

REGIMENTAL DOCUMENTS

NAME ALS BURY. James

REGT. NO. 1015438

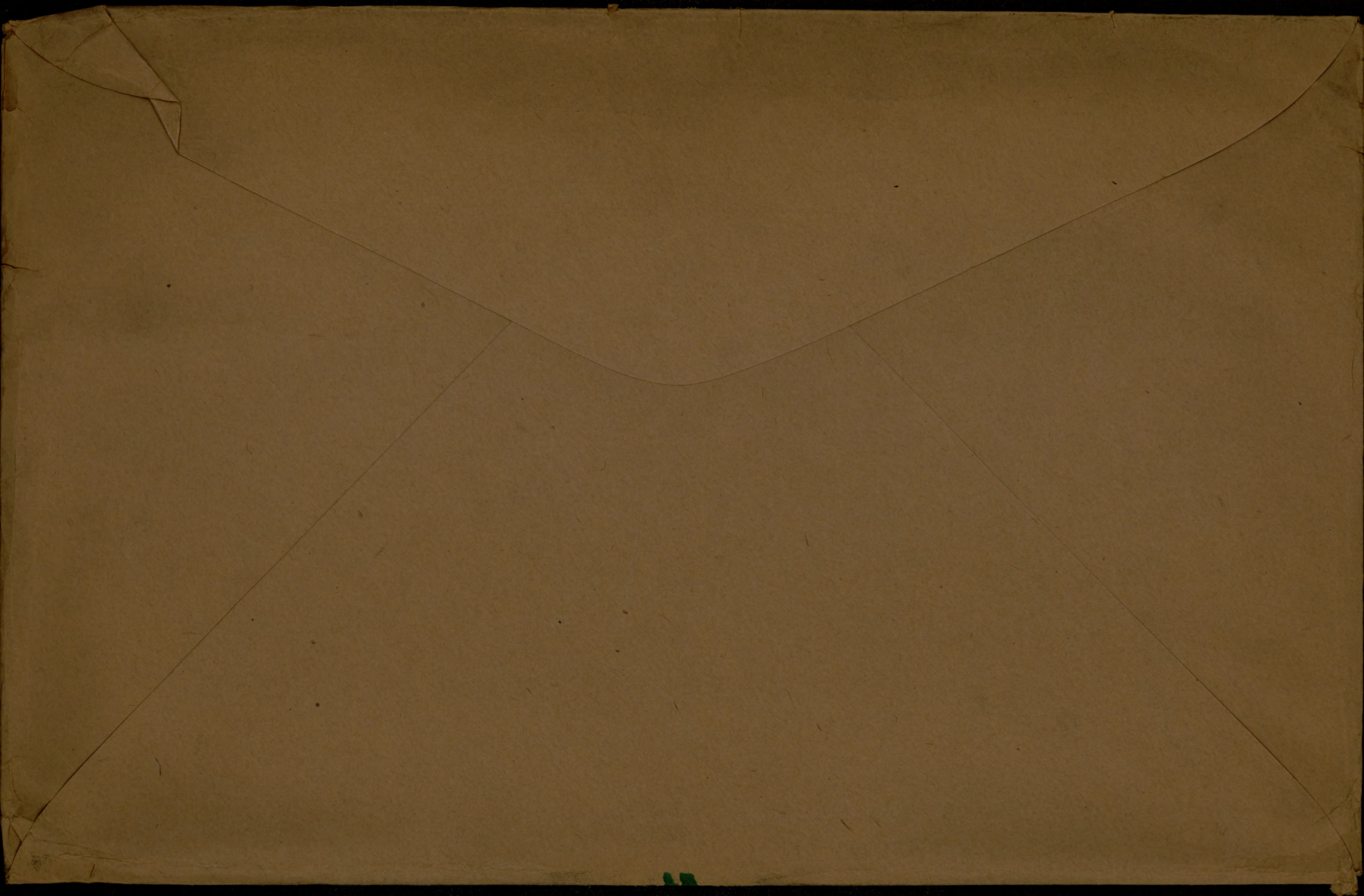
UNIT 2031<sup>st</sup> Batta

H. Q. FILE NO. 6942

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3 ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
/ TRAINING HISTORY SHEET (M.F.W. 113)					
/ FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
/ DENTAL HISTORY SHEET (M.F.B. 465)					Category
2 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
4 MEDICAL EXAMINATION (M.F.W. 129)					
/ TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
/ LAST PAY CERTIFICATE (M.F.W. 44)					
/ PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
/ COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1 M.F.W. 67.					
5 Misc Cards					
Pay sheet					

M

H





231<sup>st</sup> Overseas Battalion C. E. F.

ATTESTATION PAPER.

ORIGINAL

No. 1015438

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? *ALSBURY*
- 1a. What are your Christian names? *James*
- 1b. What is your present address? *325 Knox St. Westminster*
2. In what Town, Township or Parish, and in what Country were you born? *Rockhamton Australia*
3. What is the name of your next-of-kin? *John alsbury*
4. What is the address of your next-of-kin? *325 Knox St. Westminster B.C.*
- 4a. What is the relationship of your next-of-kin? *Father*
5. What is the date of your birth? *25<sup>th</sup> 8<sup>th</sup> September, 1891*
6. What is your Trade or Calling? *Day*
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? *no*  
If so, state particulars of former Service.
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, *James alsbury*, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *1<sup>st</sup> May* 1916. *James alsbury* (Signature of Recruit)  
*A. Campbell Esq.* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *James alsbury*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date *1<sup>st</sup> May* 1916. *James alsbury* (Signature of Recruit)  
*A. Campbell Esq.* (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 *Vancouver* this *first* day of *May* 1916.

*A. Campbell Esq.* (Signature of Justice)

*4706*

William -

Description of Alburt James on Enlistment.

Apparent Age... 22 years ..... months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

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

Height ..... 5 ft. 6 ins.

2 Scar. L.

Chest measurement. { Girth when fully expanded..... 38 ins.  
 { Range of expansion..... 2 1/2 ins.

Complexion ..... Wart.

Eyes ..... Brown.

Hair ..... Brown.

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

**CERTIFICATE OF MEDICAL EXAMINATION.**

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

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

Date..... May 1<sup>st</sup> 191 6

Geo. S. Murphy  
Capit. Genl.  
 Medical Officer.

Place..... Winnipeg.

\*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.**

..... James Alburt ..... 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.

J. E. Beach Lieut. Col.  
 O. C. 231st OVERSEAS BATTALION C. E. F. (Signature of Officer)

Date..... MAY 17 1916 191 .

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate



This is to Certify that No. 1015438 (Rank) Private

Name (in full) James Alsbury enlisted in  
the 231<sup>st</sup> Battalion

CANADIAN EXPEDITIONARY FORCE at Vancouver B.C. on the 1<sup>st</sup>  
day of May 1916

HE served in France with the 72<sup>nd</sup> Battalion

and is now discharged from the service by reason of having been found medically unfit for further service H.R.O. Can 1917. 377. 10.

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

Age 26 years  
Height 5' 6"  
Complexion Dark  
Eyes Brown  
Hair Brown

Marks or Scars Two vacc marks left arm.

J. Alsbury  
Signature of Soldier

H. B. Andrews  
Issuing Officer  
Captain  
Rank

Date of Discharge 15<sup>a</sup> June 1918.

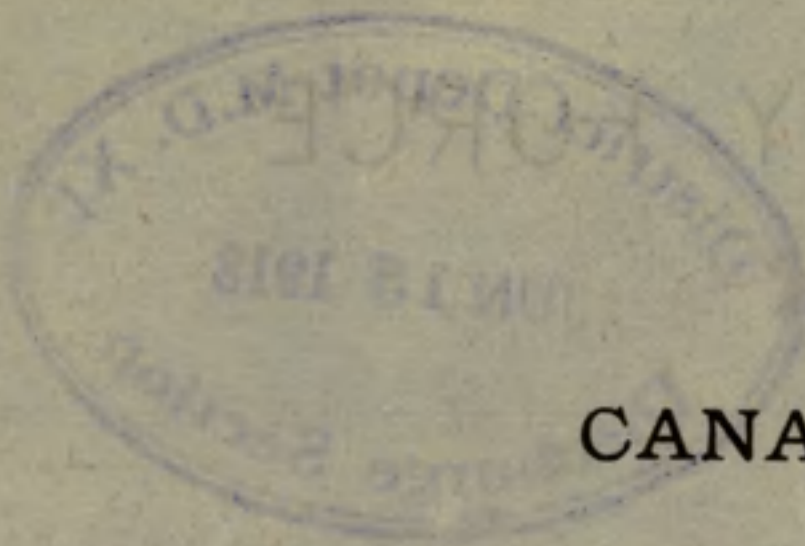
O.C. Discharge Sec 1010 XI  
Appointment

Signed at Pictoria B.C. this 15<sup>a</sup> day of June 1918.

in Military District No. XI

File Reference No. QWA. 2172

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.



CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. *1015438* (Rank) *Private* Name *J. Alsbury*

Unit *231<sup>st</sup> Battalion*

Address on Discharge *325 Knox Street New Westminster B.C.*

Character and Conduct *Very good.*

Former Occupation *Lawyer*

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks *European War France 3 months*

Signed at *Pictou B.C.* this *15<sup>th</sup>* day of *June* 1918.

*H. A. Andrews*  
Name of Officer

*Captain*  
Rank

*O.C. Discharge Sec 10 10 XI*  
Appointment

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

Apr. 1917

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

20			
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## PARTICULARS OF SEPARATION ALLOWANCE

No. 1015438  
 Rank *Pte* Promoted Reverted Discharge  
 Soldier's Name *J. Alsbury*  
 Battalion *231<sup>st</sup> Bn*  
 Beneficiary  
 Relationship  
 Address

## PARTICULARS OF ASSIGNMENT

Name *Mr A. Alsbury*  
 Address *325 Knox St. New Westminster B.C.*  
 Change of Address  
 1  
 2  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total
<i>Sept 30, 17</i>			<i>120</i>	<i>120</i>
<i>Oct</i>	<i>G 50836</i>		<i>20</i>	<i>20</i>
<i>Nov D</i>	<i>51996</i>		<i>20</i>	<i>20</i>
<i>Dec</i>	<i>C 60351</i>		<i>20</i>	<i>20</i>
<i>Jan 18</i>	<i>C 65387</i>		<i>20</i>	<i>20</i>
<i>Feb</i>	<i>B 91931</i>		<i>20</i>	<i>20</i>
<i>March</i>	<i>G 99155</i>		<i>20</i>	<i>20</i>
<i>April</i>	<i>G 8920</i>		<i>20</i>	<i>20</i>
<i>May</i>	<i>A 11879</i>		<i>20</i>	<i>20</i>
<i>June</i>			<i>20</i>	<i>20</i>
			<i>280<sup>00</sup></i>	<i>280<sup>00</sup></i>

REMARKS

*246-J. 1.*

*MRO 2B destroy 29/5/18*

*Dr.*

*31-5-18*  
 A/c Closed  
 Ret'd per *Mauretan*  
 Date *23-5-18* F.X. *28-5-18*  
 Clerk *ProBaron*



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

### PARTICULARS OF SEPARATION ALLOWANCE

### PARTICULARS OF ASSIGNMENT

No.

Rank

Promoted

Reverted

Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

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.-6.17-1772-39-141  
 L. L. 22320-M. & D. 7593.



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.....

*231st. Overseas Battalion C. E. F.*

(2) Regimental Number.....

*1015438*

(3) Full Name of Soldier.....

*James Alsbury*

(4) Place of Birth.....

*Rockhampton, Australia*

(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.....

(9) Is your Father alive? Yes.

If so, state name and address John Alobury 325 Knox St.

(10) Is your Mother alive? Yes. N. Westminster B.C.

If so, state name and address Mrs Annie Alobury.  
325 Knox St. New Westminster B.C.

(11) If your Mother is a widow No

Are you her sole support, or not? No

(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.

Date SEP 7 - 1916

Richard Pawan  
Officer Commanding. Lieut. Col.  
For O, C. 231st, OVERSEAS BATTALION C. E. F.  
and

## MEDICAL HISTORY SHEET.

Surname Alsbury Christian Name James William

Examined { on 1 day of May 1916  
 at Vancouver  
 Birthplace { City or Town Rockhampton Queensland  
 County Australia

Approved by Geo B. Mather  
 Rank Capt M.O.

Apparent age 22  
 Trade or occupation Sayer  
 Height 5 Feet 6 Inches  
 Weight 150 Lbs.  
 Chest measurement { Minimum 35 1/2 inches  
 Maximum expansion 2 1/2 inches  
 Physical development good  
 Small-Pox Marks none

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		24 OCT 1917
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left ✓  
 Number 2  
 When Vaccinated last 1904

Date.	Result.	VACCINATIONS.
<u>27/10/16</u>	<u>P</u>	<u>J. S. Mather</u> M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection  
1/20  
2/20 ear eye

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>15/9/16</u>	<u>P</u>	<u>J. S. Mather</u> M.O.
<u>2/10/16</u>	<u>P</u>	<u>J. S. Mather</u> M.O.
<u>22/11/16</u>	<u>P</u>	<u>J. S. Mather</u> M.O.

Enlisted on 13th day of May 1916 at VANCOUVER

CORPS.	REG'TL NUMBER.	HABITS.	DATE.
<u>231st Overseas Battalion C. E. F.</u>	<u>1015438</u>	<u>1</u>	<u>13-5-16</u>
<u>Transferred to</u> <u>24th Reserve Battalion</u> <u>42nd Bde</u> <u>1st Res Bn</u> <u>40th Res Bn</u>			<u>APR 22 1917</u> <u>22i 5 17</u>

**EXAMINED OR DISCHARGED BY A MEDICAL BOARD.**

STATION.	DATE.	DISEASE.	RESULT.
<u>VANCOUVER</u> <u>Bushy Park</u>	<u>FEB 28 1917</u> <u>2/13/18</u>	<u>Hepatitis</u>	<u>Fit</u> <u>Dr. Macdonald</u> <u>Dr. Mather</u> <u>Dr. [unclear]</u> <u>Dr. [unclear]</u>

**CANADIAN**

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.

J. M. C.

Surname *Alsbury* Christian Name *James*

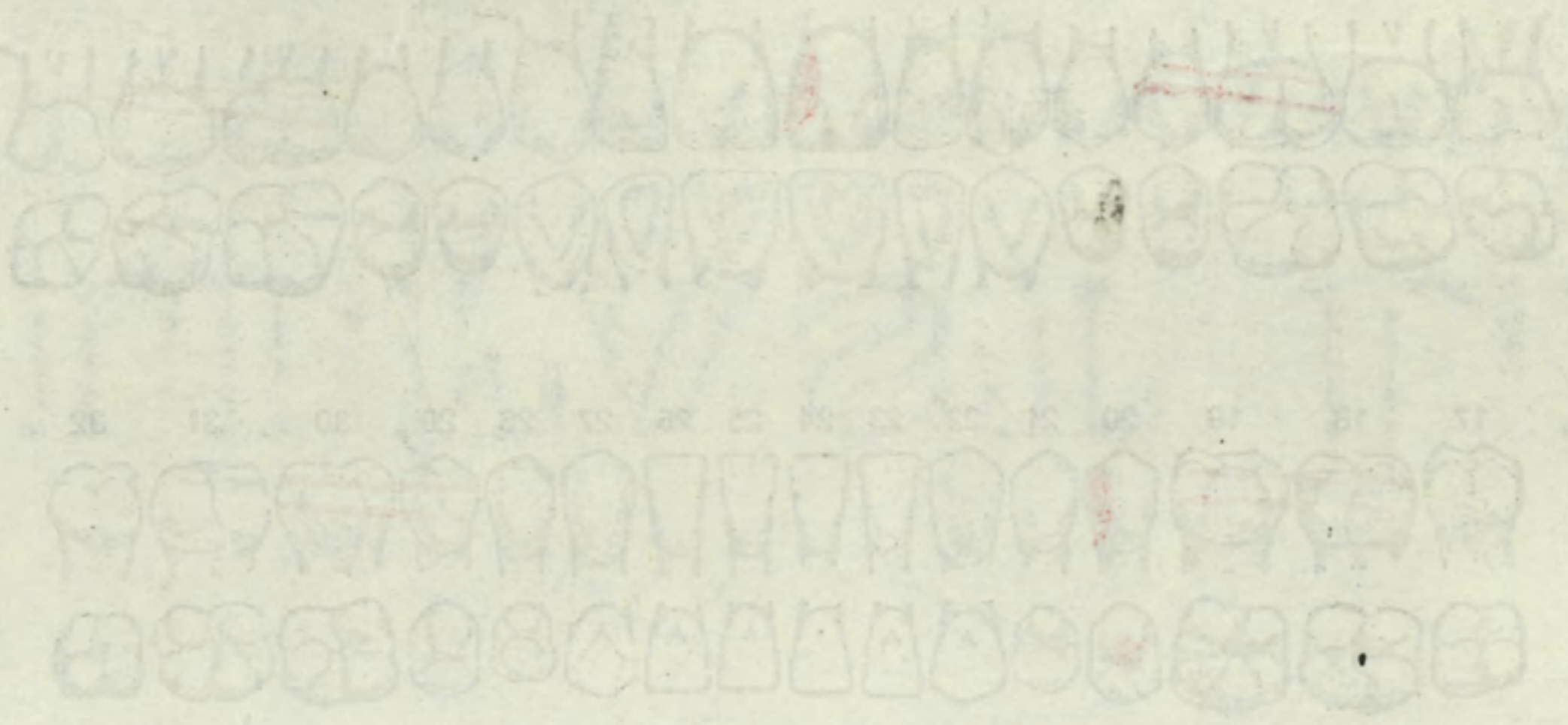
STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury 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.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
East Suffolk & Ipswich Hospital IPSWICH.		20	10	17	2	1	18	Nephritis	108	Has been ill with cough, headache & dyspnoea. Oedema of ankles. abdomen disturbed Physical Exam. <sup>Heart.</sup> Normal. Lungs Expiration somewhat prolonges, no rales or rhonchi. Kidneys Tender on deep pressure Urine alb. discharging in quantity. 1.2.18 Trsd Woodcote Park Epsom. Recommend by M.D. for Medical Board Discharge as permanently unfit.	J. Rosenberg
M.C.H. Epsom.		2	1	18	21	2	18.	do	51	Four weeks out of bed my anamni. Transfer Bushy Park General condition fair. looks pale & spary. Weight about normal complains of headache twice a week & pain in back rarely fatigued Heart & Lungs neg. P.D. 135-85. pulse 76 reg. urine alb. casts have persisted intermittently for past 5 months increased slightly under the highest exercise. Other systems normal.	W. Marshall
THE KING'S CANADIAN RED CROSS HOSPITAL DONVALESCENT HOSPITAL		24	2	18				nephritis.			

*W. Marshall*



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 signs 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.



REMARKS

OPERATOR

Case

Treatment

Number of visits

Notes

Number of teeth

Number of visits

Number of teeth

CANADIAN DENTAL BOARD

DENTAL HISTORY SHEET

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	1015438	Pte.	Alsbury	J.
Year		Unit.	Age.	Service.
1918		72 <sup>nd</sup> Bn.	26	19 3/12 12
Station and Date.	Disease			
Bushy Park	Nephritis			
21. 2. 18	BORN AT	Rockhampton, Queensland, Austr.		
	SINGLE OR MARRIED	OCCUPATION. Sawyer		
	NEXT OF KIN (Mother)	Mrs. Annie Alsbury 375 Kuroc St. W. Westminster. B.C.		
	INOC. T. /	S. P. V. /		
	ENLISTED	Nanconver	ON	13. 4. 16
	ARRIVED ENGLAND	April 1917	WENT O.S.	June 1917
3. 10. 17	Epsom	Reported sick - headache cough - breathless - swelling "all over"		
	Field Amb	C.B.S. marked "nephritis" barricade 11 Gen. Bed 10 days. Milk diet. Annie "all overcast"		
20. 10. 17	Spwicks S. & J. Hosp.	Bed 8 weeks. Milk diet. Annie "all present"		
1. 2. 18	Epsom			
21. 2. 18	Bushy Park.	Weight 161		
James Hist. Neg.				
Previous Neg.				
Present Illness. Began in Dec/17 with Headache & Dyspnoea.				
Cough. General oedema. Urine scanty, scanty.				
At present, Headache. Occasional. - Backache,				
Weakness & dyspnoea - No Nausea, Apetite poor.				

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

Station  
and Date.

Ex acc. Well nourished, pale & pasty, not robust  
 Wt 161 Normal 166  
 Bl. pressure - 138 85  
 pulse - 76 regular  
 Heart } neg.  
 Lungs }  
 Urine ac 1018 also sugar few gran casts  
 & WBCs  
 P.T. Ord Diet

(Hy diet for 3 or 4 wks)

Feb 26 - 18 Urine - ac 1020 Alb - sugar  
 Feeling fairly well. urine

Mar 4. 18 Urine ac 1020. Alb 0 Sugar. few Hyal & gran casts & WBCs  
 Improving

Mar 11. 18. Urine ac 1020 Alb trace, few Hyal & gran casts few  
 WBCs. v. few R. Bcs  
 looks pale. Has headache. urine

Rem March - P. 116 looks pale & tired

14-3-18. Before Urine ac 1024 Alb 0 gran Hyal, very few WBCs  
 very few.  
 After Urine ac 1026 Alb trace Hyal few WBC's  
 few RBC's few.

18. 3. 18 Urine ac 1022. also few Urea crystals  
 looks pale & tired. pulse 76 regular. sup. te  
 was all in open R. M. -  
 (B<sub>iii</sub> - 179.)

Headaches (some at times) pain in back - easily fatigued  
 Albumen & casts intermittent for past 2 wks.

Improving



I

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	101438	Pte	Alsbury	J
		Unit.	Age.	Service.
	72nd Cav. Bn.			
Year	1918			
Station and Date.	Disease			
	11 FEB 1918			
	Four weeks up			
	Very anemic.			
	Transfer to Brady			
	Huntington			
	{ <ul style="list-style-type: none"> <li>27th det.</li> <li>Saline gam.</li> <li>no parades.</li> </ul>			

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

Station  
and Date.

# CLINICAL CHART.

(To be attached to Case Sheet.)

Pres.

Army Form B. 181.

Corps 42 Cdn. Bn "C"

Military Hospital No. 6, e.s.

No. 1015438

Rank and Name Pte Alsbury

Age 26

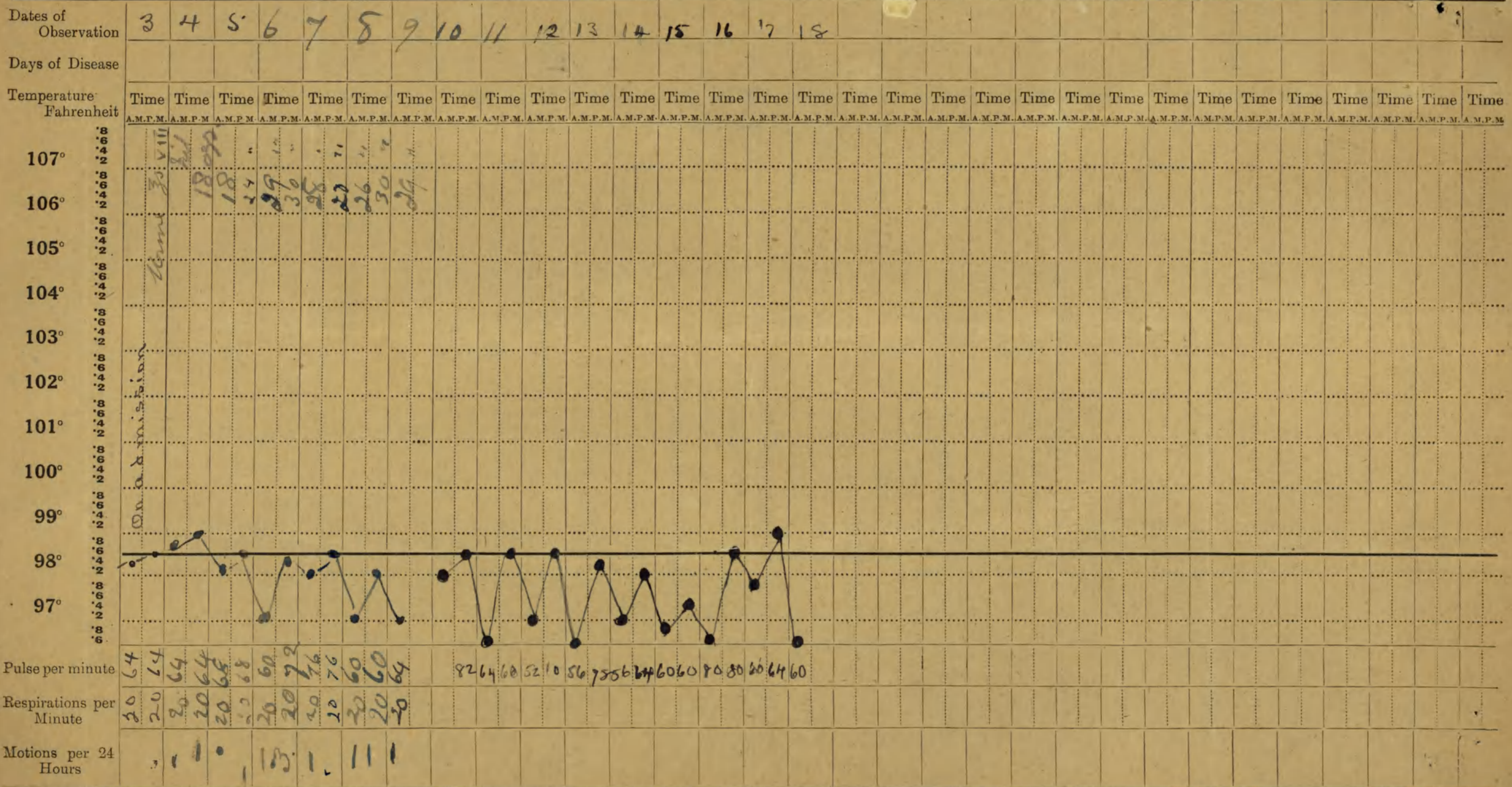
Service \_\_\_\_\_

Disease Nephritis

Date of admission 3-10-17

Date of discharge \_\_\_\_\_

Result \_\_\_\_\_





# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## No. 11 District Depot LAST PAY CERTIFICATE

**C. E. F.**

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 1015438 Rank Pte Name Alsbury, James

Corps. No XI Dist Depot CEF who was\* discharged

On 15-6- 1918, to.....

\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-5- 1918 to 15-6- 1918 the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....		
Advances } No.....			Reg'tl Pay.....		
by } No.....			Field Allow.....		
Assigned Pay and Sep'n Allee. No.....			Separation Allowances* (Monthly).....		
Other charges.....			Other Allowances* <u>clothing</u> .....		
Payment on transfer or discharge No. <u>5340</u> .....			Other Credits* <u>Subs 14 days</u> .....		
Balance Cr. (to be paid by the new unit).....			Bal. Dr. (to be deducted by new unit).....		
Total.....			Total.....		

**CHECKED BY**  
[Signature]

\* Give particulars.

A monthly stoppage of \$.....(†) has.....(‡) been paid on account of Assigned Pay for the month of..... 191..... } (to) Assignee..... }  
 and Sep'n Allee. for month of..... 191..... }  
 (Address).....

(†) Insert amount to be assigned, whether it has been paid or not.  
 (‡) Insert "not" if amount has not been paid for period of account.

### On Transfer of an Officer

Outfit Allowance of \$..... has been paid by Paymaster, Military District No.....

**REMARKS:—**

- State (1) date of enlistment 11-6-18
- (2) if married and if a Separation Allowance Card has been submitted Single
- (3) cause of discharge..... authority DD 62 No XI Dist Depot CEF
- (4) authority for transfer.....

**NOTE.**—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date 18-6-18

Place Victoria BC

[Signature]  
 Capt.  
 Paymaster, District Depot, M:D XI

**N.B.**—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record. For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record. If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

ANTHROPOLOGICAL EXPEDITION TO THE  
MOUNTAINS OF THE NORTHWEST  
1897-1898

REPORT OF THE EXPEDITION

BY DR. J. H. COLE

1898

9691/192

DEPARTMENT OF MILITIA AND DEFENCE.

District Paymaster  
M. D. 11  
JAN 15 1919  
VICTORIA, B. C.

WAR SERVICE GRATUITY

Post Discharge Pay  
JAN 15 1919  
OTTAWA, CANADA. D. XI

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian names *James* .....
2. Surname *Alsbury* .....
3. Rank *Pte* .....
4. Original Unit *231<sup>st</sup> Bn* .....
5. Reg. No. *1015438* .....
6. Address, in full, to which future payments of gratuity are to be forwarded *325 Knose Street New Westminster B.C.* .....
7. Date of enlistment in the C.E.F. *2<sup>nd</sup> May 1916* .....
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *not applicable* .....
9. Relationship of such dependent *not applicable* .....
10. Address, in full, of such dependent *not applicable* .....
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *not applicable* .....
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—  
*Yes. 231<sup>st</sup> Bn 31 March 1917 to France July 1917 Oct 1917. discharged 15 June 1918* .....
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? *Yes* .....
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service *not applicable* .....
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served *231<sup>st</sup> Bn 2<sup>nd</sup> May 1916 until July 1917 then 72<sup>nd</sup> Bn in France to time of discharge* .....
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *no* .....
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *no* .....

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *No*

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid

*Two instalments of \$33.00 and one of 34.00 paid by Post Discharge Paymaster Victoria B.C.*

20. Have you been issued with a War Service Badge? If so, what class? *Yes Class "A" & "B"*

21. Have you, during the present war, served in the Imperial Forces? *No*

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *No*

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *Not applicable*

(b) If so, was such reversion in consequence of misconduct or inefficiency? *not applicable*

24. Are you now serving in the C.E.F.? *No* If not, give:—(a) Date of discharge

*15 June 1918* (b) Reason for discharge *Medically unfit for further service*

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit *No*

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit *Yes*

*72nd Bn July 1917 to Oct 1917*

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? *No*

(b) If so, are you in receipt of full pay and allowances from that Department? *not applicable*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant:

*James Absbury*  
325 Knox St  
New Westminster B.C.

Place of Residence:

Declared before me at: *New Westminster B.C.*

This *11th* day of *January* 191*8*.

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths.

*J. Macquarrie*  
A Notary Public, in and for the Province of British Columbia.

**POST DISCHARGE PAY.**

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
<i>June 15/18</i>			<i>350.00</i>	<i>249.90</i>
<i>July 15/18</i>	<i>100.00</i>			
<i>Aug 16/18</i>				

Certified Correct. *J.S.B.*

*2 years*

*W. H. Langley Major*  
District Paymaster.  
FOR DIST. PAYMASTER M. D. 11  
POST DISCHARGE PAY SECTION



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

To Whom *Mrs A Alsbury*  
 Address *325 Knox St*  
*New Westminster, B.C.*

By Whom Assigned *Alsbury J*  
 Regtl. No. *1015438*  
 Rank *Plt*  
 Corps *231<sup>st</sup> Bn*

Rate *20.*

*APR 1917*

**PAYMENTS**

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Consolidated Accd.</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

2001  
10/25  
K. P. S.  
11/11

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

M. F. W. 12a.  
 50m.-6-16.  
 1772-39-819.

Sheet No. 2.

*Mrs A Alsbury*

Name of Soldier

*Alsbury J*

L. L. Job 4503. - Req. 6832.

**PAYMENTS.**

*1015438. Pte. 231<sup>st</sup> Bn*

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>20.</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		<i>V 6208</i>	<i>20</i>	
May		<i>S 12465 <del>M 9181</del></i>	<i>20</i>	<i>20<sup>th</sup> M 9181 Can 8 <sup>5</sup>/<sub>17</sub> g.f.L.</i>
June		<i>B 17917</i>	<i>20</i>	<i>20. c</i>
July		<i>L 19578</i>	<i>20</i>	<i>cu</i>
Aug.		<i>A. 26723</i>	<i>20</i>	<i>cu</i>
Sept.		<i>J 34096</i>	<i>20</i>	<i>OB</i>
Oct.				<i>+ 120,</i>
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*APR*

*1917*

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.				

Name

*Pte. Alsbury, James*

M. F. W. 41  
100M-1-18.  
1772-39-889.

Regimental No.

*1015438*

Name and address of next-of-kin

Unit

*231 Lt Bn.*

Date of enlistment

*11-6-18*

Place of

"

Married (yes or no)

*No.*

Date and place discharged

*Ign P. 1. 5. 18*

*DO #62 Disen 15-6-18*

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

*325 Knox St,  
New West BC*

Character on discharge

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount					
<i>June</i>	<i>1/5/18</i>	<i>15</i>	<i>46<sup>00</sup></i>	<i>46</i>		<i>46<sup>10</sup></i>	<i>46</i>	<i>11</i>	<i>20</i>	<i>69 80</i>	<i>50 63</i>	<i>19 17</i>	<i>69 80</i>	



D.L.

Rank

Name **ALSBURY.**

**JAMES.**

Reg'l No. 1015438.

Unit **231st Bn to B.C. Regt** <sup>If in perm. Corps, }</sup>  
**Depot** <sup>What Unit?</sup>

Married or Single **Single.**

Place and Date of Enlistment **Vancouver. May 1st. 1916.**

Place of Birth **Rockhanton. Australia**

Name and Address, Next-of-Kin **J<sup>H</sup> Alsbury.**

**325. Knox Street Westminster. B. C.**

Relationship **Father.**

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E. R.B. No.	<b>9807</b>
File R.L.	
Category	<b>Can. O.R.</b>

Discharge, Date and Place

Reason

Character

H. W. V., Ld.—9546-16.

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.				
			<b>22 4 17-S. CANADA</b>		
			<del>29 4 17-S.S. NORMLAND.</del>		
12-5-17	24 Res	Tos.	Seaford	22-4-17	231 R. O. 122. <sup>checked 16/7/17</sup>
20-5-17	/	Sos to 1st Res	-	20-5-17	1st Res 138.
11-7-17	12th Res.	Sos to 72 <sup>nd</sup> Bn Opas	-	11-7-17	12-7-17 O. 116 72 <sup>nd</sup> Bn - - 188. + 72 <sup>nd</sup> Bn #67 d/21/17
8 10. 17	BC Regt	Adm-No 6. Cas Clg Str.	Field	3.10.17	CL. 4.31 n.g.D.
18 10 17	"	No 11. Gen Hoop	Camiers	10.10 17	CL. 4.40 Nephritis, Sev.
26. 10 17	"	Adm Gen Mil Hoop	Colchester	20 10 17	CL B. 47.
29. 10. 17	BC Regt	Tos. from 72 <sup>nd</sup> Bn	Seaford	20.10.17	CL 225. + 72 <sup>nd</sup> Bn #102 of 31.10.17
<b>C</b> 15-4-18	/	on board HMS Hanton	-	18-4-18	7094
22-5-18	/	leaves on board HMS Hanton	-	13-5-18	CL 123.
		Sos to Canada Dis 4/1			





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

M. F. W. 54. (A. F. B. 103.)

# Casualty Form—Active Service.

250M.—1-16.  
H. Q. 1772-39-920.

Unit, Regiment or Corps 231st. Overseas Battalion C. E. F.

Regimental No. 1015438 Rank Pirate Name James Albury

Enlisted (a) May 1916 Terms of Service (a) ~~E. R. F.~~ D of W Service reckons from (a) May 1916

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) Sayer

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked Canada	Halifax	10.4.17	
		Arrived England	R/foot	22.4.17	
22-4-17	231 <sup>st</sup> Battn.	Transferred 24 <sup>th</sup> Reserve Battn.	Seaford	22-4-17	Do. Part II No. 112 <i>[Signature]</i> Capt & Adj Do. Part II 12
		Proceeded overseas for service with 72 <sup>nd</sup> Battn.	Seaford		
20.5.17	24 <sup>th</sup> Reserve	50 <sup>th</sup> Trans to 1 <sup>st</sup> Can. Res. Battn.	Seaford	20-5-17	ADJUTANT, 24 <sup>th</sup> CANADIAN RES. BATTN. Do. Part II No. 130. ✓
21-5-17	Ob. 1st.	Taken on strength of 1 <sup>st</sup> Can. Reserve. Battn. Being Physically Unfit for Farther Service Under K. R. & O., Can.	Seaford	20-5-17	ADJUTANT, 24 <sup>th</sup> CANADIAN RES. BATTN. Do. Part II. 138. ✓

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

[P.T.O.]

1015428 Albury, J.

CERTIFIED CORRECT,  
 11-7-17  
 20 JUL 1917  
 CAN. RECORDS, LONDON.

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				
	06180		Seaford	11-7-17	PROCEEDED ON DRAFT TO <u>72nd</u> BATT <i>Edmund</i> Lt. E. C. Calvert Adjutant, 1st Canadian Reserve Battalion 10 Captain.
12-5-17	24 <sup>th</sup> Res.	T.O.S. from 231 <sup>st</sup> Bn.	Seaford	22-4-17	A II O.O-122. <i>Rowe</i> LIEUT: FOR LT: COL: RECORDS, C.O.M.F.
13. 4. 14	Can. Base Depot	Arrived in France for 72nd. Can. Bn. + T.O.S.		12. 7. 17	N. R. + A. 20. 64 of 21. 7. 17.
29. 4. 14	"	Left. for Unit	Field	29. 4. 14	N. R.
4. 8. 14	72 <sup>nd</sup> Bn.	Joined Unit	"	29. 4. 14	B. 213. DCS. 145
3. 10. 14	6 CCS.	Gonorrhoea	6 CCS.	3. 10. 14	A36/9302 (3294)
9. 10. 14	6 CCS.	Acute Nephritis	5 Train	9. 10. 17	A36/9782 (4955)
6. 10. 14	Unit	Swine Sick	Field	3. 10. 14	B213
10. 10. 14	11 Sen.	Nephritis. S.	11 Sen.	10. 10. 14	W3034/1445 (5341)
19. 10. 14	11 Sen.	do S	To England		" / 2077 (7075)
19. 10. 14	"	do. - To England for up. "Ville de diege" + posted to B.C. Regt Depot, Seaford.		19. 10. 14	W3003/1433 + A. 20. 102 of 21. 10. 14. Lieut. for Lt Col. A. A. G. Canadian Section, G. H. Q. - 3 <sup>rd</sup> , Ech.
Ph. 29-10-17	BBRD	T.O.S. from 72 <sup>nd</sup> Bn.	Seaford	20-10-17	Ph. 225. <i>D. D. Russell</i> Lieut. for Lt Col i/c Records, C. E. F.

**Casualty Form—Active Service.**

Regiment or Corps *231<sup>st</sup> Battr*

Rank *Pte* Surname *Albury* Christian Name *James*

Religion \_\_\_\_\_ Age on Enlistment \_\_\_\_\_ years \_\_\_\_\_ months.

Enlisted (a) *1<sup>st</sup> May 1916* Terms of Service (a) *D of W* Service reckons from (a) *1<sup>st</sup> May 1916*

Date of promotion to present rank \_\_\_\_\_ Date of appointment to lance rank \_\_\_\_\_

Extended { } Re-engaged { } Qualification (b) *Sawyer*  
or Corps Trade and Rate \_\_\_\_\_

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>9-4-18</i>	<i>B. O. R. D.</i>	<i>Detailed to Depot Coy.</i>	<i>Seaford</i>	<i>5-4-18</i>	<i>Pt. 2056</i>
<i>18-4-18</i>	<i>B. O. R. D.</i>	<i>On Command to G.D.D. Buxton</i>	<i>Seaford</i>	<i>18-4-18</i>	<i>Pt. 2, D. O. 94.</i>
					<i>For O. O. B. O. REG. DEPOT.</i>
<b>19 APR 1918</b>		<b>TAKEN ON STRENGTH C.D.D, BUXTON Pt. 11</b>			<b>ORDER No. 92</b>
<i>18 MAY 1918</i>		<b>EMBARKED FOR CANADA FROM LIVERPOOL</b>			
			<i>Commanding</i>		<i>Lieut. Col. Canadian Discharge Depot.</i>
<i>14-5-18</i>	<i>Overseas</i>	<i>T. O. S. District Depot XI.</i>	<i>Victoria, B. C.</i>	<i>29-5-18</i>	<i>D. O. 42-243 193</i>
<i>12-6-18</i>		<i>Discharged as -</i>			
		<i>Being Physically Unfit for Further Service</i>			
		<i>Under K. R. &amp; O., Can. 1917-377</i>			
		<i>Auth. Med. Board</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.  
[M1101] W6185/M768 1000m 9/16s 153 G & S  
*(App. A. D. M/S. of 11-6-18)*  
*O.C. Discharge Section, District Depot, XI*  
*15-6-18 D.O. [P. 100] 3760*  
*Capt 18-6-18*



C.A.D.C. 5009-10M.

3494-30-8-17. //

1015438

Pte Alsbury J.

### DENTAL CERTIFICATE.

The following Certificates will

be attached to the Medical History Sheets of all

Other Ranks being returned to Canada for disposal.

BCAD

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
19/4/18	P. J. Dent			At public expense  F. J. G. M. M. Capt. B. C. D. C.

DENTAL CERTIFICATE

The following Certificate will  
be attached to the Medical History sheets of all  
Other Banks being returned to Canada for disposal.

Date of Examination	Present Dental Condition	Cause of loss due to wounds, injury or disease directly attributed to active service	Loss of teeth, in part or in whole	Has he ever been in the service of the Canadian Forces?
<i>10/1/45</i>	<i>Good</i>		<i>97</i>	<i>Yes</i>

*J.T. D. Hill*

Corps 72 Cd Regt'l No. 1015438 Rank, Name Pte Alsbury Ward C-2  
Hospital, No 11 General Specimen urine Date Oct. 10

Special regard to albumen + sediment

Officer i/c Ward R. Fitz.

Albumen - Acute  
Sediment - a few casts (hyaline + granular) numerous R.B.C.'s + rather numerous polymorphs.

Date of Examination Oct 10 - 11 P.

J. S. Stoddard  
Lieut. N.O.R.C., U.S.A.  
Officer i/c Laboratory

1824

Handwritten text, possibly bleed-through from the reverse side of the page. The text is mirrored and includes words like "number" and "numbered".

Handwritten text at the bottom of the page, likely bleed-through from the reverse side.



SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

Alsburg J.

1015438.

RANK

UNIT

Co.

TROOP

BATTY.

Pte.

72. Batt Bb.

HOSPITAL

DATE OF ADMISSION

6 CC Stat

1.

11 Genl carriers

HOSP. 3. 10. 17.  
10. 10. 17.

2.

Gen Mil. Colchester

HOSP 20. 10. 17.

3.

Mie. Con. 1200p. Epsom

HOSP. 2. 2. 18.

4.

Knop Can. Red X, Bushey PK

HOSP. 22. 2. 18

16 y D Q.

Nephritis Lev. of

DIAGNOSIS

1

2

3

DISPOSITION

CL 9. 10. 17. A31 (2)

Dis - 27. 2. 18. DATE

REMARKS

19. 10. 17. A40

27. 10. 17. B47.

5. 2. 18. B130-II

25. 2. 18. B147-2

30. 2. 18. B. 175 (1)

A.M.D. 2 Dept.  
Beh. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

NAME

*Alsbery*

REGT'L No

*1015438*

H. Q. FILE NO. 649.

RANK AND CORPS

*pta Brit Col Regt (72)*

FOLLOWS  
NO.

CABLE

NATURE OF CASUALTY

FOLLOWS

NO.

DATE

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A31 <sup>2</sup>	6 Las Brk St	3-10-17	P. Y. K. B.
A40.	#11 Gen. Plamers	10-10-17	Nephritis Sev.
B47	Gen. Mil. Colchester	20-10-17	"
B130.	Mil. Conv. Wd. Fr. Epsom	2-2-18	Nephritis Sev.
B147.	King's Can. + Conv. Bushy Pk.	22-2-18	"
B175.	Disc	27-3-18	"

Name ALSBURYRank Plt.Reg. No. 1015438Unit 72nd BnNext of Kin CanadaExp.James

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917						
Oct. 3.	W. G. C. S.	= N. Y. D. Q.	=	A 31		221/4561
" 10	" H. G. H. Camiers	= Nephritis sev.	=	A 40		119-1502
" 20.	Gen. M. H. Colechester	= do =	=	B 47		225/4126
Feb. 2-1918.	M. C. H. Epsom	do		B 130		11743
22-2-18	R. C. C. H. Bushy Cr.	do		B 147		3037
27-3-18	<u>Discharged</u>	do		B 175		4026



No. 1015438 RANK Pte

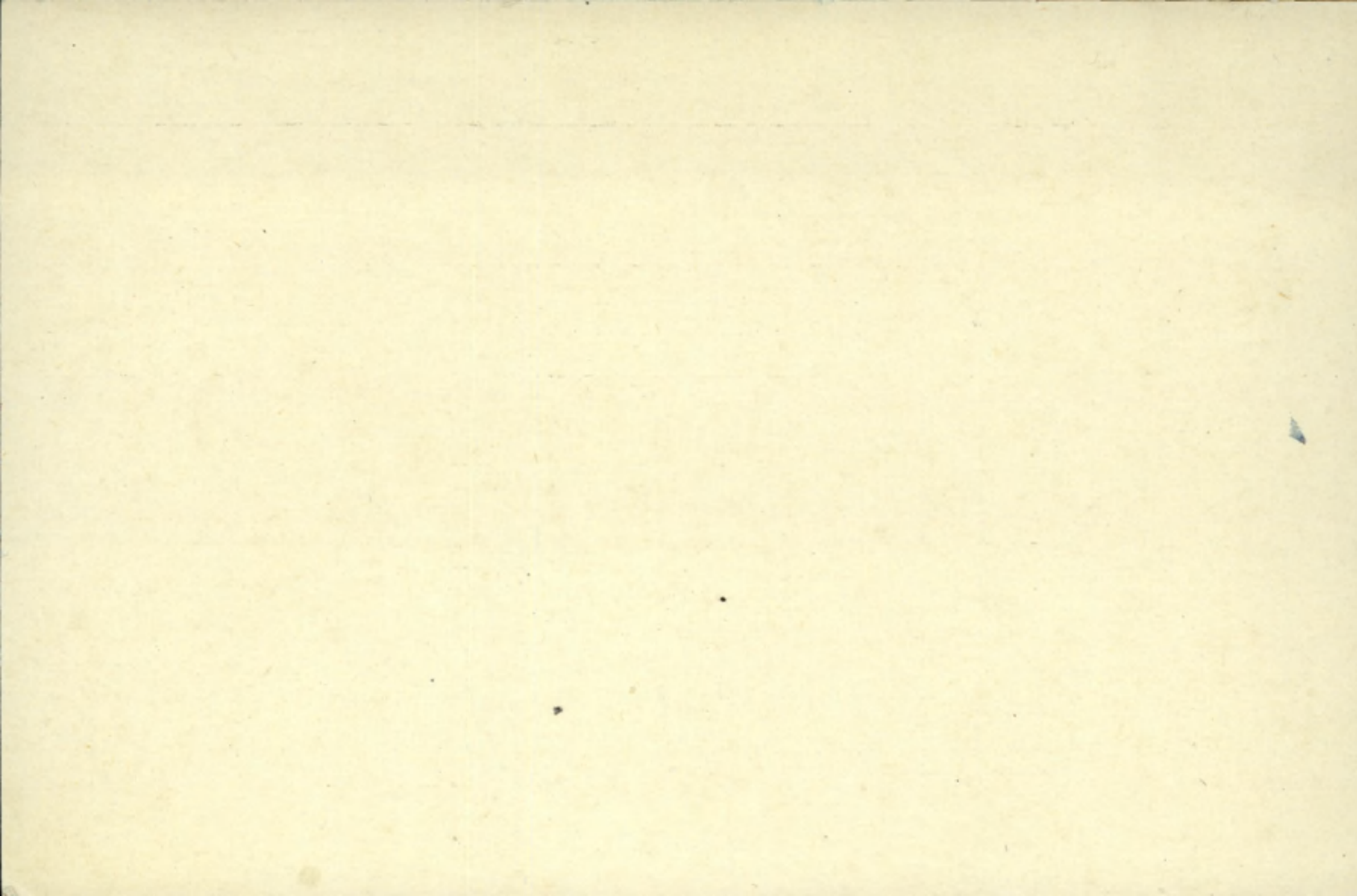
NAME Alsbury, John

T. O. S. 13-5-16  
8052/58-205-16

UNIT 231st of Battalion C.E.F.

M. D. 11

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 May 13	1916 May 31	v		
	June	v		
	July	v		
	Aug	v		
	Sept	v		
	Oct	v		
	Nov	v		
	Dec 1916	v		
1917	Jan	v		
	Feb	v		
	Mar	v		
	Apr	v		





POST DISCHARGE PAY OFFICE

9691/192

Three months pay and allowances after discharge.

Name *Alsbury, James*  
Surname Christian Name

Regimental Number *1015438* Rank *Pte.*

Unit *231 Bn.* Address (in full) *325 Knose St.  
New Westminster,  
B.C.*

Original Unit

District where paid *C.M.D. 11*

Date of Discharge

P. D. P. Filing Number *1-256-11*

Rates:—Regimental pay \$ *1<sup>00</sup>* per diem; Field Allowance \$ *10ct* per diem. Separation Allowance \$ *X* per month.

L. L. 46038—M. & D. 9245.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date 1918	Amount 30 days	Cheque No. B	Date 1918	Amount 30 days	Cheque No. C	Date 1918	Amount 31 days		
<i>100 10</i>	<i>3346</i>	<i>June 15</i>	<i>33 00</i>	<i>3225</i>	<i>July 15</i>	<i>33 00</i>	<i>26402</i>	<i>Aug. 16</i>	<i>34 10</i>		<i>100 10</i>
	<del><i>764-14</i></del>	<del><i>49003</i></del>	<del><i>28-2-19</i></del>			<del><i>70 00</i></del>					
	<del><i>426A 2709</i></del>	<del><i>41830</i></del>	<del><i>10-3-19</i></del>			<del><i>70 00</i></del>					

Remarks:

M. F. W. 127.  
25M.—8-18.  
1772-39-1140.

*B.G.*  
*4/11/19*

Dec'n No. 9691/192 W.S.G. File No. 246-1

Award ..... days at \$ 70 per day \$  
 S. A. .... months at \$ ..... per mo. \$ 350.00  
 Less P, D. P. Credited \$100.10  
\$249.90  
 Less further debit balance \$ .....  
 Net due paid as below \$249.90

TO SOLDIER			TO DEPENDENT			
0	Ag. No.	Ch. No.	Amount	Ag. No.	Ch. No.	Amount
1	764	9003	70.00	1		
2	425	41930	70.00	1		
3	5923	41860	70.00	1		
4	6310	453479	39.90	1		
5						
6						
Total			<u>\$249.90</u>	Total		

48/4/19  
 10/2/19  
 7-4-19  
 8-5-19

GEN'L AUDITOR  
 Posting checked by  
*[Signature]*  
 Date 12-7-19

325 Knox St.  
 New Westminster B.C.

*[Handwritten mark]*

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the \_\_\_\_\_ day of \_\_\_\_\_ 191

Members of the Board:—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 191

Signatures of  
the Board

President.

Reserved for M.H.C.

Regt. No. 1015438 Rank PTE. Surname ALSBURY Christian Name JAMES

Unit or Corps—(a) Overseas from United Kingdom 72nd. BN. (b) In United Kingdom 24th RES.

Born at—Town ROCKHAMPTON County or Province QUEENSLAND Country AUSTRALIA

Date of Birth—Day 8th Month SEPTEMBER Year 1891 Age 26 yrs 6 months

Joined at VANCOUVER Date 13-4-16.

Former Trade or Occupation SAWYER

Permanent marks or peculiarities that will serve for future identification:

SCAR "I" OVER LEFT PARIETAL BONE.

Height—feet 5 inches 6 Colour of eyes BROWN

Signature of Soldier (for identification purposes) J. ALSBURY

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. DISABILITY (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted). (Follow the official nomenclature as far as possible.)

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (a)

WEAKNESS: HEADACHES: PAIN IN BACK.

Disabilities Group (b)

Disabilities Group (c)

2. CAUSE OF DISABILITY. (Follow the official nomenclature in stating the disease or injury.)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i.) As to Group (a) above.	NEPHRITIS	FRANCE	OCTR. 1917.
(ii.) As to Group (b) above.			
(iii.) As to Group (c) above.			

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

3. Is the disability due to disease contracted or injuries received prior to Active Service?

(i.) As to Group (a) above? NO If yes, has Active Service aggravated it?

(ii.) As to Group (b) above? If yes, has Active Service aggravated it?

(iii.) As to Group (c) above? If yes, has Active Service aggravated it?

4. Is the disability due to disease contracted or injuries received while on Active Service—

(i.) As to Group (a) above? YES

(ii.) As to Group (b) above?

(iii.) As to Group (c) above?

5. If a cause of disability was an injury received on Active Service, was it received—

- (i.) While on duty? **Not Applicable.** (ii.) While off duty?  
 (iii.) Was a Court of Inquiry held? (iv.) Where? (v.) When?  
 (vi.) Opinion of the Court?

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records).

No previous history of Nephritis.  
 Reported sick in France 3-10-17. P.A.&C.C.S. marked "Nephritis".  
 Epswick Hosp. 20-10-17 to 1-2-18 "Nephritis".  
 Epsom M.C.H. 1-2-18 to 21-2-18 "Nephritis".  
 Bushy Park 21-2-18 to date. "Nephritis".

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

General condition fair; looks pale and pasty; weight about normal.  
 Complains of Headaches (severe at times), pain in back, and easily fatigued. Heart and Lungs-negative.  
 B.P. 138-85.  
 Urinalysis-albumen and casts have persisted intermittently for past 5½ months-increased slightly under the higher exercises.  
 Other systems normal.

8. OPERATION. (i.) Was one performed?

- (ii.) If so, state what. **Not Applicable.**  
 (iii.) Was one advised and declined?

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (i.) Is there loss or decay of teeth attributable to Active Service? **No**  
 (ii.) If so, describe.

10. DO YOU RECOMMEND:—

- (a) Fit for duty?  
 (b) Fit for base duty? **B iii not likely to be raised within 6 months.**  
 (c) Invalid to Canada?  
 (d) Discharge from the Service as permanently unfit?

Date of Report **Mar. 20** 1918

Signed **G. M. Atkin, Capt. CAMC.**  
 Officer in medical charge of case.

Station **Bushy Park.**

I have satisfied myself of the general accuracy of the above Report, and concur therein **except**

**J. D. Adamson, Lt. Col. CAMC.** { Officer i/c Hospital } Strike out one  
 { S.M.O. Brigade } of these.

Dated at **Bushy Park** Station, on **25 MAR 1918** 1918

\* Delete if inapplicable.

### Proceedings of a Medical Board on the Soldier mentioned in Part I.

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)? **Yes**  
 If not, indicate it.

12. Is the cause of the disability fully indicated in Part I. (2)? **Yes**  
 If not, indicate it.

13. Was the disability caused or aggravated by—
- |                               |                   |                               |                   |
|-------------------------------|-------------------|-------------------------------|-------------------|
| (a) Negligence of the Soldier | Caused? <b>No</b> | (b) Misconduct of the Soldier | Caused? <b>No</b> |
|                               | Aggravated?       |                               | Aggravated?       |

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?  
 (Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)

15. THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate.  
 What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?  
 (Estimate at none, 1/2, 2/3, 3/4, or all.)

16. Permanency of the Pensionable Disability estimated next above in (15).  
 (i.) Is it permanent? **B**  
 (ii.) If not permanent, what is its probable minimum duration (in months)?

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

18. Remarks.

Thin, anaemic and pasty.  
 Albumen has not entirely cleared up.  
 Moderate subjective symptoms.  
 No cardiac vascular changes.  
 Considerable general asthenia.  
 Not likely to improve much during the next year.  
 Requires no further hospital treatment.

19. Recommendation:—(a) Fit for duty?

- (b) Fit for base duty? **B iii (Not likely to be raised within 6 months.)**  
 (c) Invalid to Canada?  
 (d) Discharge from service as permanently unfit?

Classification for the Military Hospitals Commission.

Date of Board **21-3-18.**

**G. A. McDiarmid, Major, CAMC.** President.

Signatures of the Board.

Station **Bushy Park**

**J. D. Adamson, Capt. CAMC.**

Approved **[Signature]** Major, C.A.M.C. A.D.M.S.

Dated at **A.D.M.S., Canadians, London Area**

Station **25 MAR 1918**

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OPINION OF THE MEDICAL BOARD—(Continued).

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

Category E. Discharge - Medically unfit.

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

PLACE New Westminster, B.C.

DATE June 7, 1918.

Handwritten signatures and names of the Medical Board members.

APPROVED BY

APPROVED BY

DATE JUN 11 1918

DATE

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 soldier 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

President.

Members.

Mother, Mrs. Alsbury, 325 Knox St. New Westminster, B.C. MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

No. X1, C/c

- 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 soldier to the "Statement," page 3.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or 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 8, 9 and 10 be communicated to the soldier, 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.

JUN 10 1918

STATION New Westminster, B.C. DATE June 7, 1918

- 1. 1 (a) Unit 231st Bn. (b) Regimental No. 1015438 (c) Rank Pte
(d) Surname Alsbury (e) Christian name James
2. Age last birthday 26 Date of birth Sep. 8, 1891
3. Enlisted at Vancouver on May 1, 1916

4. Personal description:-

- (a) Height 5' 6" (b) Weight 145 (c) Complexion Dark
(d) Colour of hair brown (e) Colour of eyes brown (f) Identification marks
2 vac. left arm.

5. Address after discharge (for the use of the Board of Pension Commissioners)

325 Knox St. New Westminster, B.C. JUN 10 1918

6. Former trade or occupation Sawyer VICTORIA, B.C.

Table with 2 columns: Years, Days. Row 7(a) Service: Canada (May 1, 1916 - Apr. 1917), England (Apr. 1917 - July 1917), France (July 1917 - Oct. 1917), England (Oct. 1917 - May 1918), Canada (May 1918 - Present).

(b) Has he been overseas? Yes 8. Original disease or disability

Nephritis

(a) Date of origin (1) (2) Sept. 1917 (b) Place of origin (1) (2) France

(c) Cause (1) (2) Unknown

(d) Present disease or disability (1) Nephritis (2) Debility.

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

Complains of shortness of breath - weakness on exertion - tired feeling - occasional headaches and pain in back. Exam: - Very pale complexion - mucus membranes very pale - Looks tired - is active - only slight loss in weight

9. Present condition.—(Continued.)

heart action irritable with a rough first sound - increases from 76 to 110 on bending 5 times and recovers slowly @ gets out of breath on same exercise to moderate degree. No swelling. Says he passes small amount of urine - about twice a day - analysis shows small amount of albumen present. The headaches are every 4 days - mornings and not severe - same with back ache. He can do light work with opportunities to rest. Can walk 4 miles slowly. Incapacity is due to impaired function of Kidneys - to moderately severe general debility.

(b) Are the following systems normal? If not, briefly state abnormality.

Nervous... yes Digestive... yes Respiratory... no Cardiac... no  
Genito-Urinary... no Skin, Middle Ear, Eye or any other part... except as noted.

10. History: (a) of Condition referred to in "a" section 9.

(1) (2) Had general oedema - albumen, casts etc. The albumen has persisted to the present

(b) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

2 vac. left arm:

11. If the disabling condition had its origin before enlistment, has it been aggravated on service?

(1)(2) N. app.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?

(1) (2) 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?

(1) (2) 6 months indef.

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

Hospitals England Sept. 1917 to Mar. 27, 1918 - treatment for nephritis followed by tonics. O.S. Board dated March 20/18 states no further hospital treatment required.

OPINION OF THE MEDICAL BOARD

14. (Continued).

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration.)

No

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

No - general strength is not equal to it.

17. Recommendations

E. Discharge Medically unfit.

S.B. Peele, Capt.  
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

I, the undersigned J. Alsbury 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

V.E.D.C.

J. Alsbury  
Signature of soldier 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 criticized.

Concurs.

19. Is the soldier 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).

20. It is certified that the soldier

(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).

OPINION OF THE MEDICAL BOARD—(Continued).

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

Category E. Discharge - Medically unfit.

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

PLACE... New Westminster, B.C.

DATE... June 7, 1918.

APPROVED BY

APPROVED BY

[Signature] Assistant Director of Medical Services. M. D. 11

Director-General of Medical Services.

DATE... JUN 11 1918

DATE

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 soldier 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

DATE

Members.

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 soldier to the "Statement," page 3.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or 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 8, 9 and 10 be communicated to the soldier, 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... New Westminster, B.C. DATE... June 7, 1918

1. 1 (a) Unit... 2nd Lt. Bn. (b) Regimental No... 1012438 (c) Rank... Plc (d) Surname... Alobury (e) Christian name... James

2. Age last birthday... 26 Date of birth... Sep. 8, 1891

3. Enlisted at... Vancouver on... May 1, 1916

4. Personal description:— (a) Height... 5' 6" (b) Weight... 145 (stripped) (c) Complexion... Dark (d) Colour of hair... brown (e) Colour of eyes... brown (f) Identification marks... 3 vac. left arm.

5. Address after discharge (for the use of the Board of Pension Commissioners)... 325 Knox St. New Westminster, B.C.

6. Former trade or occupation... Sawyer

Table with 2 columns: Years, Days. Row 7(a) Service: 2 1/2, 6. Includes a sub-table for PERIODS with columns: From, To, Location.

(b) Has he been overseas? Yes 8. Original disease or disability... Nephritis

(a) Date of origin... (1) (2) Sept. 1917 (b) Place of origin... (1) (2) France

(c) Cause... (1) (2) Unknown

(d) Present disease or disability... (1) Nephritis (2) Debility.

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

complaints of shortness of breath - weakness on exertion - tired feeling & occasional headaches and pain in back. Exam: - Very pale complexion - mucous membranes very pale - looks tired - is active - only slight loss in weight

9. Present condition.—(Continued.)

heart action irritable with a rough first sound - increases from 70 to 110 on bending 3 times and recovers slowly - gets out of breath on some exercise to moderate degree. No swelling. Says he passes small amount of urine - about twice a day - analysis shows small amount of albumen present. The headaches are every 4 days - mornings and not severe - same with back ache. He can do light work with opportunities to rest. Can walk 4 miles slowly. Intensity is due to impaired function of kidneys - moderately severe general debility.

(b) Are the following systems normal? If not, briefly state abnormality.....

Nervous..... yes Digestive..... yes Respiratory..... no Cardiac..... no  
Genito-Urinary..... no Skin, Middle Ear, Eye or any other part..... except as noted.

10. History: (a) of Condition referred to in "a" section 9.

(1) (2) Had general oedema - albumen, casts etc. The albumen has persisted to the present

(b) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

2 vac. left arm.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service?.....

(1)(2) N. app.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?..... (1) (2) 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?..... (1) (2) 6 months indef.

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

Hospital England Sept. 1917 to Mar. 27, 1918 - treatment for nephritis followed by tonics. G.S. Board dated March 20/18 stated no further hospital treatment required.

OPINION OF THE MEDICAL BOARD

14. (Continued).

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration.)

No

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

No - general strength is not equal to it.

17. Recommendations.....

E. Discharge Medically unfit.

S.D. Poole, Capt.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

I, the undersigned J. Alsbury 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.....

V.P.D.S.

J. Alsbury  
Signature of soldier 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 criticized.

Concurs.

19. Is the soldier 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).

20. It is certified that the soldier

- (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).



\* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.				
EFFECTIVE DATE:-	1-4-17 Stopped 1/5/18 GRV		EFFECTIVE DATE:-				
AMOUNT:-	20 <sup>00</sup>		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.							
Mrs A Alsbury 325 Knox St New Westminster B.C.							
PARTICULARS OF RANK OR APPOINTMENT							
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT					
		Pte					
25 SEP 1918							
UNIT AND TRANSFERS							
ORIGINAL UNIT:- 231 Pte							
DATE ACCOUNT FIRST OPENED - 1-5-17							
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO				
	1-11-17		72 Pte				
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
DAILY RATES OF PAY AND ALLOWANCES							
AUTHORITY		PAY	F.A.	P.F.A.	SUBS'CE AL'CE		
		1		10			

P.830-25M-21-2-18.

**LAST PAY CERTIFICATE.**

**PARTICULARS.**

1. L.P.C. Issued, date 30/4/18
2. Authority A.G. 5-1-22 5/4/18
3. Discharged to Canada
4. Pay Book Verified 23/4/18
5. Balance shown on L.P.A. \$ 35<sup>56</sup>
6. Balc. shown on Ledger Sheet \$ 50<sup>16</sup>
7. Full particulars of entries making difference between 5 and 6 if any:-

No.	Date	Unit and Particulars of Entry	Amount	
			Debit	Credit
56	11/4/18	Seaford	<del>4 87</del>	
306	17/4/18		<del>9 73</del>	
			14 60	

8. Ass'd Pay Cancelled A3M forms rendered Effect 1/5/18

or

9. Sep. Allce. and Assd. Pay continued to dependent in Englal and transf'd to Acc'ts Br. for payment

Jm aeneish  
Certified Correct.

R. Pheadon  
Officer i/c Group " 4 "

1/4/18 A.G. 5-1-22 5/4/18 Disposal

	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
					37 16		
				20	50 16		
Reson	4 87						
" "	9 73				35 56		
15/18	14 60			20			
	35 56						
	35 56						



\* Strike out whichever inapplicable.

ASSIGNED PAY. \* ENGLAND OR CANADA. SEPARATION ALLOWANCE. \* ENGLAND OR CANADA.

NAME:- *ALS BURY James*

EFFECTIVE DATE:- *1-4-17 Stopped 1/5/18 CR*

EFFECTIVE DATE:-

NUMBER:- *1015438*

AMOUNT:- *20<sup>00</sup>*

AMOUNT:-

PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY. WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
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*Mrs A Alsbury  
325 Knox St  
New Westminster B.C.*

		<i>Pte</i>
		<i>25 SEP 1918</i>

UNIT AND TRANSFERS

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.

ORIGINAL UNIT:- *231 Pen*  
DATE ACCOUNT FIRST OPENED - *1-5-17*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED 'O
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	<i>1-11-17</i>		<i>72 Pen</i>
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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

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>1</i>	<i>-</i>	<i>10</i>	

PARTICULARS OF RENDERING NON-EFFECTIVE:- *Discharged to Canada 30/4/18 A.G. 5-1-22 5/4/18 Disposal*

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>Mar 31</i>	<i>Bal Fwd</i>								<i>37/16</i>		
<i>Apr</i>	<i>P. Pay</i>	<i>33</i>		<i>AP Canada</i>				<i>20</i>	<i>50/16</i>		
				<i>Dr AR 56 11/4 19 Res An</i>	<i>487</i>						
				<i>- - 306 17/4</i>	<i>973</i>				<i>3556</i>		
				<i>Apr Sailing #20 12/5/18</i>	<i>1460</i>			<i>20</i>			
					<i>3556</i>						
					<i>3556</i>						



W.A.C.R.S.

1015438 The Alsbury James app 20<sup>00</sup>

DATE	PAY			FIELD ALLOWANCE			WORKING OR SPECIAL PAY			ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS			
	No. OF DAYS	RATE	AMOUNT	No. OF DAYS	RATE	AMOUNT	No. OF DAYS	RATE	AMOUNT				1	2	3	4	1	2	3	4				CREDIT	DEBIT						
	MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.																			
			67 10			6 25				68 63																					
Nov					In AR 409 3/7 462 Bm -14 46																										
					AR 629 19/9 72 Bm -12 68																										
					asp			20																							
					Rem 7440 28/11 -19 73																										
					In AR 484 10/8 72 Bm -12 67																										
					In AR 342 3 1/5 15 1/2 Reson -19 73																										
					A.P.			20																							
1918			67 10		AR 538 2/8 72 Bm -12 68			40	57 53																						
Jan	P.P.		34 10		A.P.	38 20		20	71 63																						
Feb.	P.P.		30 80		A.P.			20	82 43																						
Inch	P.P.		34 10		A.P.			20																							
					AR 6951 4/2 Epom -19 73																										
					In AR 6431 27/2 " -12 43																										
					" 6982 22/3 Kinky Pk -14 87																										
					" 6763 13/3 " -12 43																										
					AR 7101 27/3 " -14 87			20	37 16																						
			42 86			68 13																									

Carried forward to Large Ledger sheet

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). Army Form B. 136.
7. Authority for continuance, or extension, of service (if any). Army Form B. 221.
8. Court of Inquiry on an injury (if any). (Army Form A 2.)
9. Regimental conduct sheet. (Army Form B. 120.)
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178.)
13. Medical report on invalid (if any). (Army Form B. 179.)
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103).
20. Employment sheet. (Army Form B. 2066).

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any). (Army Form B. 178).

Instructions as to the preparation, dispatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery.

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2070 or Army Form B. 264).
- (b) Character Certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office,

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

To be left blank Chelsea Number.

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>1015438</u>		Army Rank <u>P/2</u>
Name <u>Alsbury James</u>		<b>M H</b>
<small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority)</small>		
Corps <u>B.C.R.D.</u>		
Battalion, Battery, Company, Depot, &c. <u>231 M.P.</u>		
<small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &amp;c., or to General Staff of the Army, it should be so stated.)</small>		
Date of discharge <u>15<sup>th</sup> June 1918.</u>		
Place of discharge <u>Victoria B.C.</u>		
1. Description at the time of discharge.		
Age <u>26</u> years <u>X</u> months	Descriptive marks.	
Height <u>5</u> feet <u>X6</u> inches	<u>2 scars left side of head</u>	
Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.	<u>Two Vacc marks left arm.</u>	
Complexion <u>Dark</u>		
Eyes <u>Brown</u>		
Hair <u>Brown</u>		
Trade <u>Lawyer</u>		
Intended place of residence (To be given as fully as practicable) <u>325 Lancaster St. New Westminster B.C.</u>	<b>MD 11</b>	
<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small>		
2. The above-named man is discharged in consequence of <u>Pensioned</u> <u>Foray 1919 of</u> <u>a 95122 dated 5/1/18</u> <u>MD 11</u> <b>Being Physically Unfit for Further Service</b> <b>Under K. R. &amp; O., Can. 1917-874.10.</b> <b>Auth. Med. Board</b> <u>(App. A.D.M.S. 11. 8. 18)</u>		
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be denoted with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>		
3. Military character:—		
4. Character awarded in accordance with King's Regulations:— <u>Very good.</u>		
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.		
Oapt. <u>[Signature]</u> D. O. Discharge Officer/Commanding Officer		
Army Form B. 2068 has been issued to* <u>[Signature]</u>		

\* Strike out if not applicable.

[OVER.]

W.S.G. Comp. 3/2/19 B13

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class \_\_\_\_\_

6. Campaigns, Medals and Decorations

*3 months France*

Certificate of education .....

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) \_\_\_\_\_

(Date) \_\_\_\_\_

*M.A. Andrews*  
U. G. Discharge Section, District Depot, \_\_\_\_\_  
Commanding \_\_\_\_\_ Battn. \_\_\_\_\_ Regiment.

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) \_\_\_\_\_

(Date) \_\_\_\_\_

*J. Alsbury* (Signature of Soldier.)  
*W. Bradshaw* (Signature of Witness.)

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

9. Additional certificate in the case of a soldier who takes his discharge at his own request.

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

(Signature of Soldier.) \_\_\_\_\_

10. Statement of service.

Service towards engagement to *15.6.18* (the date to which the record of service is completed) *2* years *45* days.

Further service " " (the date of confirmation of discharge) ... .. " " "

Total ... *2* " *45* "

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for *15 June 1918* (date)

(Place) \_\_\_\_\_

(Date) \_\_\_\_\_

Signature *M.A. Andrews*  
U. G. Discharge Section, District Depot, \_\_\_\_\_

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

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

*None*  
*J. Alsbury*