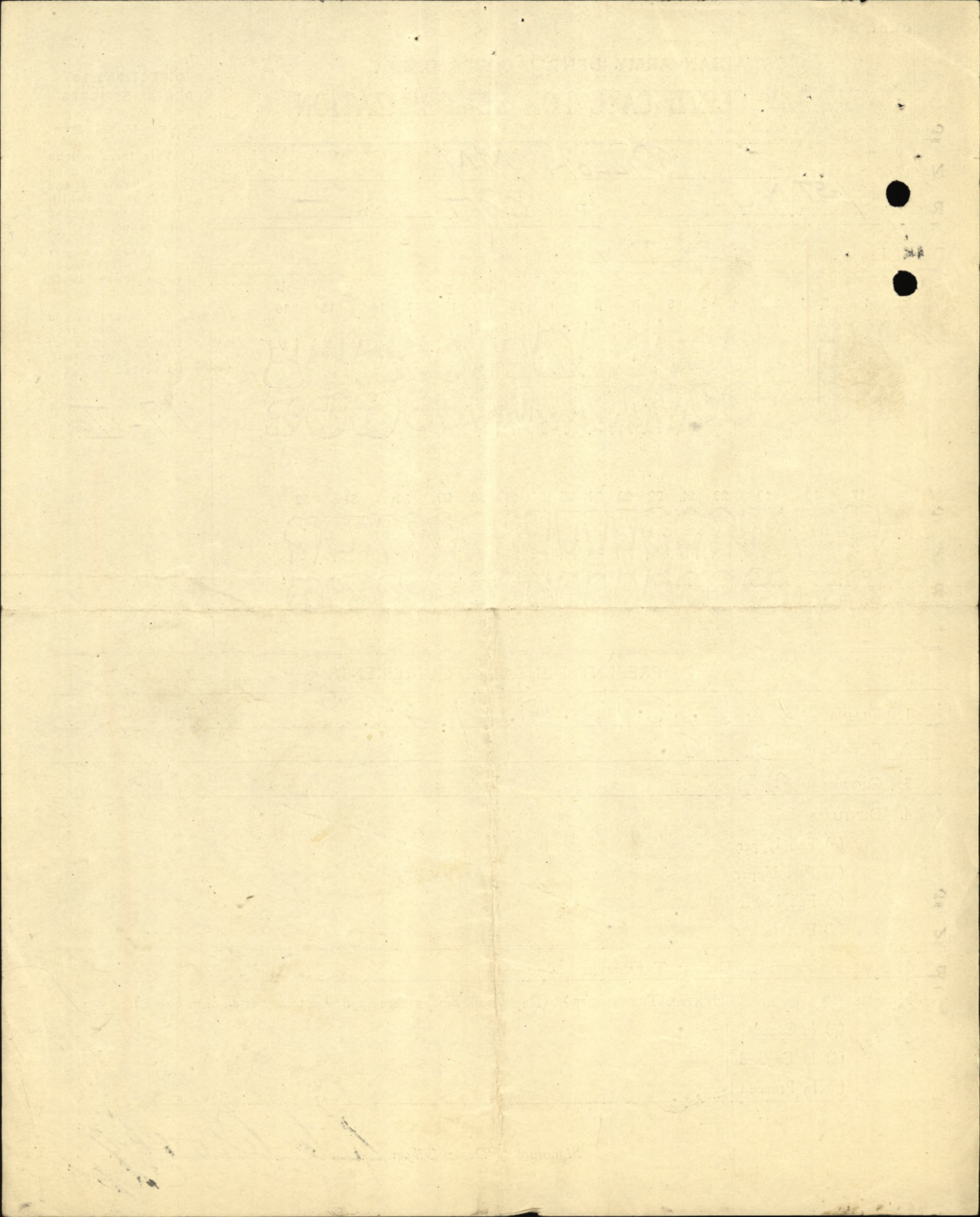
1. This form will be made out for each individual at the time of Demobilization in England or France.

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

17-Z

A. B. Crosby
Capt



N/R effective Nov 1/16.

L.P.C. to October 31/16. ✓

not due chgd du

Assignment as at
November 1st 1916. ✓

Dillon,

M. M.

Lieut.

133rd Battalion.

30

C. M. G. D.

Mrs. L. G. Morgan

Mrs. F. S. Dillon,

Port Dover,
Ontario.

\$ 30

Payment Stopped
A. 3 M Form

Personal - January 1918

Date	From	To	No. of Days	Rate	Amount	Field Allowance	Other Credits	Total Credits	Voucher	No. Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, etc.
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MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

To Whom *Mrs F. M. Dillon,*
 Address *Port. Dover,*
Ont.

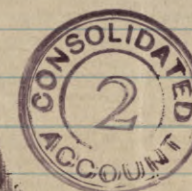
By Whom Assigned *Dillon, M. M.*
 Regtl. No.
 Rank *Lieut.*
 Corps *133rd. Battrn.*

Rate *30.⁰⁰*

NOV 1 1916

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				



ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.
(Assignee)*Mrs F. M. Dillon*

PAYMENTS.

Name of Soldier

Dillon, M. M.

L. L. Job 5470—Req. 6888.

Lieut. 133rd Bn

Month.	Year.	Cheque No.	Amt.	Remarks.
			<i>30.00</i>	<i>NOV 1 1916</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		<i>J 30437</i>	<i>30</i>	
Dec.		<i>K 35726</i>	<i>30</i>	
Jan.	<i>1917</i>	<i>U 37479</i>	<i>30</i>	
Feb.		<i>V 39275</i>	<i>30</i>	
March		<i>W 42076</i>	<i>30</i>	<i>30 P.</i>
April		<i>W 1160</i>	<i>30</i>	<i>30 L</i>
May		<i>Q 7320</i>	<i>30</i>	
June		<i>K 14267</i>	<i>30</i>	<i>30 Cu</i>
July		<i>V 21269</i>	<i>30</i>	<i>B.</i>
Aug.		<i>G 27631</i>	<i>30</i>	<i>B.</i>
Sept.		<i>C 34868</i>	<i>30</i>	<i>J 330⁰⁰ Bn</i>
Oct.		~~<i>O 41072</i>~~	~~<i>30</i>~~	
Nov.		~~<i>X 53995</i>~~	~~<i>30</i>~~	<i>O-41082 Retd. & cancelled 14th Nov</i>
Dec.				<i>X 53995 - cancelled</i>
Jan.	<i>1918</i>			<i>Suspended pending advice from</i>
Feb.				<i>C. P. M. Reversed file 4684-3-6</i>
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
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Jan.	1920			
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Oct.				
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SEPARATION ALLOWANCE

Name *Mrs Florence N. Hillon*Address *Port Dover
Ont*

Relation to Soldier

wife, child or mother

*Widowed
Mother*

Name of Soldier

Regtl. No.

Rank

Corps

To what Corps belonging

when called out

*Hillon M. Murray**Lieut.**133rd Battrn.*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
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Jan.	1915			
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March				
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May				
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Dec.				
Jan.	1916			
Feb.				
March				



ACCOUNT CLOSED
DATE.....PER.....
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19-2-16

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

M. F. W. 11a.
50m.-4-18.
1772-39-818.

OVERSEAS CONTINGENTS

Sheet No. 2.

Florence M. Dillon

Mother
PAYMENTS.

Name of Soldier

Dillon M. M.

Pte Lieut

L. L. Job 310.-Req. 8374.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			<i>account closed.</i>
May		<i>L 8731</i>	<i>102</i>	<i>102 Beneficiary deceased 9/10/17.</i>
June		<i>L 9734</i>	<i>30</i>	<i>90 See letter 3/11/17 from Postmaster at</i>
July		<i>A 6852</i>	<i>30</i>	<i>30 Port Dover, File 4684-F-6.</i>
Aug.		<i>O 13260</i>	<i>30</i>	<i>30 B.S. 11/12/17.</i>
Sept.		<i>u 15397</i>	<i>30</i>	
Oct.		<i>T 19062</i>	<i>30</i>	
Nov.		<i>W. 22318</i>	<i>30</i>	
Dec.		<i>W 25268</i>	<i>30</i>	
Jan.	1917	<i>X 28214</i>	<i>30</i>	
Feb.		<i>X 31213</i>	<i>30</i>	
March		<i>X 34490</i>	<i>30</i>	
April		<i>X 589</i>	<i>30</i>	
May		<i>X 3969</i>	<i>30</i>	
June		<i>C 7864</i>	<i>30</i>	
July		<i>B 12180</i>	<i>30</i>	
Aug.		<i>G 14380</i>	<i>30</i>	
Sept.		<i>F 18036</i>	<i>30</i>	
Oct.		<i>G 19588</i>	<i>30</i>	
Nov.		<i>G 24664</i>	<i>30</i>	
Dec.		<i>Z 24920</i>	<i>30</i>	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

25504

m.

462

Y 25504 cancelled 21/12/17 B.S.

G 19588 cancelled 11/12/17.

G 24664 cancelled

RE-WRITE

Z 24920 cancelled

See note.

Return of Nov 17 cheque requested 11/12/17

B.S.

ACCOUNT CLOSED

DATE..... PER *W*

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

Month.	Year.	Cheque No.	Amt.	Remarks.	
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Jan.	1920				
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Sept.					
Oct.					
Nov.					

St. Lawrence 23576 Co. Lt. Capt. Mc Donald

Re: Bugaderi Marmaduke Murray DILLON
Tel. inquiry for Capt. Mac Donald
CFB ~~Baie d'Esprit~~ London, Ont. CFB London

(5-1-168-9-451-7710) Tel. 451-7210 Local 357
1-168-9-451-7710 L 357

Re request for replacement
MC + Bar

-168

Silver Jubilee Medal

King George V Coronation Medal

BWM

VM

CO5M clasp.

War Medal 1939-45

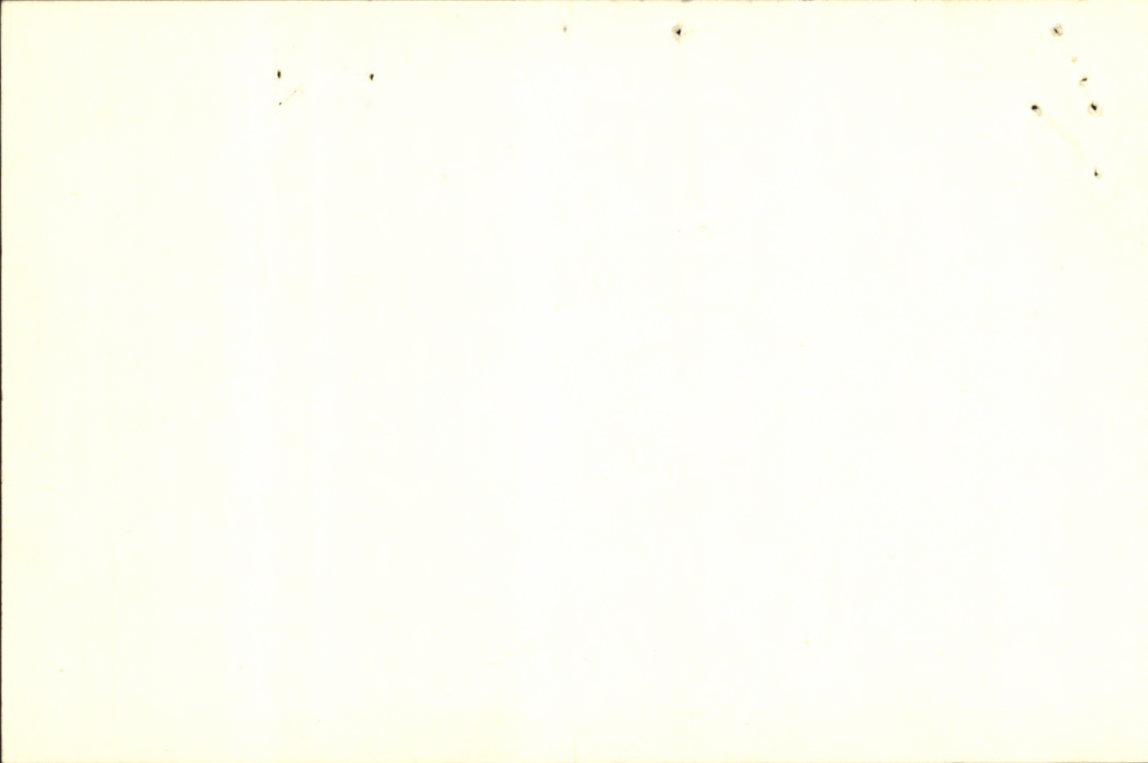
WW5+II

Dress reg.
28.4.91

T
TA 333'89

Request was supposed to have been sent to COSR
from ~~DP~~ D Ceremonials in Dec. 1970
who replace ED for Ruez Dillons

CD 13 Jan 71



Wrote to Brig. Dillon

When medals are available sent

To Capt R.F. MacDonald

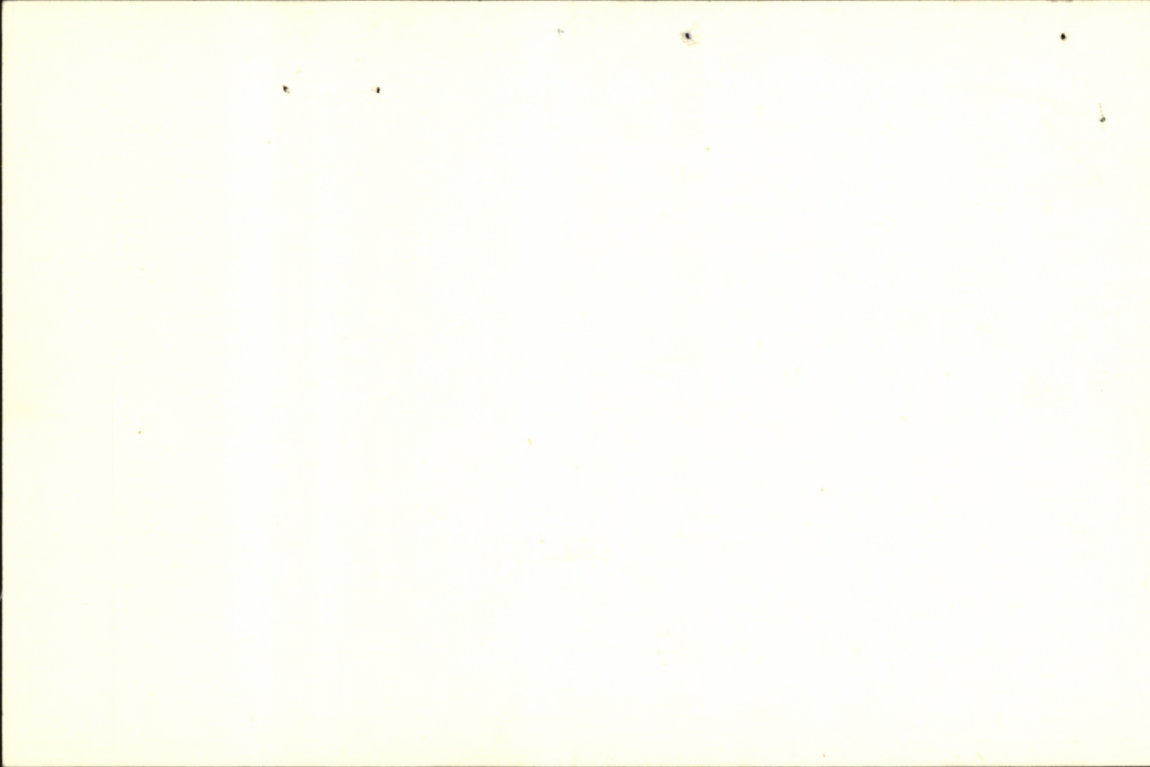
Base Personnel Administrative Officer

Canada Forces Base

London, Ontario.

{ Send World War I & WWII replacement }
{ medals together -

JUL 8 1971



No.

RANK

Lieut.

NAME

Dillon Murray. M.

T. O. S. 19-2-16

(DO. 619)
(10-3-16)

UNIT

133rd. Battalion C. E. F.

M. D. 2

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916. Feb. 19th.	1916. Mar. 3rd.	N.	Trans. from 39th Regt. 19-2-16.	DO. 122 of 25-5-16.
April.		N.		
May.		N.		
June.		N.		
July.		N.		
Aug.		N.		
Sept.		N.		
Oct.		N.		

UNIT SAILED
OCT 30 1916



Box 404448

Number Rank **CAPT.**

Surname **DILLON**

Christian Name **MARMADUKE MURRAY**

Units Theatre of War **FRANCE**

Date of Service **30-10-16** **3-5-17** **26-4-19**

Remarks **61 Lynwood Ave.**

Ch. G. Latest Address **88 Gloucester St.**

..... **Toronto Ont.**

Roll No **B** **Page 9833**

DESP FEB 13 1922
REGN. NO. *667839*

Replacement on Prepayment

BWM }
VM } →

JUL 8 1971

c/o Capt. R. F. Mac Donald,

Base Personnel Administration
Officer,

Canadair Forces Base
London, Ont

NAME

RANK AND CORPS

CABLE

No.

DATE

NATURE OF CASUALTY

REG'T'L. No.

H. Q. FILE No 649

FOLLOWS

No.

FOLLOWS

L. L. 31493. M. & D. 8476.

M. F. W. 42-100M.-28-11-17.

H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
901 ¹ / ₂	No 20 Gen Camiers	6-2-18.	Bronchitis Sgt. (Can Cont)
921 ² / ₂	8 Michelham Conv Home	26-2-18	" " " "
941 ² / ₂	Disch to Unit "A."	14-3-18	" " " "
973 ¹ / ₂	at 7 Cas Elg Stat	29-4-18	Influenza (" ")
987 ¹ / ₂	Disch to Duty	13-5-18	" " " "

M. F. W. 22. 100M, -8-1n. H. Q. 1772-39-339.

CARD NO.

S.O.S

FOLL

Q. 4. P. 1052

also 100. 133 13-54
Bu.

Or:-

L. G. Morgan (uncle)
Port Dover,
Ont.

Smith. L. 15-8-18

8-18
Letter 8/11/19

May 18th - 1893

Feb 19th 1916

R/c 4-5-19, 3/3-7.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Architect

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

Simcoe, Ont.

DATE

Feb. 19th 1916.

Present Address- Port Dover, Ont.

Surname.

DILLON

Christian Name.

M. M.

Rank.

Unit.

Lieut. (MC) 2nd. C. M. G. C.. 1st.C.M.G.Bn.

Date of admission.

No. 20 General Hospital, Camiers. 6-2-18

Hospital. No. 8 Michalham Conval.Home, Mentone. 26-2-18.

No. 7 Casualty Clearing Station. 29-4-18.

Transferred Hosp.

..... Hosp.

..... Hosp.

..... Hosp.

Diagnosis. Bronchitis slt.
Influenza. *sw*

Later diagnosis.

.....

.....

.....

Disposition.

Disch. to ^{Date} Unit. "A" 14-3-18
do. to Duty:-13-5-18.

7-2-18 901.

2-3-18 921-2.

26-3-18 941-2.

C.L. 4-5-18 977 ^{Remarks.}

C.L. 21-5-18 987.

C.L.

C.L.

C.L.

C.L.

C.L.

A.M.D. 2 DEPT.

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

D. M. S. 1347.

Surname

Christian Name

Reg. No.

DOLLON

M.

Rank

Unit

Lieut.

C.M.G.C.

MEDICAL BOARD held at

Date

Serial No.

(1) Bramshott Area 2-4-19

Other Medical Boards at

Date

Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

Varicose Veins lt.Leg.

Disposition Recommended

(1) Fit for General service.

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at

Date.....

Disposition

Remarks

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$

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

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Name

Initials

Bank

133 Bu
26. R. G. D.

Pay 200
Y. A. 60
Money 100
360

Lieut

12.11.16 H. Can D.O. 6011
C.T.D. 20.11.16

Dillon

M. Murray

Bank of Montreal

Add Outfit Allice 1.8.18 \$100.00

Bank and re-installed 9.10.67 1.8.18

DATE
1918

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialed by P.M. in every case.

INITIALS

Apr 4

Brought forward

Cr 262 41

17 Apr Pay R.

108

Dr 370 41

May 10 A.R. 10/18 #1 for 125-16 M.G. Sw France. List 31 May 9 1/2 222

22 31

Dr 348 10

10 A.R. 12/17 #2 for 75-16 M.G. Sw France. List 36 May 9 1/2 232

13 38

Dr 334 72

10 A.R. 12/18 #3 for 125-16 M.G. Sw France. List 36 May 9 1/2 215

22 31

312 41

10 A.R. 12/18 #4 for 50-16 M.G. Sw France. List 36 May 9 1/2 234

8 92

Dr 303 49

13 May Pay R.

111 60

Dr 115 09

June 11 June Pay R.

108

12 A.R. 3/4/18 #1 for 125-16 M.G. Sw France. List 19 June 9 1/2 1113

22 31

Dr 500 78

19 A.R. 6/4/18 #2 for 125-16 M.G. Sw France. List 14 June 9 1/2 654

22 31

20 Balance of a/c to May 31 1918 Bank 3759

415 09

24 Balance of a/c June Bank

63 38

Transferred to 1/16 from 25/4/18

July 10. Aug. Role 125 for. Special Authority 20/18. List 8 July. 150 M.G. Sw France. 4.12.51 V.O. 446

22 31

Aug. Role 125 for. Special Authority 20/18. List 8 July. 146 M.G. Sw France. 4.12.51 V.O. 451

44 61

Pay R.

111 60

25

Bank 5546

44 68

Aug 13

Pay R.

111 60

26

Bank 7207

111 60

Sept 9 D.R. Van Gedeo Off. Clothing Store 15/18 18-3. V.O. 528 Genl a/c.

43 37

16

Pay R.

108

25

Bank 9139

64 63

Oct

Pay R.

111 60

22

Bank 10348

111 60

31

Add Outfit Allice 1.8.18

100

V

Bank 10883

100

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Amount. \$

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

2 C.M. & D.

Pay.

2nd 3rd

Lieut.

Name Dillon.

7 A.

1st 1st

1st Capt.

Office. 13th 18th A.C.R. 214 d/14th 18th.

Initials M. M.

Mess.

1st 1st

7/6pt

28th 724. 324 22nd 19th

Bank of Montreal.

16 9th 24th Waterloo Place.

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialled by P.M. in every case.

INITIALS

700 Pay R. Capt. P.A. 129/153175

Bank 12622

140

27. Adj. P. A. for Lieut. to Capt. rates for 13th 18th - 30th 18th. N/7324. 49

Bank 12615

49

Dec 14

Pay

155

Jan 21

Pay

Bank 13759

155

Bank 15558

155

Feb 19

Pay

140

21

Bank 14044

140

Mar 21

Pay

155

Bank

155

Apr 4

See Apr P.A. Bank 200

150

15

Pay

150

May 17. Ar. 13. Wing 666. 19th 19th 10-0-0 list. 23 May. 1st 140 Gen. 42

4867

" 17. " 37. " " " 24 79. 25-0-0 list. 48 May. 1st 313 "

3433

31 Ifrd to Can.

No. 611

73

RETURNED TO CANAD.
L.P.C. TO 3044
TRANSFER TO N.E. LEDGER

18th 1904

Transf. for h15-12

7th 19 10 2152.

Dr. 73⁰⁰

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount, \$

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

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

1917-18

2. C. M. G. C.

Pay 12 -
74 .60
mess 1 -
\$ 3.60

Lieut.

Fr. Canada.
D.O. 6011. 67D.
20 1/16.

Name Hillon
Initials M. Murray
Bank

Canada.
Cancelled 18

Bank a/c.
closed

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialled by P.M. in every case.

INITIALS

1918.

Jan. Bal. Fwd.

4 Unpd Cheq. #6068 (125 fr) 15 1/2 Hld. C. } Bq M. 7/2

" " " (125 fr) 15 1/2 Hld. C. } Cash 37172

9 Adv. (To cover O'df) 10 3-10 } Cash 36603

Pay R.

111 60

Feb 18 Pay R.

100 80

C: Assigned Pay. Oct. Nov & Dec. 17. changed not Paid.

90

March 12 Adv by P.M. 1 C.D. m. l. R. C.R. 110 465 (2) 2 1/2 fr 125 / 36 l. h. V.O. 419

22 31

18 Pay R

111 60

C: 173 12 Transf. from Led. 16 to Led. 25 5/18

150 81

C: 262 41

Leard fwb New Ledger

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Name

Initials

Bank

Amount. \$

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

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialled by P.M. in every case.

INITIALS

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary
Address

NAME OF

DATE

AUTHORITY

Mess.
DATE

AUTHORITY

Name
Initials
Bank

Amount.

\$

30⁰⁰/₁₀₀1¹⁰/₁₀₀

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

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADASPECIAL AUTHORITIES
To be initialed by P.M. in every case.

INITIALS

1917.

April 10 Bank Adv. P & A. £5.

111

24 33

24 33

- 13 Bank Adv. P & A £5.

1528

24 34

48 67

- 20 A.P. loan

30

24 Pay April (R)

108

27 Bank

29 33

28 Cash Impd. Messing Bill

2838

4 26

4 26

May 1 Bank Adv. P & A £5

3029

24 33

28 59

16 A.P. loan

30

21 Pay May (R)

111 60

24 Bank

6049

53 01

June 18 A.P. loan

30

19 June Pay (R)

108

22 Bank

78

July 11 Adv. in Field 8⁵/₇ Fes 125. list 12.

Vo: 672

22 30

21 A.P. loan

30

23 July Pay (R)

111 60

25 Bank

13082

59 30

Aug 11 Adv. in Field 2⁶/₇ L. 1. Fes 125.

Vo: 414

22 30

- " - 4⁶/₇ L. 2. " 125

- 748

22 30

15 A.P. loan

30

18 Aug Pay (R)

111 60

21 Bank

17361

37

Sept 7 Impd. cheq. A.P. 6068 d/5⁸/₇ P.M. G.B.D. Fes 125. £4.12.5 (Impd. cheq. d/5⁸/₇ Aug 11)

19546

22 49

Impd. cheq. L 308114 d/9⁵/₇ P.M. G.B.D. Fes 125. £4.12.5 (Impd. cheq. d/9⁵/₇ Aug 11)

19546

22 53

14 Adv. in Field 11²/₇ d/11²/₇ Fes 125. L. 1.

Vo: 579

22 30

- Do - 12²/₇ Fes 125. L. 1.

Vo: 581

22 30

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Amount.

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

Lieut

12 11/16

R. Canada

Name Dillon

Initials

Mr Murray

Bank

of Montreal

\$ 30.11 11/16

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialled by P.M. in every case.

INITIALS

1917

Sept 18 Brought fwd
A.P. Can

89 62

30

19 Sept Pay (R)

108

11 62

Oct 5 Adv in field 18 7/7 for 125 £ 4.11.8 L1.

Vo: 202

22 30

— do — 26 7/7 — 125 £ 4.11.8 L1.

— 194

22 30

9 Lumpd cheq APS 6068 for 125. Field Cashier 3 7/7 £ 4.11.3 Cash

22 20

— do — 368117 for 102. Pres. Cashier 21 7/7 £ 3.15.0

18 25

— do — APS 6068 for 125. Field Cashier 1 7/7 £ 4.11.3

22 20

— do — for 125. — do — 20 7/7 £ 4.11.3

22 20

— do — for 125. — do — 28 7/7 £ 4.11.9

22 33

— do — for 125. — do — 13 8/7 £ 4.11.11

22 36

12 A.P. Can

30

13 Oct Pay (R)

111 60

104 16

Nov 6 Lumpd cheq 237 D.V.D. 13/6 Cash

3 28

(Officers' compd cheq of Oct)

— 20 8/7 — £ 1.10.1

7 32

— 6068 7 10/7 Co. Ho. for 125. Field Cashier 4 11/3

22 20

— 7 10/7 — — — £ 4.11.3

22 20

— 2 10/7 — — — £ 4.11.3

22 20

— 12 9/7 — — — £ 4.11.3

22 20

7 — 23 7/7 D.V.D. £ 1.18.3

9 31

— 20 8/7 D.V.D. 12/7

3 06

10 A.P. Can

30

16 Nov Pay (R)

108

137 95

DEC 5 Lumpd cheq 6068.8 4/7 Co. Ho. for 125. Field Cashier £ 4.12.1 Cash 32694

22 41

11 A.P. Can

30

13 Dec Pay (R)

111 60

78 76

no more deposits

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF DATE AUTHORITY

DATE AUTHORITY

Beneficiary

Address

Amount. \$ 30⁰⁰

Separation Allowance issued. Yes or No.

133rd Bn.

Lieut

12-11-16

From Canada

Name

Initials

Bank

9 J 671
Dillon,
M.M.
of Montreal

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case	INITIALS
Nov 23	Bank P.A. 1-11-16 Mess 12-11-16 to 30-11-16			67 00 ~~97 00~~		On 67 00 ~~Dr 97 00~~		
Dec 12	do V 15229		97					
	Pay Dec (R)		111 60					
	A.P. Can 2 mos				30 30			
1917 Jan 17	Bank			81 60				
	A. P. Can.				30			
20	Pay Jan (R)		111 60					
23	Bank	19139		81 60				
Feb 16	Adv. Feb P.A. \$5 Bank	20783		24 33				
16	Pay Feb (R)		100 80					
19	A. P. Can				30			
21	Bank	21931		46 47				
Mar 9	Adv P.A. \$5 Bank	22118		24 34				
14	A. P. Can				30			
22	Pay Mar. (R)		111 60					
23	Bank			57 26				

D. A. I
0. G. 19

4-27-90

13/1/37

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

War Service Badge
Class. *287361*
No. *287361*
H

1. RANK *CAPT.*
2. NAME *MARATHOUKE MURRAY DILLON.*
3. UNIT *1st BN CMGC.*

4. DATE STRUCK OFF STRENGTH PLACE

5. REASON *Sol 587 Canada 587 RD*
5/8/19 1953-19
DEMOBOLIZATION.

DEMOBILISATION.

6. AUTHORITY

7. PROPOSED RESIDENCE

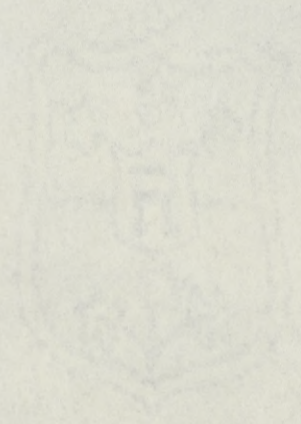
Toronto.
Ontario.

This folder should contain the following documents:

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

H. M. T. S. EMPRESS OF BRITAIN
EMBARKED 26-4-19

NAME
TITLE
DATE
REAS
ST
PRO
D
C
H
A
T
C
C



SUPREME
COURT RECORDS

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

Disposal certificate

Group *B*
 Checked by No. *11*
Tom
 Date **25 APR 1919**

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 Brunswick DATE 2-4-19

1. 1 (a) Unit 1st Bn C.M.G.C. (b) Regimental No. 10 (c) Rank Capt

(d) Surname DILLON (e) Christian name Murray

(f) Home address Simcoe Ont.

(g) Next of Kin J. M. Dillon (h) Relationship Uncle

(i) Address of Next of Kin 10 Marley Place, London, Ont.

2. Age last birthday 25 Date of birth May 18th 1893

3. Enlistment, or Appointment (if an Officer) (a) Place Simcoe, Ont. (b) Date 12/12/15

4. Personal description estimated 156

(a) Height 5' 8" (b) Weight 156 (c) Complexion Fair

(d) Colour of hair Light (e) Colour of eyes Brown (f) Identification marks, Scars, etc. Scars on front of left leg

5. Former trade or occupation Architect

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

	Years	Days
	3	96

	PERIODS	
	From	To
Canada	19/2/16 ~~12/12/15~~	30/10/16
England	28/10/16	28/4/17
France or other theatres of War	28/4/17	20/3/19

7. Original disease, or injury Varicose veins left leg

(a) Date of origin 1915 (b) Place of origin Canada

(c) Cause Anatomical strain



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.)

Weakness & Pain in leg (left)

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. It is 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.)

Obj. Signs - Veins large on dorsum of foot and from ankle to knee on inside of leg and over the tibia.

Subj. signs - Pain and swelling after standing a considerable time, also after long walk.

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

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

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

He noticed a slight enlargement of the veins on dorsum of foot before enlistment but the condition has gone up as far as the knee and has gradually been getting worse.

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).)

Bronchitis 2-2-18 to 14-3-18 Recovery good
Influenza 29-4-18 to 18-5-18 Recovery good
Small scar in front left leg from removal of a cyst

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

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

yes (partly)

- (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.)

yes - Venous pressure on enlistment
but are more tortuous & larger now.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment?

no

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?

3 to 6 months for Re-examination

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

nil

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

no

(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed?

yes

(If not, briefly state why)

17. Recommendations.

none

Geo. Mory Capt
 Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned *Murray Dillon* have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of *nothing*

**E. P. O. FOLIO
FALSE DOCKET**

Murray Dillon Capt 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.

Yes

19. Is the invalid fit for

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

Yes C & A

20. It is certified that the invalid

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

- (b) Does not require treatment.
(c) Should pass under his own control.
(d) Should not pass under his own control.
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

Boarded for return to Canada. Auth 1A

8-1-155 of 4/1/19

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.

PLACE

Branshott
2/4/19

DATE

C. P. J. Smith Capt. President.
L. M. Mathew Capt. Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness.....

Signed.....

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

PLACE

DATE

APPROVED BY

APPROVED BY

Assistant Director of Medical Services.

Director-General of Medical Services.

DATE

DATE

Noted in the findings of the Board of Medical Officers recorded in the D.M.S. for Canadians.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

19-2-16

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Last chg ^{Sept/17}

no. 116.

RATE OF SEPARATION ALLOWANCE

30			
----	--	--	--

RATE OF ASSIGNMENT

30			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank *Lieut* Promoted

Reverted

Discharge

Soldier's Name *M. M. Dillon*Battalion *133rd Battn*Beneficiary *Mo Florence H. Dillon*Relationship *Widow Mother*

Address

PARTICULARS OF ASSIGNMENT *(father)*Name *M. M. Dillon*Address *Port Dover,*Change of Address *Ont.*

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total
<i>Dec 31</i>		<i>612</i>	<i>330</i>	<i>942</i>
<i>Jan. 1918</i>	<i>E 59999</i>	<i>X X</i>	<i>30</i>	<i>30</i>

REMARKS

E 59999 Cancelled @
A.P. etc. Suspended pending advise from C.P.M. Deceased.
file 4684-5-6
S/A 1/2 closed - Beneficiary deceased 9/10/17. Return of
Y 25504 #30 for: requested 11/12/17 BSS. File 4684-F-6.
2M. 20-12-7 GN/B 378
a/c. closed 1st. Jan. 1918
3 M. 7-1-18 - GN 14-1-18
Cause: "Personal"

Date of Assignment

OVERSEAS CONTINGENTS

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF ASSIGNMENT

4

M. F. W. 128
400M.—6-17-1772-39-1141
L. L. 22320—M. & D. 7993.

Express of R. 4/5/19

19-106

AUDITOR PAYMASTER

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

REGT. No.

RANK CAPT. NAME (IN FULL)

DILLON

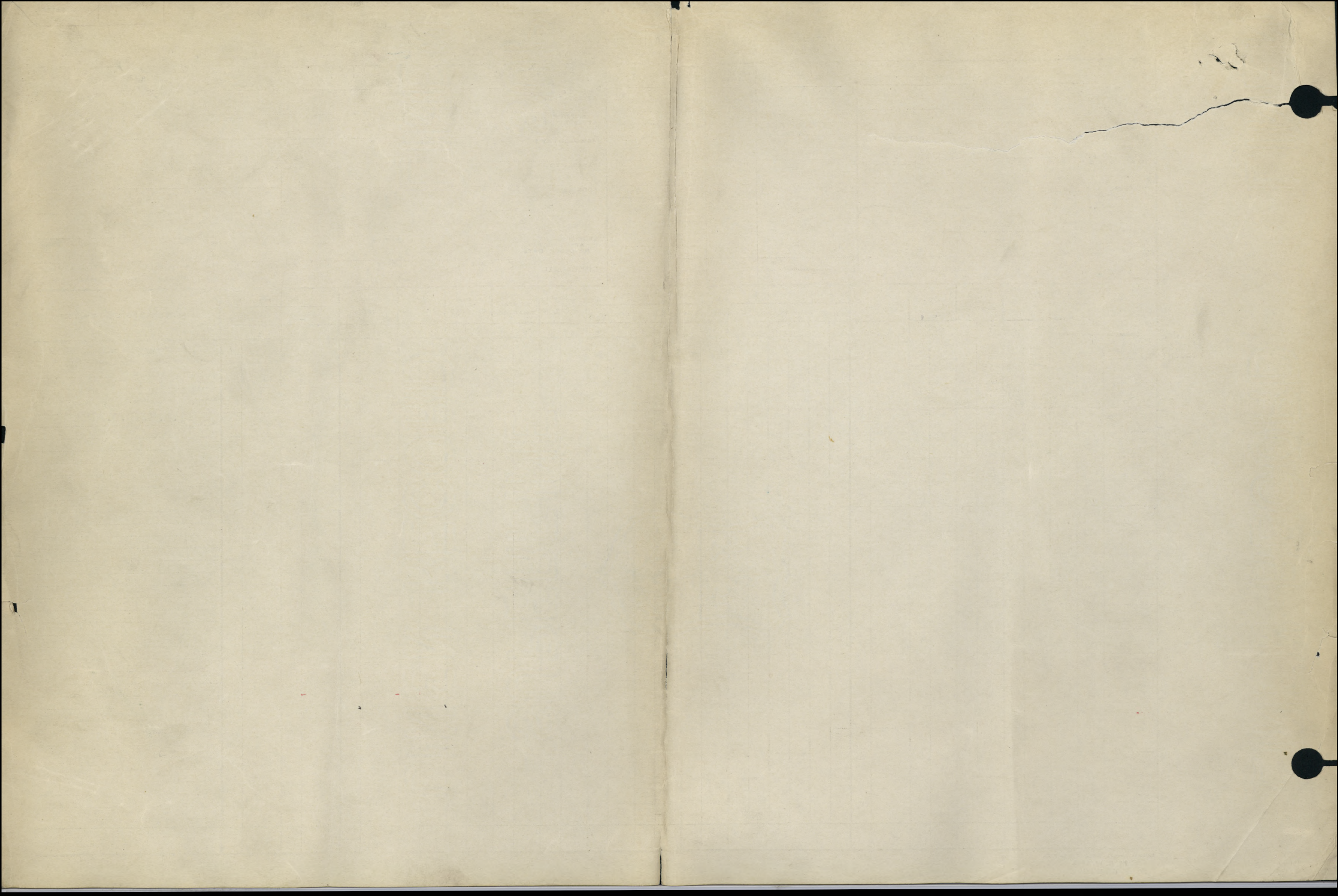
M.M.

M. OR S.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
					DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY \$	DATE EFFECTIVE	
TO WHOM PAID	RELATIONSHIP				PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS					ADDRESS		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE	DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

BALANCE FROM
PREVIOUS
ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS	SEPT'N ALLCE.	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE				AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2					COL. NO. 3	DEBIT	
			\$		C.							\$	C.	\$	C.			
30. 4. 19																		all pay Hamilton's 26-30.4.19
May 1 - 5	5	\$ 4.00	20		2 50										175 50	175 50	153 00	T.O.S. D.O. #129 250 missing 1-5-5-5-19
183 days					732 00										153 00	153 00	579 00	



Name *DILLON* *MC* Rank *Lieut.* Reg. No.
Marmaduke Murray
 Unit *2nd MG Co* *1st M.G. Bn.*
 Next of Kin *Canada*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
6-2	20 Gen. Hos. Camiers	(PH.WO)	Bronchitis			
			Slt.	901		
26-2-18	8 th Mch. Com Home	Menton		921		
14-3-18	Back to duty			941		
29-4-18	7 Gas Co	(17504)	Influenza	973		
13-5-18	Back to duty	(30360)		989		

[illegible]

Casualty Form—Active Service.

Regiment or Corps *2nd Can. M.G. Coy.*Rank *Lieut* Surname *Dillon* Christian Name *M. M.*

Religion..... Age on Enlistment..... years..... months

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

Date of promotion to present rank..... Date of appointment to lance rank.....

Extended { } Re-engaged { } Qualification (b).....
or Corps Trade and rate.....

Occupation..... Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received					
			Embarked ...			
			Disembarked ...			
2-2-18.	1.C.F.A.	Bronchitis	Adm.	1.C.F.A.	22/18.	A36.D.1051
			To	6.C.C.STA.	22/18.	
2-2-18.	6.C.C.STA.	Bronchitis	Adm.	6.C.C.STA.	22/18	N.36 D.1051
5-2-18.	6.C.C.STA.	Do	Adm.	6.C.C.STA.	22/18.	A36-
5-2-18	20 Gen.		To	37 A.T.	52/18.	D 1611
5-2-18	20 Gen.	Bronchitis.		20 Gen.	5-2-18	W3034 A36 D1977
9-2-18	O.C. Unit	To Hospital			2-2-18	B.213.
26-2-18.	20 General.	Bronchitis	to Michaelan Con Home		21/2/18	W3034 D5091
27-2-18	S. Mich Con Home.	Convalescent Sick	Adm & Mich Con Home		27-2-18.	W3034 D1948
14-3-18.	S Mich Con Home	Discharged Direct			14-3-18.	W3034 D1948

(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) Signaller, Shewing-Smith, &c.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
16-3-18	London Gazette	Awarded MILITARY CROSS	Field		Pl No 16716-3-18 Lg No 80580 of 10-2-18
9-3-18	Q & Unit	Returned from Leave	Field	6-3-18	B. 213 of 7-3-18
16.3.18	OC, M.S.C.B.D.	Joined from Gen. Camp.	"	16.3.18	N.R. 241.
19.3.18	" " "	Left for Gen. Rem. Camp	"	19.3.18	N.R. 244.
14.3.18	8 Mch Gen. A. Conv. S.	Adm.		14.3.18	} X 3034 / X 2093
		To unit.		14.3.18	
16.3.18	OC, M.S.C.B.D.	arr. M.S.C.B.D. from 8 Gen. Camp.		16.3.18	B. 213.
25-3-18	OC CCR	Departed for 1st Gen CMLy Corps. 23-3-18		23-3-18	N.R. RTR 221
		Assigned into 1st Batt'n			
		Can Mach Gun Corps			
28-4-18	1 Cdn FA.	Influ adm. 1 CFA 28/4/18. Transf'd to 11 Cdn FA.		28/4/18	E8377
29-4-18	2 " "	Influ to 1 Cdn FA 28/4/18.			do.
29-4-18	7 CCS.	Influenza adm 29-4-18.		29-4-18	a36/E8592
29-4-18	7 CCS	" adm. 7 CCS. 29-4-18.		29-4-18	E8478
29-4-18	11 CFA	" adm		28/4/18	a36-E9055
2-5-18	7 CCS.	Influ adm		29-4-18	E9284
4-5-18	OC unit	Sick to hosp		28-4-18	B. 213
13-5-18	7 CCS.	Influ adm 29-4-18 To duty		13-5-18	a36/71672
18-5-18	JOC 1st M. Div	Joined unit		13-5-18	Changes in N.R. Officers
18-5-18	OC unit	" " from hosp		13-5-18	NR 1/114

Casualty Form—Active Service.

Regiment or Corps.....

Rank *lieut* Surname *DILTON* (M.C.) Christian Name *M.M.*

Religion..... Age on Enlistment..... years..... months

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

Date of promotion to present rank..... Date of appointment to lance rank.....

Extended { } Re-engaged { } Qualification (b).....
or Corps Trade and rate.....

Occupation..... Signature of Officer.....

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked ...			
<i>18-7-18</i>	<i>Lon Gaz</i>	<i>For conspicuous gallantry & devotion to duty during lengthy operations, when in command of 4 guns. He exhibited the greatest courage & skill, in face of very great difficulties, in placing his guns in position & getting up ammunition. His fine example to his men & his coolness & judgement were entirely responsible for keeping his guns in action.</i>			<i>Lon Gaz 20801</i>
<i>3-8-18</i>	<i>Obunit.</i>	<i>on "camouflage" bourse</i>	<i>Wimereaux</i>	<i>31-7-18</i>	<i>B213.</i>
<i>10-8-18</i>	<i>do</i>	<i>Rejoins from Camouflage bse</i>		<i>7-8-18</i>	<i>B213.</i>
<i>17-8-18</i>	<i>do</i>	<i>Granted 14 days leave to M.H.</i>		<i>14-8-18</i>	<i>B213</i>
<i>31-8-18</i>	<i>do</i>	<i>Rejd from leave</i>	<i>Field</i>	<i>29-8-18</i>	<i>B213</i>
<i>17.11.18</i>	<i>a.c.r list 214</i>	<i>To be acting Capt. (Vice J/capt. J.A. Dewort)</i>		<i>13.10.18</i>	<i>a.c.r list 214 date 17.11.18 Ph 107/18</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) Signaller, Shoeing Smith, &c.

W. 1885—M2738 2000m 9/17 (3511) C.P. & S., Ltd., Form B/103 E/1807.

Lon Gaz 31050 a/
P.O. 5-12-18

Report		Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received			
11-1-19	Low Gory Gmbl. Camp.	Awarded bat to military Cross PROCEEDED TO ENGLAND	25-3-19	31119 P. 09/1919 n.p.
26/4/19		Ed Hewett LT. 19 Expanding S.O.S. OF O.M.F.C. ON PROCEEDING TO CANADA. OFFICER I/O RECORDS. 19th WING C.O.C. BRAMSHOTT. H.M.T.S. EMPRESS OF BRITAIN EMBARKED 26-4-19		lieut. for Lt. Col. aas Canadian Section

[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				
4.1.17.	12th.	Ceases to be attached to 12th Bn on attachment to 3rd Res. Batta.	W. Sandling.	4.1.17. Pt. 11.4.	Captain & Adjutant. <i>J.S. Rulley</i> Capt & Adjutant.
4.1.17	O.C. 3rd Res. Bn	Attached to 3rd Res Bn	W. Sandling	4.1.17	Pt 11.4. O.I
2/2/17	O.C. 3rd Res. Bn	Ceases to be attached to 3rd Res. Bn proceeding to 6th M G Bde at Brownhough	W. Sandling	11/1/17	Part 2 Bn 30 for Res. Bn Lt. Col. O.C. 3rd RESERVE BN. C.E.F.
1-5-17	Com. C.M.G.D.	Transferred to <i>M. M. G. Bath</i>	<i>Brownhough</i>	1-5-17	Depot Order Pt. II No. <i>123</i> <i>H. W. Coulter</i> Adjutant, C.M.G.D. Depot
23-4-17	as Pool.	Arrived France & 1/0/5 C.M.G.D. Pool.	Canniers	25-5-17	Pt 038-12-5-17
23-8-17.	Com Corps.	Attk for duty to 2nd M.G. Coy.	Field	23/8/17	Wire A/3095 Pt 066-308/17 Pt 058151 Dis. D/308/17
18-9-17	Do	Ceases to be attch to 2nd M.G. Coy.	Do	17/9/17	Can Corps W. A/4825 Ref. H.R.T. 19702 D/197/17
do.	do.	5/0/5 to 2nd M.G. Coy	Field	18/9/17	Pt 06501 25-
do	do	1/0/5 2nd M.G. Coy.	do	18/9/17	Auth. Can Corps W/ A/4825 Ref. H.R.T. 19702 Pt 072 D/25-9-17 12/12/17 Pt 065-25-9-17
15-12-17	do	Transfered 14 days leave	Field	12.12.17	Bn 3 Pt 084

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

J.T. 2-31.

S.S.

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank)..... Captain

(Name in full)..... Harolduke Murray DILLON (MC and Bar)

Enlisted in..... The 133rd Battalion.

CANADIAN EXPEDITIONARY FORCE, on the..... ~~XXXXXXXXXXXXXXXXXXXX~~

day of..... ~~XXXXXXXXXXXX~~ 191..... AND WAS APPOINTED to COMMISSIONED RANK

in..... The 133rd Battalion.

CANADIAN EXPEDITIONARY FORCE on the..... Nineteenth..... day

of..... February..... 191..... 6.

He SERVED in CANADA,..... ENGLAND and FRANCE with the 133rd Batta.,
Att. 23rd Reserve Batta., 12th Reserve Batta., Att. 3rd Reserve
Batta., Motor Machine Gun Battery, Can. Machine Gun Reinforcing
Pool, 2nd Machine Gun Company, 1st Bn. Can. Mach. Gun Corps, B.D. 12.

and was STRUCK OFF THE STRENGTH on the..... Fifth..... day

of..... May..... 191..... 9. by reason of..... General Demobilization.

Dated at Ottawa, this..... Twelfth..... day

of..... November..... 191..... 9.

awarded Military Cross 18-2-18.

awarded Bar to Military Cross, 11-1-19.

[Signature]

Lieut.,

For Director of Personal Services.

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to certify that (Rank)

(Name in full)

Enlisted in

CANADIAN EXPEDITIONARY FORCE, on the

day of 1917 AND WAS APPOINTED to COMMISSIONED RANK

in

CANADIAN EXPEDITIONARY FORCE on the

day of 1917

HE SERVED IN CANADA

and was STRUCK OFF THE STRENGTH on the

day of 1917 by reason of

Dated at Ottawa this day

of 1917

Director of Personal Services

E.T.

Surname

DILLON /

Christian Names

Marmaduke Murray /

Rank

Lieut

Name and Address of Next-of-Kin

Mother. /

Promotion

Capt

Mrs Florence N. Dillon /

Port Dover, Ontario. /

Unit

133rd Batta

Canada. /

Place of birth

Galt, Ontario, Canada. /

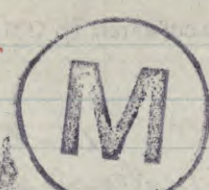
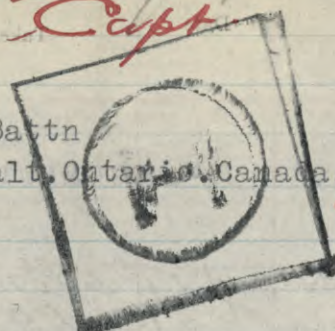
Mr. C. M. G. D. 1. 4. 17

Married (Yes or No)

Appointments

Date of leaving Canada 30.10.16 249 18.11.16 Date and Cause of Resignation

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				
19-11-16	Ob. CTD	Attached 23 Bn		11-11-16	DO 5998 R. 0284
20-12-16	23 Bn	ceases to be attached on proceeding to 12 Bn		20-12-16	R. 0320. R. 0344. R. 0322 (23)
4-1-17	3 Res	attd to 3 Res Bn from 4 Bn		4-1-17	R. 0311
		Det 12 Bn & att 3 Res Bn		11-1-17	11-1-17
17-1-17	Scippo	B. O. S. on proceeding B.M. G. depot.		11-1-17	R. 0291 R. 0311 R. 0312 (23 Res Bn)
20-2-17	A. G.	Transf'd to C. M. G. D.		31-1-17	R. 0330. R. 0443 (comfaw)
9-2-17	A. G.	" " 3 rd Res Bn		31-1-17	Cancelled by R. S. Order 333
1-2-18	3 Res. Bn.	T. O. S.		30.6.17	Pt. II 0132.
8.5.17	Crowford	Proceeded Treas to M. M. G. Bde		3.5.17	R. 01825 Pt. II 38 M. G. Bde
31.8.17	C. M. G.	attached for duty to 2 nd M. G. Coy.		17.9.17	Pt. II 0165.
1-2-18	R. Pool	T. O. S. on trans to C. M. G. C.		23.8.17	Pt. II 0166. Pt. II 0184 (div. M. G. Coy)
25.9.17	1 st Dir. M. G.	T. O. S. 2 nd M. G. Coy. on trans from M. G. R. Pool		1.7.17	Pt. II 0132.
21.12.17	do	Granted 14 days leave		18.9.17	Pt. II ord 65 Pt. II 72 M. G. R. Pool
7.2.18	A. M. S.	Adm. #20 Gen. Hosp. Carriers		12.12.17	Pt. II 0184.
7.2.18	1 st Dir. M. G. C.	Evacuated from Unit (Bronchitis)		6.2.18	C. L. 901 Bronchitis etc.
				2.2.18	Pt. II 0.7.



Handwritten red text: "M. G. D. 1. 4. 17" and a large red "B" with "M. G. D." written vertically next to it.

Handwritten blue text: "Lt. 39 Regt (M. G. Coy) (Res) 17 Dec 15"

Handwritten blue text: "3 Res Bn to C. M. G. D."

Handwritten blue text: "M. G. D."

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				
			Transferred to CMG Corps	31/1/17	HQ OMFC RO 3270 d/11 1 18
18.2.18	W.O.	Awarded the Military Cross			Lon. Gaz 30530 Disch. to Unit, R. 14.3.18. G.L. 941.
2.3.18	A.M.S.	Adm. 8 Michelham Con. Home Menton.		26.2.18	G.L. 921. Bronchitis alt.
4-5-18	do.	Adm. 7 Cas: Clear Str.		13-5-18	Dischd. CL 984.
6.9.18	1st M.G. Bn	granted 14 days leave to N.Z.		29-4-18	CL 943. Influenza.
17.11.18	8449	Lo to Capt 1 M.G. Bn via Capt J. A. Dewant		14.8.18	CL 0.77
11.1.19	W.O.	Awarded Bar to M.C.		13.10.18	Lon. Gaz #3105093 12/8 ACTR 214. 1 M.G. Bn. 107.
28.3.19	1st M.G. Bn	Proceeded to England		25.3.19	CL 50 21.
31.3.19	G. Wang	Sailed for Canada		27.3.19	CL 99
		S. G. S. to Canada		26-4-19	S. 256
26.4.19	W.O.	Lobe Temp Bapt		26-4-19	PH of 29
		Sus. cert. 5 May 19		28-1-19	Lon. Gaz 31311
		Rev. " 6 May 19			15271
		Cmly. H. J. R. R. R. 1 May 21 (Asst. Adj. G.).			
		Cmly. 12 M.G. Bn 11, 12 Apr 29.			
		Adm. 2 M.G. Bn 4 May 31.			
		(MSC) - 1931.			
		Lt. Col. 1, Wm. 2 M.G. Bn, 7 May 34. (OC. 14 Dec 33).			
		" 4 Cm Fus (C. of London Regt) (M.G.) 15 Dec 36/39.			

M.B. 106.

Canadian Corps Camp, Bramshott.

The Long Medical Board of the officer or Soldier
where documents are attached, has been completed and
will be forwarded to the Orderly Room when triplicated.

Date 2/4 1919.

Matthew C. G. H.
..... M. O.
for officer in Medical
Boards, C.C.F.C.

11

1875

• • • • •

1892