REGIMENTAL DOCUMENTS

NAME BEER: Horace Walter REGT. No. 344006 UNIT 13th Bty. C.F.A. FILE No.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133 or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					CATEGORY
TRAINING HISTORY SHEET (M.F.W. 113)					
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)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					CATEGORY
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Medically
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					Unfit
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)					
CARDS					
PAY-SHEETS					

402502

W. 2589
Issue 1-28
4772-39-1877

Reports for March 17 to 31st C.E.F. 12 Battery

ORIGINAL.

Original

ATTESTATION PAPER.

No. 344006,

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Beer.
1a. What are your Christian names?	Horace Walter.
1b. What is your present address?	101 Arthur St., Ottawa.
2. In what Town, Township or Parish, and in what Country were you born?	Ottawa, Ont.
3. What is the name of your next-of kin?	Fred Chas. Beer.
4. What is the address of your next-of-kin?	101 Arthur St., Ottawa.
4a. What is the relationship of your next-of-kin?	Father.
5. What is the date of your birth?	
6 What is your Trade or Calling?	Shipper to Dom. Print. Co.
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?	G.G.F.G.
10. Have you ever served in any Military Force? If so, state particulars of former Service.	No
11. Do you understand the nature and terms of your engagement?	Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Horace W. Beer., 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.

H Beer (Signature of Recruit)

Date Mar 5/7 191 Lt D A McMurtry (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Horace W. Beer., 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.

Horace Walter Beer (Signature of Recruit)

Date Mar 5/7 191 Lt D A McMurtry (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 Ottawa this 5th day of March 191 7.

J W Shillington (Signature of Justice)

M. F. W. 23
750M—3-16
H. Q. 1772-89-341

Description of HORACE W. BEER. on Enlistment.

Apparent Age 18 years ..... months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5 ft. 10 ins.
Chest measurement: Girth when fully expanded	33 ins.
Chest measurement: Range of expansion	3 ins.
Complexion	FRESH
Eyes	BLUE
Hair	L. BROWN
Religious denominations: Church of England	X
Presbyterian	
Methodist	
Baptist or Congregationalist	
Roman Catholic	
Jewish	
Other denominations (Denomination to be stated.)	

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

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

Vision
R.E - 20/10
L.E - 20/10
Hearing
normal both ears

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 March 5th., 191 7 J. V. Shillington

Place Ottawa. C. H. Elliott Capt RAMC Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Horace W. Beer.

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.

E. C. Barrett (Signature of Officer)

Date March 5th., 191 7

CANADIAN EXPEDITIONARY FORCE

A

DISCHARGE CERTIFICATE

War Service Badge Class.....
No. 23,218 Issued

THIS IS TO CERTIFY that No. 344006 (Rank) Gunner

Name (in full) BEER, Horace, Walter enlisted in

the 75rd Battery, C.F.A.

CANADIAN EXPEDITIONARY FORCE at Ottawa on the 5th

day of March 19 17.

HE served in Canada, England and France

and is now discharged from the service by reason of ~~Demobilization.~~ Medical Unfitness. R.O. 1420.

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

Age	19 yrs, 8 mths	Marks or Scars	
Height	6 feet.		N I L.
Complexion	Fair		
Eyes	Blue		
Hair	Fair		

Horace Walter Beer
Signature of Soldier

R. V. Heatherott
Issuing Officer

Date of Discharge

Dispersal Station "G" Military District No. 3 MAR 26 1919

Captain.
Rank

Date March 25. 19 19.

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

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

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

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

Name (in full) ..... enrolled in

the .....

CANADIAN EXPEDITIONARY FORCE at ..... on the .....

day of ..... 19.....

HE served in .....

and is now discharged from the service by reason of

Demobilization.
Medical Unfitness.

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

		Marks or Scars
Age		
Height		
Complexion		
Eyes		
Hair		

Signature of Soldier

Date of Discharge

Issuing Officer

Rank

Date, ... 19.....

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

M.S.F. 39A.
(1919-D.T.-300M-11-18.
M.G. 1777-39-422.

N.E.J.

CHARGE.

Army Form B. 252.
(*See* King's Regulations.)

C. F. A.
G.C.S.H. 746
Gen. Bra. H.Q.

BATTERY
SQUADRON
TROOP or
COMPANY

CHARGE against No. 3HH006.

Place Burton

Date of Offence 8-12-18

OFFENCE (1) Overstaying Leave from noon 8-12-18 to noon 18-12-18 240 hours

(2) Prejudice to the good order and military discipline in that he attended his pass from 8-12-18 to 18-12-18

Names of Witnesses:— Rutledge 31st Dec/18

Documentary

Punishment Awarded Deprived of 10 days pay. Forfeits 10 days pay by R.O. 14 days C.B.

By whom Awarded Murray McLaren Col.

20/12/18

Commanding Battery, Squadron, Troop or Company.

Wt. 1604/P1206 4,600,000 7/18 M.&C., Ld. E3348.

PAY OFFICE.
OVERSEAS MILITARY FORCES of CANADA.
DISCHARGES.
25 JAN. 1919

PAYMASTER 2.

C.A.D. 5009 A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

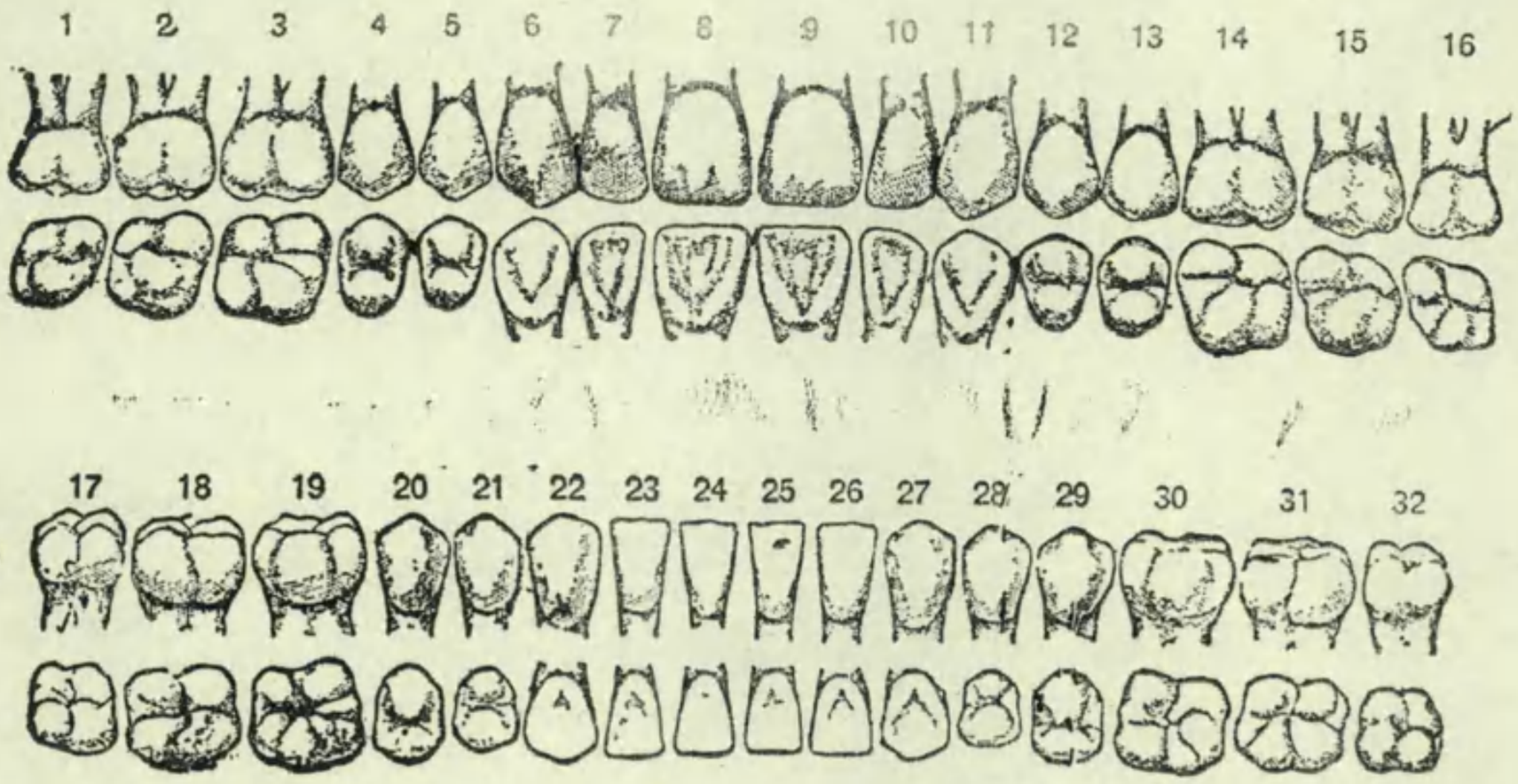
DIRECTIONS TO DENTAL OFFICERS

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.

NAME OF SOLDIER (Block Letters) BEER. H. W. 344006

REGIMENT C. F. A. RANK Gnr No. 344006

Date of Examination in England 3. 1. 19 | Date of Examination in France 344006



PRESENT DENTAL REQUIREMENTS

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

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

(a) In Canada
(b) In England } No
(c) In France

Signature of Dental Officer O. Macdonald Capt.

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps Draft 73rd Battery, C.F.A., C.E.F. to Reo'ality

Regimental No. 344006 Rank ~~Private~~ Gnr. C. E. F. Name Beer, Horace, Walter.

Enlisted (a) 5/3/17 Terms of Service (a) Dof War & ~~6 Mths.~~ Service reckons from (a) 5/3/17.

Date of promotion to present rank ..... Date of appointment to lance rank ..... Numerical position on roll of N. C. Os. .....

Extended ..... Re-engaged ..... Qualification (b) Civil: Shipping Clerk. Military: nil

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	4/28/17	
		Disembarked	England	5/7/17	
9-5-17.	O.C. Res. Brig.CFA.	Taken on strength.	Shorncliffe.	7-5-17	Ptll.No.129.
[illegible]-5-17	do.	Struck off strength on transfer to 7th Res.Battn.		18-5-17.	" No.139.
					Adjutant, Reserve Brigade, C.F.A.
MAY 23 1917 D.O. 7TH RESERVE BATTALION TAKEN ON STRENGTH FROM		Res. Bde. C.F.A.	Seaford	18-5-17	B.O. pt II - 123
26.8.17.	O.C. 7th Res.	S.O.S. to Res. Depot C.F.A. Sch'cliffe	Seaford	27.8.17	B.O. pt II 2 p.s. Struck off strength LIEUT. & ASST. ADJT. 7TH RESERVE BATTALION.
29.8.17	O/C 2 Bde CRA	T.O.S. 2 Bde CRA to 6 E Battry	S'cliffe	27.8.17	B.O. pt II 69 29.8.17

(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				
8.11.17	O.C. 2nd. Bde. CRA	Proceeded Overseas to C.F.A. France.	Witley	7.11.17	B Oft II 140
8.11.17	CCBO	Arrd. Reinf. Tons & Con. Arty Tod	Fields	8.11.17	NR. Ft Ho 106 of 11/11/17
11.11.17	do	Left for CCRC	Fields	11.11.17	NR (711)
do	CCRC	Arrd at CCRC	do	do	NR (59)
28.11.17	Daly	Posted to 2nd Bde C.F.A.	Field	3.12.17	CCRC nr d 3.12.17 (96) RR 481 Pn Ord 129.
"	"	108 2nd Bde C.F.A.	"	3.12.17	Pn Ord 194
8.12.17	2nd Bde	Joined Unit	"	5.12.17	B213
16-5-18.	45 Amb.	Synov. Knee L. adm	45 Amb.	16-5-18.	A36/2517.
do	46 do	do acc 16/5/18 to	do	do	A36/2538
20-5-18	56 Genl Hpl	do adm	56 Genl Hpl.	20-5-18.	W 3034/1533.
16-5-18.	2nd Bde C.F.A	Do Hospl.	N.S.	16-5-18.	B213
20-5-18.	45 Amb	Synov. Knee. L. 16/5/18 to	7 C.C.S.	19-5-18.	A36/2737.
do	7. C.C.S.	do Acc. to	A.T. 16.	20-5-18.	A36/2762.
29-5-18.	56 Genl	do do to	England.	29-5-18.	W 3034/2524.
30-5-18.	A.A.G.	Injured Accidentally. Not to Blame. No other person to Blame. In Performance of Military Duty.		13-5-18.	A.F.W. 3428. Bille K.D. 18/12036.
29-5-18	56. Genl Hpl.	Invalided (acc Inj) + posted to Can Arty Fight Depot. Witley	"A.T. PRINCESS ELIZABETH"	29-5-18.	A.F.W. 3082/5467 P II Q. 60

Chas. B. Maxwell
LIEUT. for LIEUT-COL. A.A.G.
A.A.G. Canadian Sections.

Sheet 11

Army Form B. 103. Regimental Number 344006

Casualty Form—Active Service.

Regiment or Corps .....

Rank ..... Surname Breen Christian Name Horace Walter

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...			
10-6-18	CaRd	TOS from 2nd Bde CFA	Wittley	29-5-18	PTO #161
		D D James			

(*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. 11814—M1188 1000m 1/17 (27227) S P & Co, Ltd. Forms B./103/4 E./354.

[P.T.O.

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				
	T O S.	25-1-19	Hosp. Sec. D.D. 3.		Pti HS. 32
26/3/19	S. O. S.	Discharged	Ottawa, 26/3/19		Pt. 2. Order 27/3/19
			R. C. Heatherington Major for O. C. Dispersal Area Station		

Department of Veterans Affairs

Ottawa 4, 19

TO Supervisor,
War Service Records, Ottawa.

Mark Your Reply:

For attention of

For attention of

SUBJECT

File No.

(1)

The Department is authorized to place a memorial on the grave of the above named. Therefore, will you kindly insert the particulars requested on this form and return it to this office.

Departmental Secretary.

(1) Service number 344006

(2) Surname Beer

(3) Christian names Horace Walter

(4) Date of Birth 30 July 1898

(5) Religion C of E.

(6) Unit of enlistment CFA

(6a) Highest corresp. rank Gnr.

(7) Units overseas CFA

(7a) Highest corresp. ranks Gnr

(8) Rank on day of discharge Gnr

(8a) Corresp. unit

(9) Military honours Nil.

---

(2)

Departmental Secretary,
OTTAWA.

The particulars have been added to this form and it is returned as requested.

Date .....

for Supervisor, War Service Records.

DVA 1001 (Rev. 2-61)

CASE HISTORY SHEET.

Hospital. Station.

No. 344006 Rank Pte Name Berr Horace Walter Age 19

Unit 48th Battery Completed years of service Where and how long } 7 months in France

Date of admission 29th Jan. 1919 Date of discharge

Diagnosis Synovitis left knee Place of origin England

CONDITION ON ADMISSION AND PROGRESS OF CASE

Knee injured 13th May 1918. Knee puffy and painful steady pain

Marched 8/19 this morn has been kept in bed. Knee condition does not appear to be very bad — very little swelling — allowed up can walk painlessly & limps only a little no swelling after being up and about for a few days — no accumulation of exudates.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE,

(and disposal made of case.) transfd to Sub. Depot No 2 for Discharge

Date 19-3-19

H W Beyts Capt.
Medical Officer i/c case.

M. F. B. 313a.
100M.—6-18.
1772—39-439.

a 17478

PUBLIC ARCHIVES RECORDS CENTRE

War Veterans Allowance District Authority

Address Ottawa, Ont.

Mark your reply:

For attention of:

Head,
Reference Section,
Public Archives Records Centre,
Ottawa 3, Ontario.

Re: Bell (Surname) Horace Walter (Christian Names) Service No. 344006

Veteran is stated to have served during WW I (State War or Wars)

in the following Units CFA

To enable this WAR VETERANS ALLOWANCE DISTRICT AUTHORITY to determine the eligibility of the above-named, will you kindly furnish the following particulars concerning his services:

1. THEATRES OF SERVICE

(1) South African War
Date and port of embarkation for S.A.

Date and port of disembarkation in S.A.

(2) World War I -- (If Canada only, state if with territorial limitations). Canada, Britain & France

If Canada and U.K. Only
Date(s) embarked for U.K.
Date(s) disembarked in Canada
Period(s) of desertion in U.K.

(3) World War II -- (If Canada only, state if with territorial limitations).

Date of embarkation

2. Date and place of all enlistments. 5 Mar 1917 Ottawa, Ont

3. Date of all discharges and reason. 26 Mar 1919 Medically Unfit

4. Date and place of birth as per attestation paper. 30 July 1898 Ottawa, Ont.

5. Marital status; if married, name in full of wife. Single

6. Any other military service. Militia

7. Decorations, if any. Nil

ARC-94(WVA-18)

Head, Reference Section.

II Original 344006

MEDICAL HISTORY SHEET. C of C. 29

Surname Beer Christian Name Horace

Examined on 5th. day of March 1917 at Ottawa.

Birthplace City or Town Ottawa. County Carleton.

Apparent age 18

Trade or occupation Shipper.

Height 5 Feet 10 Inches.

Weight 145. Lbs.

Chest measurement Minimum 30 inches. Maximum expansion 33 inches.

Physical development Good.

Small-Pox Marks None

Vaccination Marks Arm Right. Left. Number 0. 1

When Vaccinated last In childhood.

(a) Marks indicating congenital peculiarities or previous disease Nil.

(b) Slight defects but not sufficient to cause rejection Nil.

Approved by J. W. Shillington

Rank C. A. Elliott Capt.

Date.	Fit or Unfit.	Examined for Re-engagement.
		5 - JUN 1918 M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
10-4-17		C. A. Elliott M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
29-8-17		C. A. Elliott M.O.
2-4-17		C. A. Elliott M.O.
10-4-17		C. A. Elliott M.O.

Enlisted on 5th. *day of* March 1917 *at* Ottawa.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	73rd. Battery	344006	Good	March 5/17
Transferred to	E Battery 2nd CRA			~~7.8.17~~ 7-11-17

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Examiner Brockton	Nov 11/18	Synovitis of left knee	F.A.C. Wm Ralls captain

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.

200M—11-15.
H. Q. 1772 39 439.

Surname Beer Christian Name Horace

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
Kingston Ont. ESSEX COUNTY HOSPITAL COLCHESTER		29	9	18	~~19~~ 8	~~7~~ 8	~~18~~ 18	Kick l. knee Syn	~~10~~ 72	Transferred Woolwich P.R. Folsom.	H.C. Albuquerque.
McH Epsom		8	8	18	22	10	18	Synovitis lt knee ex kick W.O.D.	76	Trauma the Synovitis lt knee some infiltration thickening no sign of fracture movement of joint limited 1 M.S. Salines transfer to Granville Special Hospital for treatment.	[illegible]
Granville Can. Spec. Hosp Buxton Derbyshire		22	10	18	31/12	12	18	Synovitis Rt knee	71 63 52	30.10.18. Steady pain Rt knee - swollen - some fluid - grating - Synovial thickening marked atrophy Quadriceps. Rt Knee 1" larger A.P. 80°. C.R. 175°. marked limp.	[illegible] Lieut R.A.M.C.
No. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL		31 DEC 1919			3 JAN 1919			do		no improvement	
H. M. A. T. "ESSEQUIBO"		JAN 13 1919			JAN 25 1919			do	13	Condition Unchanged	W. A. Reader Capt R.A.M.C.
OHMH Kingston		28	1	19	29	1	19	Inflamation joint Lt knee	1	Trans to Elem Con Home	[illegible] Capt. A.M.C.

Exaggerated

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 3

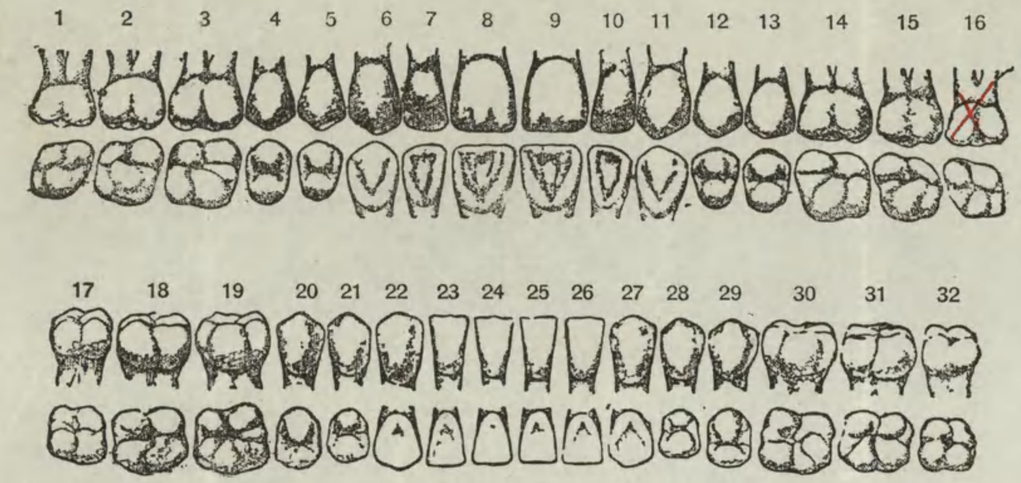
No. 344006

NAME OF SOLDIER Burr H. W.

REGIMENT C. T. C.

RANK Gnr

M.[illegible]465
150[illegible]-18
1772-39-950



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report, record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge from the Service.

	Date		Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	Prophylaxis	OPERATOR	Military District	REMARKS	
Condition on first Examination	1919											1/16										J. H. Bindy Capt		Cavities	
	Mar	18																						Extractions 3	
																								Received Certificate	

(9) Is your Father alive? Yes

If so, state name and address Frederick Charles Beer, 101 Arthur St Ottawa

(10) Is your Mother alive? Yes

If so, state name and address Elizabeth Beer, 101 Arthur St. Ottawa

(11) If your Mother is a widow —

Are you her sole support, or not? —

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

(15) Are you insured? No

If so, in what Company? —

Have you made arrangements for payment of your Insurance premium —

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

E C Barrett
Officer Commanding.

Date April 21st 1917

Original
H W Beer
344006

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins.....

(2) Regimental Number 344006

(3) Full Name of Soldier Horace Walter Beer

(4) Place of Birt Ottawa, Ont

(5) Are you married, or not? No

(6) If married, state,
(a) Full name of your wife —

(b) Present Postal Address.....

(7) Are you a widower? —

(8) Have you any children? —

If so, give number of boys and girls —

Also their names and ages —

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

DUPLICATE.

344006

C & G

MEDICAL HISTORY SHEET.

Surname Beer *Christian Name* Horace Walter

Examined on 5th day of March 1917 at Ottawa

Approved by C H Elliott Capt
R W Shillington
Rank Lt Col. A.M.C. M.O.

Birthplace City or Town Ottawa
County Carleton

Apparent age 18 years

Trade or occupation shipper

Height 5 Feet 10 Inches.

Weight 145 Lbs.

Chest measurement Minimum 30 inches.
Maximum expansion 33 inches.

Physical development good

Small-Pox Marks none

Vaccination Marks Arm Right. Left.
Number 0 1

When Vaccinated last In childhood

(*a*) Marks indicating congenital peculiarities or previous disease

(*b*) Slight defects but not sufficient to cause rejection

Date.	Fit or Unfit.	Examined for Re-engagement.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
10-4-17		C H Elliott M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
29-3-17		C H Elliott M.O.
2-4-17		C H Elliott M.O.
10-4-17		C H Elliott M.O.

Enlisted on 5th *day of* March 1917 *at* Kingston Ont

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	73rd Battery	~~344006~~	Good	March 5/17
Transferred to		344006		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.

200M—11-15.
H. Q. 1772 39-439.

Surname Beer Christian Name Kaye

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
Kingston	12-3-17										
Fleming Hosp Ottawa		29	1	19	19	3	19	Synovitis left knee	49	Transf to Sub. Depot No 3 for discharge	Hugh Sykes Capt

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
T 6057	344006	Gnr.	Beer.	Horace.
Year	**Unit.**		**Age.**	**Service.**
1918	2/C. D. A.		19	1 6/12

Station and Date.	Disease Kick to Knee. Synovitis
29.5.18 – 19.7.18	Kicked by a horse on Drag 12th 1918. Knee
ESSEX COUNTY HOSPITAL COLCHESTER.	became very swollen - painful.
	On admission knee swollen & tender especially
	on inner condyle. Some fluid in joint. Knee
	stiff.
	X. ray negative.
	20.6.18 Knee less swollen and not tender
	slight movement.
	R.C. Albuquerque.
	Essex County Hospl. Colchester

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

Wt. W 6604/M 2870—1,500,000—8/17—H. & Sp. (10938). Forms/I. 1237/12. (E239)

P.T.O.

Station and Date.	

Forms
I. 1237
12

Army Form I. 1237.

PA 74/305

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
T 3489	344006	Pte	Bee	A

Year	Unit.	Age.	Service.
	Canadian Field Art	19	1 7/12

CANADIAN SPECIAL HOSPITAL GRANVILLE REGISTRAR'S OFFICE 22 OCT 1918 BRIXTON

Station and Date.

Disease Syn. L. Knee

Occupation — Royal Mint (Ottawa)

Date of enlistment 5-3-17

Came to England 2-5-17

Went to France 7-11-17

~~Wounded~~ Date of accident 13-5-18

Hosp in France 46 C.F.A. 7th C.C.S. 56 General Hosp

Kicked on outer side Lt Knee by horse 13-5-18 Synovitis Lt Knee joint no fractures splints and plaster casts applied

Present Condition. Complains of steady pain in Lt Knee joint which is swollen no signs of fluid. A.G.F. 80° A.G.E. 175°. Lt marked grating on movement. Walks with marked limp and uses two sticks. Marked nervous temperament.

J. F. Weir Capt

Knee hot - Some fluid present + some synovial thickening.

RK. 16 LK 15½ ie small.

Marked atrophy of quadriceps.

AFB 129. 9.4.C

Apply back splint & quadriceps bandage

EXAM. MED. BOARD
4 - NOV. 1918
G. C. S. H.

EXAM. MED. BOARD
11 NOV. 1918
G. C. S. H.

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

(44502) Wt.W 11203—M 1150. 1,450,000. 6/12 16. C.F.&S. Forms/I. 1237/12. (E239).

P.T.O.

Station and Date.	

OVERSEAS

No. 2 Division.

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	344006	Gnr.	Beer	H.

Year	Unit.	Age.	Service.
1918	6. S. A.		

Station and Date.

M.C.H.

EPSOM.

Disease Synovitis left knee acc. inj.

9-8-18

Traumatic Synovitis left knee. Some infrapatellar thickening. No sign of fracture. Movements as joints limited.

Massage + No Duty

16-8-18 Knee slightly swollen CO

18-8-18 CO

26-8-18 CO

30-8-18 For board. Physical very limited not improving.

9.9.18 Adm Convalescent Hosp Epsom S.A.B.

13-9-18 off Massage CO No Duty

18/9/18 C.O.

23/9/18 C.O. R.S. & N.D.

30/9/18 C.O.

10.10.18 Adm Brecknock transfer to Granville Special Hosp

No 5 Ch. H 31/12/18

Condition unchanged

W A Readwin Capt.

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

(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.	

Form R 122.
2363—100M—9-1-16

LTR

Rank | Name BEER, Horace Walter | Reg'l No. ~~[illegible]~~344006

Dft.73rd Bty. to Res.Arty | If in perm. Corps, What Unit? | Married or Single Single.

Unit

Place and Date of Enlistment Ottawa, March 5th, 1917. | Place of Birth Ottawa.Ont.

Name and Address, Next-of-Kin Fred Chas.Beer

101 Arthur St, Ottawa. | Relationship Father.

Assigned Pay Monthly $ | Payable to

Relationship

Separation Allowance $ | Payable to

Relationship

Discharge, Date and Place | Reason | Character

N/ R.B. No 7662.
File R.L.
Category Can M.U.

H. W. & V., Ld.—9546-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
		APPROVED IN ENGLAND 7 5 17 S/S. OLMPIC			
9.5.17	Res Bde	205 on arrival in Eng'd	Sellk	9.5.17	P.R.O. 229
19.5.17	"	SOS to 7th Res Batt	"	18.5.17	229+121+123. 7th Res Bn
27.8.17	7th Res.	SOS to Res. Bde. Arty (2)	Seaford.	27.8.17	P.R.O. 205+2 Res Art. 69. d/29.5.17
8.11.17	2nd Res. Arty	T.O.S proceeding Overseas	Witley	7.11.17	P.R.O. 140
11.11.17	Arty Pool.	T.O.S. on arrival in France.	Fmr. Field	8.11.17	" 106
17.12.17	2nd Bde.	T.O.S. from Arty Pool.	"	3.12.17	" 194 + Arty Pool. 129 d/16.12.17
6-6-18	do	Inv. acc. Lyg + Posted to CARD.	"	29.5.18	P.R.O. 60 + P.R.O. 161 d/10.6.18 CARD.
		AWB 124 applied for. 20.12.18		Absent from 7.1.19	
18.1.19.	"	Invalided to Canada.	" Liverpool	13.1.19.	C.L.B. 452.

Re!

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.				
27/19.	Cary.	SOS having been invalided to Canada.	Witley	13/19.	Do 27.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2. Elizabeth Beer (Assignee)

L. L. Job 5470—Req. 6888.

PAYMENTS.

Name of Soldier Beer Horace W.
344006 Gr. 73rd Battery.

Month.	Year.	Cheque No.	Amt.	Remarks.
			$20.00 May 1917.	MAY 1917
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May		I 12564	20	
June		E 17439	20	20 Ln
July		G 19828	20	100 B.
Aug.		J 27445	20	6
Sept.		I 34162	20	6 100
Oct.		Q 46618	20	120
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

CX

CANADIAN
ASSIGNED PAY AUDITED
AUDIT CLERK
DATE 14.5.19

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.					

L. L. Job 4503.—M. & D. 6832

ASSIGNED PAY.

MILITIA AND DEFENCE

ASSIGNED PAY.

M. F. W. 11.
50m.—6-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Mrs. Elizabeth Beer

Address 101 Arthur St., Ottawa, Ont.

Relation to Soldier wife, child or mother } Wife

20th May 1917.

MAY 1917

Name of Soldier Beer Horace W.

Regtl. No. 344006

Rank Gr.

Corps 73rd Battery

To what Corps belonging when called out }

PAYMENTS

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

CONSOLIDATED ACCOUNT 2

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

B

Date of Assignment

4442 May 1/17.

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

20.			

PARTICULARS OF SEPARATION ALLOWANCE

No. 344006

Rank Gnr. Promoted Reverted Discharge

Soldier's Name Horace W. Beer.

Battalion 73rd Battly.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Elizabeth Beer.

Address 101 Arthur St. Ottawa Ont.

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Oct 31-17			120	120		
Nov	Z 51142		20	20		
Dec	D 58754		20	20		
1918 Jan	O 65617.		20	20		
Feb	B 99165		20	20		
Mar	A 95480		20	20		
Apl.	K 8295		20	20		
May	E 5977		20	20		
June	D 14197		20	20		
July	X 28454		20	20		
Aug	B 33418		20	20		
SEP	B 38347		20	20		
OCT	B 43320		20	20		
NOV	A 59530		20	20		
DEC	B 68824		20	20		
JAN	D 70856		20	20		
			420	420		

A/c Closed 31-1-19

Ret'd per Essequibo

26/1/19 F.X. 30/1/19

1205-H-16
M.D. 3.
M.O. 62494

CW Canefield

CANADIAN
ASSIGNED PAY AUDITED
W Blair
AUDIT CLERK
DATE 14 5 19

CONSOLIDATED ACCOUNT

M. F. W. 128
400M.—6-17—172-39-1141
L. L. 22350—M. & D. 7593.

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

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7693.

*Name BEER Horace Walter Rank Gnr. Regtl. No. 344006

Fyle Depot 3-B-783

Original unit 73rd Bn. Present unit 48th Bn. M. or S. ✓ Age 19 Religion C.E. Ref. H.Q.

Port, ship, and date of arrival "Essequibo" Halifax 25-1-19

Next of kin Mrs. F.C. Beer (Mother) 101 Arthur St., Ottawa, Ont

Address on leave Same.

Address on discharge

Transportation issued Yes No ✓ Date Character on discharge

Previous occupation Royal Mint Empl'E Date and place of enlistment 5-3-17 Ottawa, Ont.

Diagnosis Synivitus. Date of Medical Boards

Local Card No. 3 District Depot

Date. T.C.S.	Remarks From Clearing Depot	Pt. 2 Order No.
28-1-19	Posted to Hosp. Section: Queen's	HS 32
29-1-19	Granted leave with subsistance to 12-2-19	HS 32
29-1-19	Transferred from Queen to Lemmy	HS 33
19-3-19	Transferred to Sub Depot	HS 79

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

(over)

Date.	Remarks.	Pt. 2 Order No.
19-3-19	T.O.S. Sub-Depot DD3 from Fleming	SD79
~~26-3-19~~	~~S.O.S. Discharged R.O. 1420~~ Cancelled SD94	~~SD86~~
26-3-19	S.O.S. Discharged RO 1420	SD86

M.F.W. 192
150M—6-18.
1772-39-1243.

D M S. 1300 50M-21-1 17.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
BEER	H.W.	344006.

RANK	UNIT	CO.	TROOP	BATTY.
Gnr.	CA. 2B.			

HOSPITAL	DATE OF ADMISSION
44 FLD.AMB	16-5-18
1. Y. L. L. S.	HOSP. 19-5-18
56 G H Etaples	20.5.18
2. Gen Mil Colchester	HOSP. 29.5.18
Woodcote Pk. Epsom	9.8.18
3. Granville Can Spec Buxton	HOSP. 23-10-18
4. 5. Can. Genl. Liverpool.	HOSP. 1.1.19.

DIAGNOSIS

1. Syno.Lt.Knee. Acc. at

2.

3.

A.M.D. 2 DEPT.

Bch. of D.G.M. D.M.F.C. London.

DISPOSITION	DATE
CL. 23-5-18. A249.	
25-5-18 A251	
28.5.18 A253.III	
4.6.18 A259-1	
13.8.18 B318(2)	
24-10-18 B381-2	
3.1.19. B.430.	
18-1-19 B452²	

REMARKS

Inv. to Canada. 13.1.19.

EPITOME OF HOSPITAL TREATMENT

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

CARD NO. 3 4

SURNAME. Beer,

CHRISTIAN NAMES Horace Walter.

FOLL. 26-3-19 26-3-19 29-3-19

REGL. No. 344006 RANK Gr.

UNIT 73rd. Bty. C. F. A. (2nd. R.D.)

FORMER CORPS C. C. F. C.

NEXT OF KIN.

NAMES IN FULL Beer, Fred. Charles

RELATIONSHIP TO SOLDIER Father

ADDRESS 101 Arthur St., Ottawa, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada. Ottawa. Ont. DATE July 30th 1898

PLACE OF ATTESTATION Ottawa. Ont. DATE Mar. 5th 1917

R/C 26/1/19. 257/72 3 Gen

L. L. 10437. M. & D. 7253. M. F. W. 22. 100M.—11-16. H. Q. 1772-39-339.

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Shipper RELIGION Church of England

to Dom. Print. Co. DESCRIPTION.

APPARENT AGE 18 YEARS 6 MONTHS

HEIGHT 5 FEET 10 INCHES

CHEST MEASUREMENT 33. INCHES EXPANSION 3 INCHES

COMPLEXION Fresh EYES Blue HAIR Lt. brown

DISTINGUISHING MARKS Not stated

MEDICAL EXAMINATION. PLACE Ottawa, Ont. DATE Mar. 5th, 1917

Present Address. 101 Arthur St., Ottawa, Ont.

a-7-E
Fmb

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS

Number 344066 Rank Gnr

Surname BEER

Christian Name Horace Walter

Unit R.F.A. Theatre of War France

Date of Service 7-11-17

Remarks

Latest Address 141 Arthur St

Ottawa Ont

Roll No. B. Page 3436

NAME

REGT. No.

RANK AND UNIT

NEXT OF KIN

CABLE		NATURE OF CASUALTY
No.	DATE	

MAY 3 - 1918

G. 1 71224

M. F. W. 42—100M.—8-18.
H.Q. 1772 39-893.

Form R. 149.

Horace Walter

344006

Name BEER Rank Gnr Reg. No. ~~344006~~

Unit 2nd Bde C.F.A.

Next of Kin Lancia

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
16-5	44 Hd Amb	Syn	Shell L	a/249		30490
19-5	67 C.C.S	do	acc	a/251		30589
20-5	56 Gen Hpl Etaples		do	a/253		4A/1410
29-5	Gen Mil Hpl Colchester		do	B 259		19059
9-8	Mil Gen Hpl Cheam		do-acc	B 318		23690
23-10	Gran C.S. W. Buxton		do	B 381		29569
1-1-19	5 Gen Hosp Kirkdale		do	B 439		4174
13-1-19	Invalid to Canada ex do		do	B 452		6315

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

NAME Beer, Horace Walter

REGT'L. No. 344006

H. Q. FILE No. 649

RANK AND CORPS Gnr, 2nd Bde. C.F.A.

FOLLOWS NO.

FOLLOWS

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
WSM.102	29-6-18.	Suffering from synovitis knee, Mil. Hosp. Colchester.
wem107	6-7-18	Progressing satisfactorily

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
A 249	H 44 Stg Amb	16-5-18	(2B) Synovitis L Knee
A 25-1	H 7 Cas Clg Stat	19-5-18	Synovitis L Knee acc
A 253.	56 Gen: Etaples	20-5-18.	" " " "
B 359	Gen Mil., Colchester	29-5-18	Syn Lt Knee Acc
B 318-2.	Gen Mill. Conv. Hd. Pk. Epsom	9-8-18	" " " "
10381 2	Granville Con Spec. Buxton	23-10-18	" " " "
B 429 (2)	5 Can. Gen. Liverpool	1-1-19.	Syn. Knee Lt. acc
B 452-(2)	Invalided to Canada	13-1-19.	" " " "

(2) LEDGER NO. 384 SERIAL NO. 29 a 77478.

REG. NUMBER 344006. NAME Beer Horace W

RANK Gnr. CORPS # 3 D.D. 48. Batty.

AGE 19. SERVICE 7/12 in France. & 7/12 C 1/12

NAME OF HOSPITAL Queen's Univ. Mil. PLACE Kingston

DATE OF ADMISSION 28-1-19

6/5 DISEASE Inflammation Rt Knee joint. Synovitis (2) Lt Knee

TRANSFERRED TO OTHER HOSPITALS Fleming Ottawa 29-1-19

OPERATION

DISCHARGED TO Wis 19-3-19. IN CATEGORY

M. F. W. 2553.
50m.—6-18.
1772-39-1332.

P. T. O.

REMARKS:

No. 344006 RANK Bdr. NAME Bees, H. 8S.

T. O. S. 5-3-17 D.O. 720 of 14-3-17. UNIT 73rd Battery C. F. A.

M. D. 3.

PAID FROM.	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Mar. 5	1917 Mar. 31	✓		
apr		n		

Form DMS 1401.

T. 12585

Convalescent Hospital, Woodcote Park, Epsom.

11

A. & D. CARD

HOSPITAL.

AT

A. & D. No. PL. OF ACTION

RANK Gnr. REG. No. 344006 UNIT Can. F. A. 48 Bty. 2 Bde. SICK OR WOUNDED

NAME Beer H. AGE 19 RELIGION C of E.

PLACE IN HOSPITAL

DIAGNOSIS Synovitis Left Knee. (see Link W.O.D.)

8 - AUG 1918

ADMITTED FROM Essex County Military

DISCHARGED TO

TRANSFERRED Granville C.S.H. Buxton 22.10.18.

SERVICE AT HOME 1 6/12 IN FIELD 7/12

RESULTS

(See Document Card for M.H. Sheet and other Documents.)

P.T.O.

REMARKS.

9.8.18. J. E. Coy. Capt. C.A.M.C.

Traumatic Synovitis Left Knee. some infrapatellar thickening. Nature of Fracture. Movement at joint limited

16.8.18. Knee slightly swollen

30.8.18. For Board. Flexion very limited not improved.

9.9.18. Board recommends 1 months further Convl

10.10.18. S.M.B. advises transfer to Granville Special Hospital

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.)~~

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.)

With slight disability due to service.

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.

J. Gentlemen Lt-Col R.M.S. — President.

PLACE Ottawa, Ont.

DATE March 17th 1919.

W. D. Nolan 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.

President

PLACE

DATE

Members

APPROVED BY — J. Gentlemen Captain A. M. C. For A. D. M. S. Military District — Assistant Director of Medical Services. DATE 19/3/19

APPROVED BY — Director-General of Medical Services. DATE

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 Ottawa, Ont. DATE March 17th 1919

1. 1 (a) Unit 3rd District Depot (b) Regimental No. 344006 (c) Rank Private.

(d) Surname BEER (e) Christian name Horace.

(f) Home address 101 Arthur Street, Ottawa, Ont.

(g) Next of Kin Mrs. F.C. Beer (h) Relationship Mother.

(i) Address of Next of Kin 101 Arthur St., Ottawa, Ont.

2. Age last birthday 19 Date of birth July 30th 1899.

3. Enlistment, or Appointment (if an Officer) (a) Place Ottawa, Ont. (b) Date Mch. 5th 1917.

4. Personal description:

(a) Height 6' (b) Weight 175 lbs. (stripped) (c) Complexion Fair.

(d) Colour of hair Fair. (e) Colour of eyes Blue. (f) Identification marks, Scars, etc.

5. Former trade or occupation Student.

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

		Periods From	Periods To
Canada	C.F.A.	March ~~xxth~~ 1917	April 1917
England	C.F.A. & P.P.C.L.I.	April 1917	Nov.7.1917.
France or other theatres of War	C.F.A.	Nov.7.17	May 29.18.
	In Hospitals in England and Can.	May 1918.	Date.

7. Original disease, or injury Synovitis left knee.

(a) Date of origin May 13th 1918. (b) Place of origin France.

(c) Cause Kick on knee by a horse.

M. F. B. 227.
400M.—11-18.
1272-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, moderate, marked, etc; (*b*) Loss, complete or partial, of an organ or member, or of its functions; (*c*) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

Limitation of movement left knee slight in degree.

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

General condition is good. There is now no difference re measurements of knees or legs above and below knees-no swelling if left knee. He can flex left leg at knee to 10 degs past a right angle but no further-passively complete flexion is easily done. He walks with a slight limp. X Ray March 10th 1919 report states "no abnormal condition even about joint or bony parts in neighborhood-left ankle negative re findings. Subjective sympts:- Pain more or less constant in left knee-on walking pain in left ankle, slight lameness.

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

Nervous System No. Cardio-Vascular System No. (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System No. (Albumen and Sugar will be excluded.)

Special Senses No. Respiratory System No. Integumentary System No.

Disturbances of Mentality No. Digestive System No. Muscular System No.

Osseous and Joint Systems as noted. Any other general condition No.

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

Synovitis followed kick on knee by a horse-in knee was very marked after a period of bed treatment for four months-swelling and tenderness of left knee when admitted to Fleming Hospital Feb. 12th 1919. The knee condition has improved and beyond the limitation of movement at knee which is slight and the pain complained of there is very little disability.

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*).)

****

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

11.—(*a*) Did the disabling condition have its origin before enlistment? No.

(*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.)

*****

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? 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? In six months there should be no disability.

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

Hospitals in England and Canada.

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 Discharge.

J H Lawlaw
Medical Officer by whom the case is brought forward.
Capt. A.M.D.

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 Horace Bee 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

Horace Bee Rank.
Signature of invalid examined.

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

648-B-27514

11/9/29

War Service Badge Class. A

SHORT FORM.

PROCEEDINGS ON DISCHARGE. 23218 Issued

(Demobilization.) No.

1. No. 344006
2. Rank Gunner
3. Name BEER, Horace Walter
4. Unit 73rd Battery, C.F.A.
5. Date of Discharge 26-3-19 Place Ottawa, Ontario
6. Reason for Discharge MEDICALLY UNFIT
7. Authority M.B. D/17-3-19 R.O. 1420. 3DD 36
8. Proposed Residence after Discharge 101 Arthur St., Ottawa, Ont.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F.W.? B. 39.

H. W. Beer
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place wa, Ontario.

Date 6, 1919.

K 17-10-19

Medical Documents Forwarded to ~~S.C.R. or~~ B.P.C. on Date MAY 3 1919

Signature F. C. Heatherott Captain.
(O.C. Discharging Unit.)
for O. C. Dispersal Area Station G.

M.F.B. 218a—50M.-2-19 —1772-39-113.

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 344006 RANK Gnr. NAME (IN FULL) Beer, A. W. (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

B-982

PARTICULARS	EFFECTIVE DATE	AUTHORITY
	1 10/100	

ORIGINAL UNIT C.E.F. 73rd. Bty. | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY, $ 20 - | DATE EFFECTIVE 1. 2. 19

PAYABLE TO Mrs E Beer | RELATIONSHIP

ADDRESS 101 Arthur St Ottawa Ont.

ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE | DATE | REASON | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account							28	41	28	41																									28	41	
Nov					730		7	30	7	30							4	87	55	-			40	-							99	87	64	16			Credit Back to Nov 30/18
Dec	31	1 10/100	34	10		25			34	35																							29	91			DO 34 subs 15 days
Jan/19	31	1 10/100	34	10					34	10																									4	29	
Feb	28	1 10/100	30	80	12	-			42	90							27	09					20	-							47	09					J-008 J-407
Mch	19	1 10/100	20	90					20	90																									20	90	Transferred Sub Dpt Ottawa Do 79
			119	90	12	25	35	11																													

Greenshields 4 days 1st Dist Discharge.

Ler 167.85
Dr 146.06
cr 20.90 fwd

60m.-11-18 L. L. 51777. M. & D. 9585.

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL 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		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

AUDITOR | PAYMASTER

M. & R. S.

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

REGT. No. 344 606 RANK Pte. NAME (IN FULL) Beer, H. W. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
101 Arthur St		
Ottawa		

ORIGINAL UNIT C.E.F. 73rd Bty. — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 5-3-17 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 20.00 — DATE EFFECTIVE

PAYABLE TO Mrs. E. Beer, — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 101 Arthur St Ottawa

Canc. B-98

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Ottawa — DATE 26-3-19 — REASON Demob. — AUTHORITY Do. 86 — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.		C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. No. 1 NO.	DATE	COL. No. 2 NO.	DATE	COL. No. 3 NO.	DATE	CASH PAYMENTS COL. No. 1 $	C.	COL. No. 2 $	C.	COL. No. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.		C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					
March 31/19			#		24	10																															pr. S.S. Essequibo
April	-	-	-	-	35	00																															
					70	00			129	10			2210						123	60							550				129	10					6 Cloth uniforms, 1st & 2nd issue W.D.C.
																																					5 days of my entitled in error for month
			N.S.G.										M.W. Service Gratuity										N.S.G.										Balance				
153 days					350	00			350	00													70	00									280	00			Opt 2210 as above
																							70	✓					140		210						Nov 27/19 # 320361 ✓
																							70	✓					210	✓	140	✓					27/5/19 # 337020 ✓
																							70	✓					280		70	✓					26/6/19 938051
																							70	✓					350								27/7/19 # 963502
																											# 550										~~Paid to date of discharge~~
																																					Paid 550
Married 26/7/19	1932		~~26/7/19 to 26/3/19~~ 1st Allce @ 30/pm		50	✓																															
Marriage Certificate produced	Sep 15		Dep's portion hdy		150	✓	200	✓																													

No Overpayment. $550 above recovered as IFM

Voucher #41 Cheque # 8905 16/9/32 22.9.32.

To Mrs Henrietta Elizabeth Beer 1/2 Catherine Street Ottawa — 200 — 200 — Nil — Nil

Ewin A. Cooley
Lt.-Col.
Asst. Director Pay Services, M. D. 3

551

File ~~Leg~~ HQ 28-8-49.

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

34006

Beer Horace Walter

P. 859

Married or Single: Single

Place of Birth: Ottawa, Ont.

Name and Address of Next of Kin: Fred. Chas Beer,
101 Arthur St., Ottawa, Ont.

Relationship of Next of Kin: Father

Name and Address of Next of Kin:

Relationship of Next of Kin:

Separation Allowance Monthly $ Effective (Date)

Payable to

Relationship of Dependant

Casualties, Promotions, &c.

Particulars	Effective Date	Authority

Admissions to Hospital, &c.

Date Admitted	Date Discharged	V. or A.	Name of Hospital

Reg'l No. 344006 Rank Pte Name Beer. Horace Walter.

If in Permt. Corps What Unit Unit 7th Res Bn Transferred to 7th Res Bn Date 1.5.17 Authority DO 183 73.5.17

Draft From. 73rd Battery C.F.A. Draft No 5

Permanent Force Allowances Transferred to 2nd Bde C.F.A. Date 1-2-18 Authority #194

Place of Attestation: Ottawa, Ont. Transferred to Date Authority

Date of Attestation: 3/3/17 Transferred to Date Authority

Assigned Pay Monthly $20.00 Date Effective

Payable to Mrs. Elizabeth Beer, 101 Arthur St., Ottawa, Ont. Relationship Mother

Assigned Pay Monthly $ Date Effective

Payable to Relationship

Stop-Payment Form (Assigned Pay) Rendered (Date) Effective Reason

Discharge Date and Place To Canada 30-11-18 Reason and Authority

Account Transferred to Non-Effective Branch (Date)

Account Transferred to Officers' Pay Branch (Date)

Date	Pay No. of Days	Pay Rate	Pay Amount $ c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $ c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $ c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
											33 00	33 00									Balance from Canada							33 00				
May	31.	1 10	34 10									34 10.													20		20.	47 10				
June	30		33									33													20		20	60 10				
July	31		34 10									34 10	290 371	30.6							9 74 9 73				20		39 47	54 73				
Aug	31		34 10									34 10													20		20	68 83				
Sept	30		33 00 168 30								33	33 00 201 30	447 393 478	28.7 23.7 13.8							9 73 9 73 9 73 48 66				20 100 00		49 19 148 66	52 64				

Month	Particulars	CR. 1	CR. 2	Particulars	DR. 1	DR. 2	DR3	DR. 4	Balance	Deferred Pay	Sep. Allce. Eng.
Sept Bal		~~52 64~~							52 64		
								20			
Oct	PP	34 10							66 74		
		34 10						20			
Nov	"	33		AP Can				20			
				DR. aR. 2417. 6 ResArt. 30-8-17.	7 30						
		33			7 30			20	66 74		

344006 Pte. Beer H W

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 DATE	2 No.	2 DATE	3 No.	3 DATE	4 No.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
MONTH	PARTICULARS				CR.1			CR.2	PARTICULARS					DR.1	DR.2	DR.3	DR.4	BALANCE						MONTH	PARTICULARS		CR.1	CR.2	PARTICULARS			DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER-RED. PAY SEP. ALLCE. ENG.
					33				q.h.					7 30				20	66	74																
									ar. 2601	G Recd			12-9-17	9 73																						
									q.h.																											
									ar. 3060	"			7-10-17	4 87																						
									q.h.																											
									ar. 3321	"			8-11-17	2 43																						
									ar. Dr	3073	17/10		C.R.A.	9 73																						
See P.P.					34 10				" "	2734	24/9/17		"	9 73				20	50	00																
					67 10									43 79				40																		
Jan "					34 10				"	1106	8-12-17		2 Bde 4 A	4 46				20	59	69																
					34 10									4 46				20																		
Feb					30 80				A.P.									20																		
									ar 1253	19/1/18			2 Bde	3 57																						
									"	1204	5/1/18		"	4 46																						
									"	1148	28/12/17		"	3 57																						
									"	1315	4.2.18		"	4 46						54 43																
														16 06																						
					30 80									16 06				20																		
Mch	A.P.				34 10				A.P.									20																		
									ar 1429	9/1/18			2 Bde	3 57																						
									Dna Rlsa	9/1/17			1 Dnc	12 49																						
									ar Rlsa	5/3/18			2 Bde	4 46																						
									1 1146	20/3/18			"	3 57																						
														24 09																						
					34 10									24 09				20																		

44 44 H W Beer Pte

CANADIAN
ASSIGNED PAY AUDITED
Pay Clerk
DATE 14.3.18

P 820
12474 375 1—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	~~ENGLAND or~~ * CANADA.
EFFECTIVE DATE:-	1/5/17. Stopped 1 Dec 1918
AMOUNT:-	20.00
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 Elizabeth Beer. 101 Arthur St Ottawa Ont:	

SEPARATION ALLOWANCE.	* ENGLAND or CANADA.
EFFECTIVE DATE:-	
AMOUNT:-	

NAME: BEER. Horace. Walter.

NUMBER:- 344006

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Gnr

UNIT AND TRANSFERS

ORIGINAL UNIT:- Dfl 73 Bty.

DATE ACCOUNT FIRST OPENED - 1-5-1917.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			2 Bde CFA
SO 161 10/6/18	26/5/18	28/7/18	CRA
D to Canada	1-12-18	27-11-18	WE J
		17-2-19	CANADA SECTN.

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
Gnr	1 -	- 10		

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
4/11/18	9591	Buxton L:1	~~48 67~~				
12/11/18	10068	do L:10	~~48 67~~				
			53 54				
		P868 Issued Covering 6 7 30 D0351 17/12/18 CARD					

PARTICULARS OF RENDERING NON-EFFECTIVE:- 30/11/18: Discharged to Canada: Man 6 N/112 18/11/18 Balance £28.4

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mch	Bal fwd								44 44		
Apl	G.P.	33 -		A.P.				20 -			
				AR 28 4/4/18 2 Bde	4 46						
				" 78 21/4/18 "	3 57				49 41		
		33			8 03			20			
May	G.P.	34 10		A.P.				20 -			
				" 156 7/5/18 2 Bde	4 46				59 05		
		34 10			4 46			20 -			
June	--	33 -		A.P.				20 -			
				Hosp Rem 13882 Essex Otto Colch 13/6/18	9 73				62 32		
		33			9 73			20			
July		34 10		A.P.				20	76 42		
				H. Rem 19115: 13.7.18	9 73				66 69		
		34 10			9 73			20			
Aug.	G.P.	34 10		A.P.				20	80 79		
				AR 577 Epsom 9/8/18	9 73				71 06		
		34 10			9 73			20			
Sept	G.P.	33		A.P.				20	84 06		
				AR 1197 Epo. 9.9.18	4 87				79 19		
		33			4 87			20			
Oct	"	34 10		C.A.P.				20	93 29		
				AR 2406 9/10/18	4 87						
				AR 6532 18/10	19 47				68 95		
		34 10			24 34			20			
Nov	C.P.	33		C.A.P.				20	81 95		
				AR 10068 12/11/18 G.C.H. Buxton	48 67						
				" 9591 27/11/18 "	4 87						
				Inwards	53 54						

P.T.O.

P.878.

Reg. No. 344006 Rank Gnr.

Name BEER HW

Extract D.O. No. 27. Unit:- CARD Date:- 17.1.19

Struck off Strength of O.M.F. of C. on transfer to C.E.F. Canada.

Acted on 17.1.19

Ledger Ck.

Not Arrd

NUMBER 344006 RANK Gnr. NAME Beer H.W

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1/or.	Blot. Ford.	33 -			53 54		-	20 -	81 95		
				ACO 8/12/18 to Noon 18/12/18 = 10 days		11 00					
				C.O. 362 CARD 28/12/18					17 41		
1919		33			53 54	11 -		20			
Feby	Sick Furlough from 28/11/18 to 8/12/18 (10 days										
	1R G.C. Stk Bux 11/12/18 D0351 17/12/18	4 30									
	C.A.R.D								24 71		
		4 30									

CANADIAN
ASSIGNED PAY AUDITED
S. Smith
AUDIT CLERK
DATE 14. 2. 19