2024038 — **I.D. number / No. d'identification**

BURNS — **Surname / Nom de famille**

THOMAS. — **Given names / Prénoms**

ALIAS BRUSSO, NOAH

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu _____

«CONTENTS CONFIDENTIAL»
«CONTENU CONFIDENTIEL»

ARC-1048 (r. 87/05)

23-1-19 G.Mus.

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name BURNS THOMAS

Regt. No. 2024038 Rank 4 Sergt.

Corps 1st. Depot Bn. B.C. Regt. C.E.F. 52957

Demobilization

Reference # 2024038

BRUSSO Noah.

Box #1308

A0-1307

1

4-29

2-29

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 2

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge..... 1

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 1

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 1

M. F. W. 11. 1

A. F. B. 122. 1

M. F. W. 39a 1

M. F. W. 129 1

B.B.C Form 167-1

M. F. W. 62.
100m.—6-17.
H. Q. 1772—39—935.

[illegible] Battalion, B.C. Regt. C.E.F.
VANCOUVER, B. C.

ORIGINAL

EXPEDITIONARY FORCE

ATTESTATION PAPER.

No. 2024038

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	(ANSWERS.)
1. What is your surname?	BURNS, (ALIAS) BRUSSO,
1a. What are your Christian names?	TOMMY, NOAH,
1b. What is your present address?	142 North Cornado St, Los Angeles, California U.S.A.
2. In what Town, Township or Parish, and in what Country were you born?	Hanover, Ontario, Canada.
3. What is the name of your next-of kin?	Mrs Julia Verna Brusso,
4. What is the address of your next-of-kin?	142 North Cornado, Los Angeles, California U.S.A.
4a. What is the relationship of your next-of-kin?	Wife.
5. What is the date of your birth?	June 17th 1881.
6. What is your Trade or Calling?	Merchant.
7. Are you married?	Yes.
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes.
9. Do you now belong to the Active Militia?	No.
10. Have you ever served in any Military Force? If so, state particulars of former Service.	No.
11. Do you understand the nature and terms of your engagement?	Yes.
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	Yes.
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	No.
14. If so, what was the nature of the disability?	
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	No.
16. If so, what was the reason?	

1st DEPOT BN. C.M.R. MAY 24 1918 D.C. REGT.

CANADIAN Archives Copy

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Tommy Burns, (Noah Brusso), 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.

Tommy Burns (Signature of Recruit)

Date MAY 25 1918 191 . G Osmond (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Tommy Burns, (Noah Brusso), 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.

Tommy Burns (Signature of Recruit)

Date MAY 25 1918 191 . G Osmond (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

MAY 25 1918 VICTORIA, B.C.

before me, at ..... this ..... day of ..... 191 .

..... (Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of Tommy Burns on Enlistment.

Apparent Age 36 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 6½ ins.

Chest measurement: Girth when fully expanded ..... 44½ ins.
Range of expansion ..... 4½ ins.

Complexion ..... Dark .....

Eyes ..... Grayish Brown .....

Hair ..... Brown .....

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

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

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

Vision R: D. 20/20 L: D. 20/20
Hearing R. A2 L. A2

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* A2 for the **Canadian Over-Seas Expeditionary Force.**

MAY 28 1918

Date ..... 191 .

MOBILIZATION CENTRE VICTORIA

Place VICTORIA, B.C. .....

Medical Officer.

*Insert here "fit" or "unfit."

Pres. ---
Member ---
Member ---

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.

Tommy Burns (Noah Brusso) 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.

..... (Signature of Officer)
Major

MAY 28 1918

Date ..... 191 .

[illegible] Battalion, B.C. Regt. C.E.F.
VANCOUVER, B.C.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 2024038 (Rank) Sergeant

Name (in full) Thomas Burns enlisted in

the 1st Depot Battn B.C. Regt

CANADIAN EXPEDITIONARY FORCE at Victoria B.C. on the 25th

day of May 1918

HE served in Canada

and is now discharged from the service by reason of Demobilization

A.G. Telegram 7529 d 18. A 18.

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

Age 37 Years 5 mths

Height 5 ft 6½"

Complexion Dark

Eyes Greyish Brown

Hair Brown

Marks or Scars

COPIED Archives Copy

Tommy Burns

Signature of Soldier

Stf. Montgomery

Issuing Officer

Lieut-Col.

Rank

O.C. 1st Depot Battalion, B. C. Regt. C.E.F.

VANCOUVER, B.C.

Appointment

Date of Discharge November 27/18

Signed at Vancouver B.C. this Twenty seventh day of November 1918

in Military District No. XI

File Reference No. 34-B-860

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. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 2024038 (Rank) Sergeant Name Thomas Burns

Unit 1st Depot Battalion, B. C. Regt. C.E.F.
VANCOUVER, B.C.

Address on Discharge % Attorney Holland. Citizens Nat. Bank Bldg. Los. Angeles. Cal. USA.

Character and Conduct - Good -

Former Occupation Merchant

Special Qualifications of Value in Civil Life

Medals and Decorations

COPIED Archives CO.

Remarks

Signed at Vancouver B.C. this Twenty fourth day of November 1918

A.H. Markham
Name of Officer

Lieut-Col
Rank

B.C. 1st Depot Battalion, B. C. Regt. C.E.F.
Appointment
VANCOUVER, B. C.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER Brunn. DISTRICT

REGIMENT 1st Depot Battalion, B.C. Regt. C.E.F. RANK Pte. No. 2024038.

VANCOUVER, B.C.

M.F.B. 465
200M 1-17
1772-39 950

INSTRUCTIONS

ORIGINAL

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.

Original

	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
	1918																					
Condition on first Examination	June. 7.										10. 8.8.13. 14.17.18. 19.23.26. 30.								2-4. 7-9. 12-15. 23-26. 29-31.	Capt Davison 11.		Gowd k required
Nov. 25 1918.											2-4 7-9 12-15 5-20. 29-31.									J. Ewart Gee 11.		operative complete. O.K. for discharge.

M. F. W. 129.

50m —10-17.
1772—39—1142.

Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty.

☞ Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank Sergeant Name (Noah) Tommy Surname (Brasso) Burns

Unit of Corps 1st D. B. 16 Regt C.E.F. (If a soldier) Regtl. No. 2024038

Born at Ontario Canada on, (date) June 17 1881

Signature (for identification) Tommy Burns

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe. No

Weight 200 lbs. Colour of eyes Grey

Height 5 ft. 6½ in. Identification Marks Scar left face

2. NUTRITION AND DIATHESIS? Good

After searching enquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM? Is there a history of previous disability? No Normal

4. RESPIRATORY SYSTEM? Is there a history of lung trouble? No Normal

5. HEART?

Abnormal Sounds? No

Abnormal Size? No

Pulse Rate? 76 Intermittence or Irregularity? No Muscular Tone? Good

6. ARTERIES.—(a) Any hardening or nodulation? No

(b) Blood Pressure. —

7. DIGESTIVE SYSTEM? (Condition of teeth and tonsils to be included). No Normal

8. GENITO-URINARY SYSTEM?

Urinalysis—S.G.? 1020 Reaction? Acid Albumen? 0 Sugar? 0

9. SKIN, MIDDLE EAR, EYE or any other part? No Normal

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. No

11. Opinion as to the health and physical condition of the one examined? Fit

Examined at Vancouver B.C.

Date Nov 26/18.

Signed F. B. Lees Capt. M. O.

Signed Tommy Burns M. O.

Signature note of Soldier.

If any disease or impairment of health or physical condition is discovered or complained of by the soldier examined, this report should be sent at once to the O. C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding

CASE HISTORY SHEET.

V.G.H. annex Hospital. Vancouver Station.

No. 2024038 Rank Pte. Name Burns Thomas Age 36

Unit 1st Depot. Completed years of service Where and how long } C. 6/17.

Date of admission 24. 11. 18 Date of discharge 26. 11. 18.

Diagnosis Ulceration Gums (4553) Place of origin Canada.

CONDITION ON ADMISSION AND PROGRESS OF CASE

Caries of Teeth.
Operation performed by Lieut Gee - C.A.D.C.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT Extraction under anaesthetic.

(Especially any specific or special form)

CONDITION ON DISCHARGE, Good - all other systems normal -

(and disposal made of case.) Discharged to unit - fit

Date 26/11/18

J. H. Carson Capt
Medical Officer i/c Hospital

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

6982

DECLARATION OF DISABLED MEMBER OF FORCES
RE WIFE AND CHILDREN.

Form to be filled in and signed by a disabled man at the time he is medically examined for discharge and pension.

(Note:- At the time of medical examination this form is to be handed to the Officer or Soldier and when filled in is to be attached to completed M.F.B.227 or other form used for medical examination.)

I, No. 2024038 Sergeant
(Regimental Number) (Rating or Rank)

Thomas Burns
(Name in full)

1st. Depot Battalion B.C.Regiment C.E.F.
(Ship or Unit)

hereby declare as follows.-

1. That I am married and my wife is alive.
(Attached marriage certificate if possible.)
(If you are not married write the words "NOT MARRIED" on next line

2. And the following are the true particulars of my living children, boys under sixteen and girls under seventee years of age.
(Attach birth certificate if possible.)

Names of Children.	Sex.	Dates of Birth.	Place of Residence.	By Whom Maintained.
Patricia	F	b 4-3-12.	2139 Brandon St. Los Angeles. Calif.	Parents.
Margaite	F	1-8-13		
Helen	F	15-1-14.		
Mary.	F			

(Note:- If you have no children write the words "NO CHILDREN" across the above space.)

Thomas Burns
Signature of Officer or Soldier.

Witness: Lieut. Montgomery

Lt.Col.
O.C.1st.Depot Battn.B.C.R.C.E.F.

Note:- If the marriage and birth certificates mentioned above are not forwarded with this form you will be requested to secure and forward them at a later date. The certificates will be returned to you after perusal.

B.B.C.Form 167.

"NO CHILDREN"

(Affidavit that applicant is married and has no children.)

I, [illegible], do solemnly declare that I am married and have no children.

Sworn before me at [illegible]

this [illegible] day of [illegible] 19[illegible]

[illegible]

(Affidavit that applicant is married and has no children.)

I, [illegible], do solemnly declare that I am married and have no children under the age of sixteen years

M. F. W. 129.

50m —10-17.
1772—39—1142.

Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty.

☞ Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank Sgt Name ~~Bruno~~ Noah (Tommy) Surname Bruno (Burns)

Unit of Corps 1st D.B. B.S.L (If a soldier) Regtl. No. 2024038

Born at Centonia Co. on, (date) June 17. 1881

Signature (for identification) Tommy Burns

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe. no

Weight 200 lbs.

Colour of eyes Gray

Height 5 ft. 6½ in.

Identification Marks scar left foot

2. NUTRITION AND DIATHESIS? good

After searching enquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM? Is there a history of previous disability? no normal

4. RESPIRATORY SYSTEM? Is there a history of lung trouble? no normal

5. HEART?

Abnormal Sounds? no

Abnormal Size? no

Pulse Rate? 76 Intermittence or Irregularity? no Muscular Tone? good

6. ARTERIES.—(a) Any hardening or nodulation? no

(b) Blood Pressure. —

7. DIGESTIVE SYSTEM? (Condition of teeth and tonsils to be included). no normal

8. GENITO-URINARY SYSTEM?

Urinalysis—S.G.? 1020 Reaction? acid Albumen? 0 Sugar? 0

9. SKIN, MIDDLE EAR, EYE or any other part? no normal

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. no

11. Opinion as to the health and physical condition of the one examined? fit

Examined at Bustard Park Signed J B Bell Capt M. O.

Date Nov 26th 1918 Signed M. O.

Tommy Burns
Signature note of Soldier.

If any disease or impairment of health or physical condition is discovered or complained of by the soldier examined, this report should be sent at once to the O. C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding

0251A-J.30'

M. F. W. 2524.

1772-39-1293.

L. L. 50346—M. & D. 9520—30-10-18—50M.

No 2024038

Rank Pte

Name Burns T.

Bn.

S.A. A.P.

Dependant

Address

ORK

NC04.

28.8.20

The Ledger Sheet covering the above account has been passed to

NCO

Date 24/8/20

J Macjacques

Ledger-keeper.

M. D. 11
17-9-20

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

M. D. 11
No. 14

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

Regimental No. 2024038 Rank A/Sgt. Name Burns, Tommy

Corps 1st Depot Bn. B.C. Regt. CEF who was* Discharged

On Nov. 27th 1918, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Nov. 1st 1918, to Nov. 27th 1918, the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month	10	
Advances by Cheques No. Cash	8		Regt'l Pay 27 days at $ 1 c.	27	
No.			Field Allow. 27 days at $ c. 10	2	70
S.A.(increase) Sept 1 -Nov 27	12				
Assigned Pay and Sep'n Allce. No. S.A.	25		Separation Allowances* (Monthly)	25	
A.P.	15		S.A.(increase) Sept 1 e Nov27	12	
Other charges Regt. charges	2	50	Other Allowances* Clothing allce	35	
Payment on ~~xxxxxx~~ discharge No.	49	20	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	111	70	Total	111	70

*Give particulars.

A monthly stoppage of $ 15.00 (†) has BEEN (‡) been paid on account of Assigned Pay for the month of November 1918 and Sep'n Allce. ~~for month of~~ to ~~xxxxxxx~~ Nov. 27th 1918 (to) Assignee Mrs. Julia Verna Brusso

(Address) 516- North Lake St.
Los Angeles, Calif. U.S.A.

(†) 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 25-5-18

(2) if married and if a Separation Allowance Card has been submitted YES. YES.

(3) cause of discharge Demobilization authority A.G. T'm 7529 D/18-11-18

(4) authority ~~for transfer~~ DCO 11 MD.34-B-860, D/21-11-18

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 November 30th. 1918.

Place Vancouver, B. C. Hon. Capt.

1st Depot Bn.B.C.Regt. CEF. *Paymaster.*

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.

JW/R/332

M. F. W. 44.

300M.—2-18.
H. Q. 1772-39-903.

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 1st Depot Battalion, B. C. Regt. C.E.F. VANCOUVER, B. C.

Regimental No. 2024038 Rank Pte Name Burns Lommy Brusso Noah (alias)

Enlisted (a) 25. 5. 18 Terms of Service (a) C.E.F. Crs Service reckons from (a) 25. 5. 18

Date of promotion to present rank ..... Date of appointment to lance rank 15-6-18 Numerical position on roll of N. C. Os. .....

Extended ..... Re-engaged ..... Qualification (b) Civil Merchant Military.

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
15-6-18	O.C. 1st Depot	Appointed Lce/Corp.	Vancouver. B.C.	15-6-18	D.O. pt. 2 - 15-6 - 15-6-18
18-6-18	O.C. 1st Depot	Appointed Act/Corp.	Vancouver. B.C.	18-6-18	D.O. pt. 2 - 169 - 18/6/18
27-7-18	Do.	Appointed Act/Sergt.	Do.	27-7-18	Do. pt 2 - 208 - 27-7-18
21-11-18	D.C.O.11.M.D	S.O.S., 1st Depot Batt'n B.C. Regt. C.E.F.	VANCOUVER, B.C.	27-11-18	P.2.O. #332 - 28-11-18

Demobilization
Certified correct
B. Fletcher Lt & a/adj

COPIED Archives COPY

(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				

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

COPIED Archives CO-1

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

Casualty Form—Active Service.

Unit, Regiment or Corps 1st. Depot Bn. B. C. Regt.

Regimental No 2024038 Rank Pte Name Burns, Tommy (alias) Brusso Noak.

C. E. F.

Enlisted (a) 25-5-18 Terms of Service (a) Dofus Service reckons from (a) 25.5.18

Date of promotion to present rank 25.5.18 Date of appointment to lance rank Numerical position on roll of N. C. Os.

Extended Re-engaged Qualification (b)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
30-5-18	1 Depot Bn. B.C.R.	Taken on Strength.	Vancouver	25.5.18	Pt. II. D.O. # 100 (d.) 30.5.18.
28-11-18	-do-	S.O.S. on Demob.	Vancouver	27.11.18	Pt. II. D.O. # 332 (d.) 28.11.18.

D. Ritchie
Capt.
For D. of R.

(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				

No 4 Coy { Squadron / Battery / Company } 1st Depot Battn. B C R unit or battalion

MORNING SICK REPORT Nov 2nd 1918

Regt'l No.	RANK AND NAMES (Christian Name in full)	Age	Completed Years of Service: In Canada	Completed Years of Service: Overseas—Where and how long	Religion	Whether for duty a prisoner or defaulter	Married or Single	Disease	Medical Officer's Remarks and Initial
2 024038	Sgt. Tommy Burns	37	6	Mons		Duty			V M Annex
	Tooth extraction under anaesthetic.								

S B Peele Medical Officer

Orderly N.C.O.

M. F. B. 292.

J. Q. 1772-39-248.
200M.—6-18.

(OVER)

TO BE DISCHARGED FROM HOSPITAL TO-MORROW

Troop, Battery or Company	Corps	Regt'l No.	RANK AND NAMES

I, NOAH BRUSSO, of the City of Los Angeles, Province of Californmia. U.S.A., do make oath and say as follows:-

(1) That my correct and proper name is NOAH BRUSSO.

(2) That for business and professional Purposes, I have assumed the name of and wish to be known as "TOMMY BURNS"

Tommy Burns

Sworn before me at Vancouver. Province British Columbia, this twentyfirst day of June 1918.

Barrister J.P.

#2024038

M. F. W. 71—500M.—5 18.

Roman Catholic

NAME BURNS, Tommy (BRUSSO Noah) Merchant

REGIMENTAL NO. 20 24038 RANK A/sgt.

ENLISTED AT Victoria B.C. PROMOTIONS, &c. AND DATE

DATE May 25th. 1918

IF SERVED PREVIOUSLY. STATE UNIT. &c. . No

MARRIED, WIDOWER, OR SINGLE married

NEXT OF KIN Mrs Kilia Verna Brusso RELATIONSHIP Wife

ADDRESS OF 516 North ~~#~~ Lake Street ~~142 North Cornade,~~ Los Angeles. Calif. U.S.A.

ASSIGNMENT OF PAY $ 15 c. — TO Mrs Julia Verna Brasso (wife)

ADDRESS 516 North Lake Street Los Angeles Cal U.S.A.

SEPARATION ALLOWANCE, ENTITLED OR NOT (appl for)

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR Wife as above

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O. No.	 DATE	REMARKS IF IN HOSPITAL, NOTE NAME, &c.
25-5-18 I.G.S	150	25-5-18	
27-11-18 S.O.S	232	28-11-18	D. Discharged

Demobilization

A.G. telegram 7529 d/18-11-18

D.C.O. 11 M.D. 34-B-860 d/21-11-18

LEDGER NO. 6. SERIAL NO. 6982

REG. NUMBER 2024038 NAME Burns Thos. 22

RANK Sgt CORPS Depot

AGE 36 SERVICE 6/6-2

NAME OF HOSPITAL Military PLACE Vancouver

DATE OF ADMISSION 24-11-18

DISEASE Ulceration gums

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO 2-6-11-18 IN CATEGORY

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

P. T. O.

REMARKS:

H. Q. .....

M. D. No. 11

Surname Burns.

T. O. S. May 25 1918.

Christian names Tommy

D. O. Pt. II 1/50 of 30/5/18.

Regtl. No. 2024038. Rank Pte.

S. O. S. Dis 27-11 1918

Unit B. C. Regt. 1st Dpo. Bn

Reason Demob

Auth. W.O. 337-28-11-18

Next of kin .....

Relationship .....

Address .....

Also notify: .....

For further particulars see 2024.038. Pte. Brusso Noah B C Regt. 1st Dpo Bn

BORN—Place ..... Date .....

ATTESTED—Place ..... Date .....

O/S ..... R/C .....

W. 22—100M-7-18. 1772-39-839.

~~MILITARY SERVICE ACT, 1917.~~

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

1. Surname Birna(Bruno) Christian name Tommy.(Noah)

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule Volunteer

3. Consecutive number on schedule of men reporting for service (if he appears on it) USA

4. Address (including street and number, if any) 142 North Coronado St,Los Angeles,California,U,S,A.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the MAY 28 1918 day of 1917, by the undersigned medical board sitting at VICTORIA, B.C.

5. Age as stated 36 Years Months.

6. Apparent age Years Months

7. Height 5 Feet 6½ Inches.

8. Weight 220 Pounds.

9. Chest measurement (Minimum 40 Ins. / Maximum 44½ Ins.)

10. Complexion Dark. (Eyes Grey to Brown / Hair Brown.)

11. Physical development. Good (Good / Fair / Poor)

12. Smallpox marks Nil

13. Number of vaccination marks (Right arm 0 / Left arm 0)

14. When vaccinated last never

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

16. Slight defects but not sufficient to cause rejection

The man denies having had (Rheumatism / Tuberculosis / Syphilis) We find no evidence of past (Rheumatism / Tuberculosis / Syphilis)

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2

17. (a) Vision R. 20/20 L. 20/20

(b) Hearing. R. N L. N

J. J. Grant Capt President.

W. M. Reynolds Capt Member. G. S. Barrett Capt Member.

Signature of Man Tommy Bruno

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
27/5/18	u f Lulor	M.O.	22/6/18	u f Lulor	M.O.
		M.O.	28/6/18	u f Lulor	M.O.
		M.O.	20/7/18	u f Lulor	M.O.

MAY 28 1918

Joined day of 191 at VICTORIA, B.C.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment		2024038		28-5-18
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

N. B.—This sheet is 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.
300M.—10-17.
1772-39-439.

Surname Burns (Brusso) Christian Name Tommy (Noah)

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.
M. A. S.		21	10	18				Influenza		Mild	[illegible]
V.C. Manners		25	11	18	26	11	18	Carries Teeth	1	Extraction under Anaesthetic by D.P.S.O.	[illegible]

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

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

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

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

GBD 21.1.19

D.O. 28/11/1918 JMT

This space to be for numbers

Proceedings on Discharge.

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

No. 2024038

Rank A/ Sergeant #4

Surname Burns

Christian Name Thomas

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 1st Depot Battalion, B. C. Regt. C. E. F. VANCOUVER B. C.

Date of Discharge November 27/1918

Place of Discharge Vancouver BC

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 37 years 5 months.

Height 5 feet 6½ inches.

Complexion Dark

Eyes Greyish Brown

Hair Brown

Trade Merchant

Intended place of residence (To be given as fully as practicable.) c/o Attorney Holland. Citizens Nat. Bank Bldg. Los Angeles Calif USA

Descriptive Marks

H

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

A.G. Telegram 7529 d 18.11.18

D.C.O. 11. M.D. 34-B-860 d 21.11.18

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

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

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

- Good -

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

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

Merchant

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

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

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

(Place) Vancouver B.C. ..... H.J. Montgomery Lt Col

(Date) November 27th /18 ..... *Commanding* ..... 1st Depot Battalion, B. C. Regt. C. E. F. VANCOUVER, B. C.

8. **Certificate to be signed by the Soldier on Discharge**

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

(Place) Vancouver B.C. Tommy Burns (*Signature of Soldier.*)

(Date) November 27th /18 H.A. Durham (*Signature of Witness.*)

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

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

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

..... (*Signature of Soldier.*)

10. **Statement of Service.**

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

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

11. **Confirmation of Discharge.**

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

(Place) Vancouver B.C. ..... (*Signature*) H.J. Montgomery Lt Col

(Date) November 27th /18 ..... 1st Depot Battalion, B. C. Regt. C. E. F. VANCOUVER, B. C.

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.)

Nil

Signature. Tommy Burns

Witness H.A. Durham

(OVER)

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.

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier'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 soldier concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that 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 and Sons.

N/K Wife Julie Brusso - 2139 Branden st Los Angeles Cal.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

29-11-17

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN

MEDICAL HISTORY OF AN INVALID

STATION Vancouver BC DATE Nov 26/18

1. (a) Unit 1st Depot BCK (b) Regimental No. 2024038 (c) Rank A/Sgt
   (d) Surname Brusso (Burns) (e) Christian name Noah (Tammy)
2. Age last birthday 37 Date of birth 17th June 1881
3. Enlisted at Victoria BC on 28th May 1918
4. Personal description :—
   (a) Height 5 ft 6½ (b) Weight 200 (stripped) (c) Complexion Dark
   (d) Colour of hair Brown (e) Colour of eyes Grey (f) Identification marks Scar left face
5. Address after discharge (for the use of the Board of Pension Commissioners.) Hayward Hotel Los Angeles Cal
6. Former trade or occupation Running Health Resort
7. (a) Service — Years — Days 183

	Periods From	Periods To
Canada	28th May 1918	Date

   (b) Has he been Overseas? No
8. Present disease or disability (use authorized nomenclature if possible). No disability
   (a) Date of origin n/a (b) Place of origin n/a
   (c) Cause* n/a
   *(Here include original disease or injury)
9. Present condition. (Important, to be a full description of the present disabling condition or conditions).
   Has no complaints
   No disability

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

M. F. B. 227.

150M-6-17.
1772-39-117.

10. History ;
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

Scar on forehead and left face

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

—

12. Did the disability arise on or off duty? N.A.

13. Was a Court of Inquiry held? N.A.

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

Yes..... No..... N.A.

(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

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

(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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? N.A.

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

N.A.

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

N.A.

19. Can the former trade or occupation be resumed? Yes

20. Recommendations

Cut A's for disposal

J B Reilly 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.)

I, the undersigned Noah Brusso (Tommy Burns) have heard the description of my disability read, and am satisfied ~~(or not satisfied)~~ with it. (If dissatisfied, statement should follow.) I complain in addition of

Tommy Burns
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

21. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

Concurs -

22. Is the soldier fit for

(a) General service, (Category A) (Yes or ~~No~~). Yes
(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).

23. It is certified that the soldier

~~(a) Does require treatment.~~
(b) Does not require treatment.
(c) ~~Should pass under his own control.~~
~~(d) Should not pass under his own control.~~ Should not pass under his own control -

(Strike out condition not applicable).

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

placed in Category A. for disposal

J. Bullet Captain *President.*
J B Reilly } *Members.*

STATION Vancouver

DATE Nov 27th 1918.

APPROVED BY

DATE..... *Assistant Director of Medical Services.*

APPROVED BY

DATE..... *Director-General of Medical Services.*

PM file 3963

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 2024038 RANK Pte NAME (IN FULL) BURNS, T.

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 1st Depot Bn B.C. Regt. | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS c/o Attorney Holland
Citizen's Bank Bldg
Los Angeles, Cal

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE | DATE 27-11-18 | REASON | AUTHORITY | 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					✓ 1	00			✓ 1	00																									✓ 1	00	S.A. 25/5 - 30/7 undercredited July -/18 Obs #1

Certified that all payments have been made on this account for which covering authority has been received to date.

[signature]
Lieut.
Paymaster, Demobilization Pay
M. D. No. 11

200M-3-19.—L. L. 38786—M. & D. 9985.
M. F. W. 2596.
1772-39-1390.