

REGIMENTAL DOCUMENTS

NAME

BURTON

WADE NORMAN

REGT. NO.

339920

UNIT

C. I. A.

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

1/3 ATTESTATION PAPER (M.F.W. 23, 133, or 51) *2*

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DEPTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

1 MEDICAL EXAMINATION (M.F.W. 129)

1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

LAST PAY CERTIFICATE (M.F.W. 44)

1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

1 *cell 2009 a*

1 *M.F.W. 67*

1 *cell 3*

1 *a.g. 10410*

2 *a.g. 10412*

1 *R 149*

1 *misc*

1 *gas card*

M

H

53983

DEATH
Category *H*

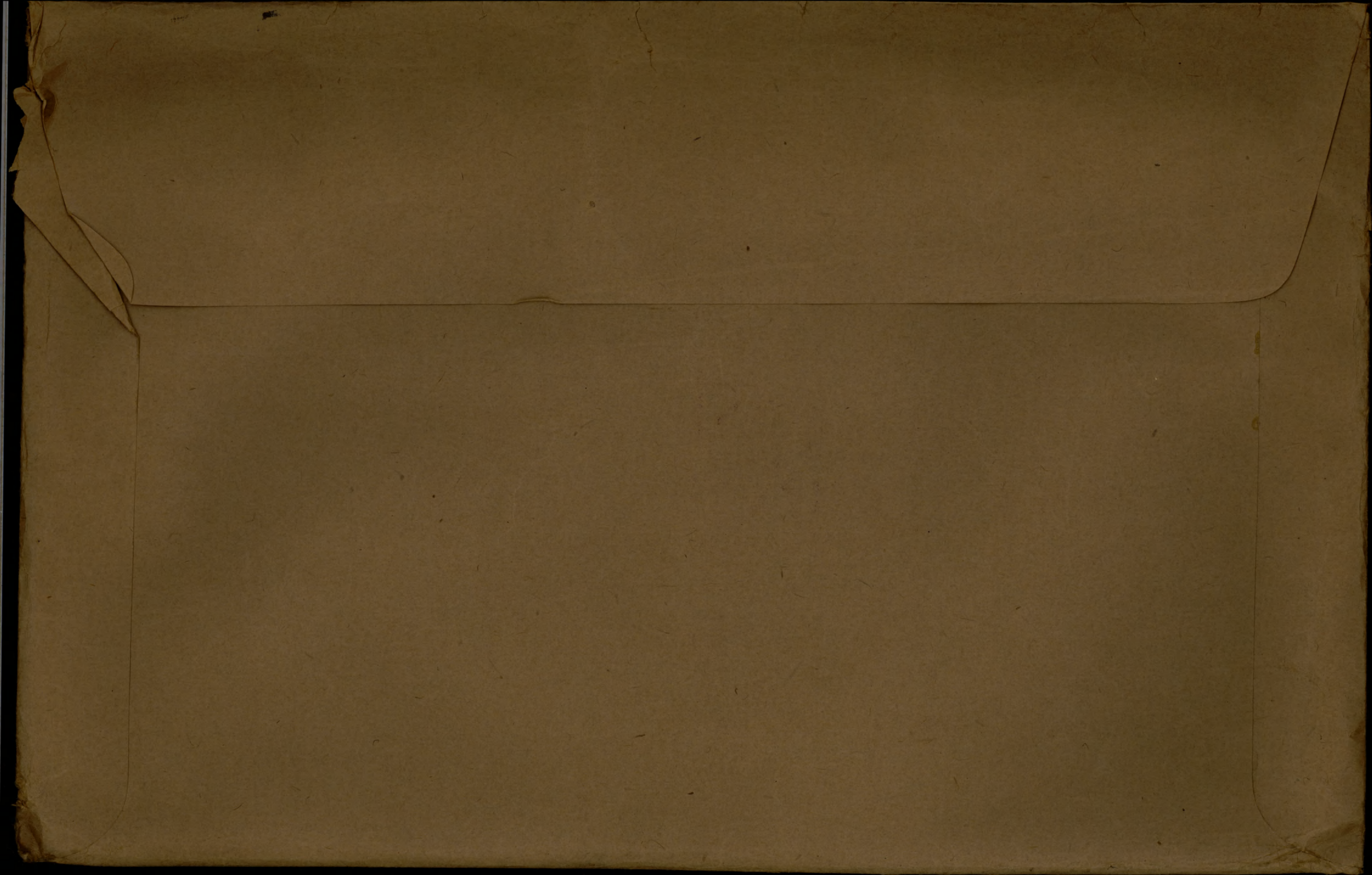
DISCHARGE

Category
Memor.

DESERTION

30-10
17-10
9-10
2

S



69th OVERSEAS BATTERY

ATTESTATION PAPER.

69th. Batt'y

Original

No. 339925

Folio.

4

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- | | |
|---|-----------------------------------|
| 1. What is your surname?..... | BURTON |
| 1a. What are your Christian names?..... | Wade Norman |
| 1b. What is your present address?..... | 7 Givens St. Toronto. Ont. Canada |
| 2. In what Town, Township or Parish, and in what Country were you born?..... | Toronto. Ont. Canada |
| 3. What is the name of your next-of-kin?..... | Agnes Burton |
| 4. What is the address of your next-of-kin?..... | 7 Givens St. Toronto. Ont. Canada |
| 4a. What is the relationship of your next-of-kin?..... | Mother |
| 5. What is the date of your birth?..... | August 8th. 1898 |
| 6. What is your Trade or Calling?..... | Clerk |
| 7. Are you married?..... | Single |
| 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... | Yes |
| 9. Do you now belong to the Active Militia?..... | Yes |
| 10. Have you ever served in any Military Force?.....
If so, state particulars of former Service. | Yes (Q.O.R. 2 mths. Pte) |
| 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, Wade Norman Burton, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date June 22nd. 1916. ¹⁹¹ W. N. Burton (Signature of Recruit)
C. M. G. Brown (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Date June 22nd. 1916. ¹⁹¹ W. N. Burton (Signature of Recruit)
C. M. G. Brown (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 Toronto. Ont. this 22nd. day of June 1916. ¹⁹¹

[Signature] (Signature of Justice)

Description of Wade Norman Burton on Enlistment.

Apparent Age 17 years 10 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

Height 5 ft. 4 $\frac{3}{4}$ ins.

Birthmark on R thigh
L toe L foot, slightly deformed

Chest measurement { Girth when fully expanded 34 $\frac{1}{2}$ ins.
 Range of expansion 3 $\frac{1}{2}$ ins.

Complexion Fair

Eyes Grey

Hair Brown

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date June 22nd 1916 1916

W. S. Bay
Lucas

Place Toronto. Ont.

Toronto Recruiting Depot
 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.

Wade Norman Burton 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.

W. S. Bay
 (Signature of Officer)

Date June 26th 1916

COMMANDING, 69th OVERSEAS BATTERY

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 339925 (Rank) GNR
Name (in full) Norman Wade Burton enlisted in
the C.F.A.
CANADIAN EXPEDITIONARY FORCE at Toronto on the 22nd
day of June 1916
HE served in no ASA France & Belgium
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:

Age 21

Height 5' 4 3/4

Complexion Fair

Eyes Grey

Hair Brown

Marks or Scars

Birthmark on
right thigh & toe
of foot slightly
deformed

W. Burton
Signature of Soldier

Blueson
Issuing Officer

Date of Discharge HAMILTON, ONT.

For Capt
O. C. No. 2 District Depot.
Rank

NO. 8
JUL 6 1919
DISTRICT DEPOT.

Date 6 July 1919

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.

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No.

(Rank)

Name (in full)

is

The

CANADIAN EXPEDITIONARY FORCE

Uniform is not to be worn after expiration of one month from date of discharge, except by special permission of G. O. C. District.

THE DESCRIPTION OF THIS SOLDIER ON THE DATE below is as follows:

Mark or Scar

Height

Complexion

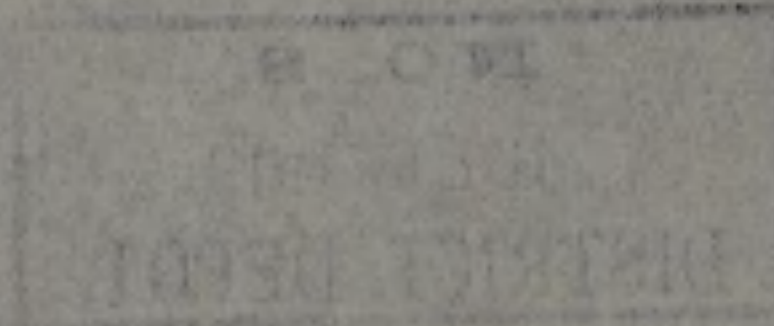
Eyes

Hair

Signature of Soldier

Issuing Officer

Date of Discharge



Date

This certificate will be issued only to those soldiers who are discharged from the Canadian Expeditionary Force and are returning to their homes in Canada.

Form No. 10
1918

Re. entry 25/3/19

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year.	Unit.	Age.	Service.	
Station and Date.	Disease			
11200 1919	339925	Vet	Dutton	W. H.
1919	C. J. A.		20	30/12
No. 16 CANADIAN GENERAL (ONTARIO) HOSPITAL, ORPINGTON, KENT.	Diphtheria (convalescent)			
Mar. 13/ #16 Canadian General Hospital Orpington Kent	Convalescent from Diphtheria on admission. Swabs negative from throat and nose no symptoms. Feeling fit. Chest Hospital and Heart normal. A Mackay Capt.			

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

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps 2^d Bde CFA Regimental Number 339925
 *Substantive Rank CPT. Surname Burton Christian Names Wade Norman
 *Acting Rank _____
 (* To be entered in pencil to facilitate alteration.)

W.S.D. CLASS "A"

(A) Report		(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date.	From whom received					
20/2/19	1495.		Diphtheria. adms	1495 14/14	20-2-19	W.3034/7743
16-2-19	3 Cdr 7. A.		Tonsillitis. 15	50 CCS.	15-2-19	A.6482/N 8727.
22-2-19	50 CCS.		Diphtheria adms	17-2-19 15	18-2-19	A6461/N 8183.
22-2-19	2 ^d Bde CFA		To hospital sick.		15-2-19	B-213
26-3-19		P.O. 24 of 1919.	Trans to Cdr Acty Pool.		26-3-19	
			<p><i>As ordered by Lieut Genl for Lieut Col AA G.</i></p>			
21.3.19	CARD	80	205 from 2 Bde	Wiley	13.3.19	
7/5/19	CARD.	NO. 127	505 to CCC Rlypl. Mtd 2	Ripon	6/5/19	
				<p><i>AS W Mackay</i> LIEUT. OFFICER i/o RECORDS,</p>		

To be folded on this line.

Nothing to be written in this margin.

W1889-PP1150 500,000 5/18 G.W.P.Co (3490)

Report
 Date From Rec
 2-8-17 1917

(A) Report Date	(A) From whom received	(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, &c.	(F) Remarks, and initials and rank of an officer
-----------------------	------------------------------	---	--	-----------------------------	---	---

21 Attached C.O.C. Kimmel Park for
 Return to Canada, Part II Orders
 No. 136
 O.C.C. Kimmel Park
 for Canada, Part II Order No. 136
 11 Wing,
 Kimmel Park Camp.

Nothing to be written in this margin.

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				
2-8-17	1st Bde CRA	S.O.S. from 2nd Bde CRA	S'cliffe	21-7-17	Pt II 42 ✓
11 SEP 1917	O.C. 1st Bde. CRA	S.O.S. to 1st. Edm. D.A.C.	S'cliffe	11 SEP 1917	N.S.O. Pt. II # 82 Adjutant First Brigade Canadian Reserve Artillery.
22.6.17	1st Bde.	S.O.S. to 2nd Res Art.	S'cliffe	22.6.17	Pt II do # 173 Lower Level for Pt Col/Records Comd.
11-9-17	C.G.B. Dep.	Arr'd. Reinf. Att'd. 1st	C.D.A.C.	11-9-17	N.R. Pt. II O.169 d/15-9-17.
15-9-17	do	Left Base for Unit.	Field.	15-9-17	N.R.
22-9-17	Unit	Arrived at Column.	do	16-9-17	B.213
21-9-17	A.H.Q.	Posted to 2nd Brigade.	do	11-9-17	18-73(14) Pt. II O.177 d/29-9-17.
"	"	Taken on 2nd Bde CRA	do	11.9.17	18.73-(14) Pt II Ord 148.
29.9.17	Unit	Joined Unit	do	23.9.17	B213
15-7-18	45th Amb.	P.O.O.	amb 45th Amb.	14-7-18	F36/5641
15-7-18	do	do	amb 45th Amb.	15-7-18	F36/5937
20-7-18	2nd Bde. C.F.A.	Do Hospital.	N.S.	14-7-18	B213.
† do	do	Rejoined from Hpl.	Field	16-7-18	B213.
24-8-18	do	Awarded 1st. Badge.	do	22-6-18	B213 P50.89.
23-11-18	do	Granted 14 days Leave to	U.K.	17-11-18	B213. P50.128.
21-12-18	do	absent without leave	do	1-12-18	B213.
28-12-18	do	Rejoined from do do	Field	24-12-18	B213.

CERTIFIED CORRECT
 CAN. RECORDS DIVISION
 22 SEP 17

PROCEEDED TO
 ENGLAND

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

Regimental Unit No. 70
R-17-22

1012

ORIGINAL

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

250M.—1-16.

H. Q. 1772-39-920.

W. S. B.
Class A.

Casualty Form—Active Service.

PETAWAWA ART. DFT.

Unit, Regiment or Corps 69th Battery, C.F.A., C.E.F.

Regimental No. 339925 Rank Gunner Name Burton, Wade Norman

Enlisted (a) June 22/16 Terms of Service (a) War + 6 mos Service reckons from (a) 12-6-16

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) Driver (Clerk)

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 Halifax		24.10.16	
		Disembarked Liverpool		5.11.16	
8.11.16	69th Battery Taken on strength	Rio Bde. C.F.A.	S. Cliffe	5.11.16	B.O. Pt II 0286
26					
2.6.17	Op 1st Bde CRA	T.O.S. absorbed from 1st Bde CRA	Sciffe	22/6/17	Bo Pt II 1 ✓
11-2-17 7-17	1st Bde CRA	T.O.S. to 2nd Bde CRA	Sciffe	11-7-17	Bo Pt II 20 ✓
7-17	OC 2nd Bde CRA	T.O.S. on posting from 1st Bde CRA	Shorncliffe	11.7.17	Pt II 0 21 ✓
7-17 26-2-17	OC 2nd Bde CRA	S.O.S. to 1st Bde CRA	Shorncliffe	21.7.17	Pt II 0 35 ✓

J. G. A. Stajutant
Reserve Brigade, C.F.A.

J. G. A. Stajutant
Reserve Brigade, C.F.A.

CAPT. & ADJUTANT,
2ND BRIGADE, CANADIAN RESERVE ARTILLERY.

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

Regtl. No., Rank and Name } 339925. Dr. Bunters

Age Corps

Disease Hospital 50001

To Officer i/c Laboratory. Ward

Please carry out an examination of the accompanying specimen of Throat Swab

with special regard to KLB

Nos. of previous Reports (if any)

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date 16/2/19

Capt James Rank

O. i/c

Ward.

LABORATORY REPORT.

Vincent's organisms present in films
KLB positive in culture

No. 19 MOBILE LABORATORY. No. 17/2/19 Date

G.A. Wyon Capt Rank

O. i/c Laboratory.

649-B-43577

~~MS~~

Number 339925-

Rank *Ynr P*

Surname BURTON

Christian Name Wade Norman

Units C-7-a Theatre of War France

Date of Service 11-9-17

Remarks

Latest Address 7 Givens St -
Toronto Ont

Roll No. B Page 20012

GRATUITY (IMPERIAL)

CHRISTIAN NAME

SURNAME

REG. No.

SCHEDULE No.

LINE No.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA

IMPERIAL DEPOT No.

DATE RECEIVED FROM REG. DEPOT.

DATE FORWARDED TO OTTAWA

DEPT.

DEC 15 1927

REG. No.

36125

SURNAME.

Burton

CARD NO.

20
2086719
1909-7-19
FOLL
25N

CHRISTIAN NAMES

Wade Norman

REGL. NO.

339925'

RANK

GA W.V.

UNIT

69th Bty. C.I.A. (Art. Draft).

FORMER CORPS

Q.O.R. (2 mths)

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Burton, Mrs. Agnes

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

*7 Givens St., Toronto,
Ont.*

COUNTRY OF BIRTH

Canada, Toronto, Ont.

DATE

Aug. 8th 1898

PLACE OF ATTESTATION

Toronto, Ont.

DATE

Feb. 22nd 1916.

PLC 7-7-19. 358
Juro
Co.

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

clerk

RELIGION

Ch. of England

DESCRIPTION.

APPARENT AGE

17 YEARS

10 MONTHS

HEIGHT

5 FEET

4^{*3*}/_{*4*} INCHES

CHEST MEASUREMENT

31 INCHES

EXPANSION

3^{*1*}/_{*2*} INCHES

COMPLEXION

Fair

EYES

Grey

HAIR

Brown

DISTINGUISHING MARKS

*Birthmark on R. thigh,
h. toe left foot, slightly deformed*

MEDICAL EXAMINATION.

PLACE

Toronto

DATE

June 22nd 1916

*Present Address; 7 Guinness St. Toronto
Ont.*

No. 339975 RANK

Gnr

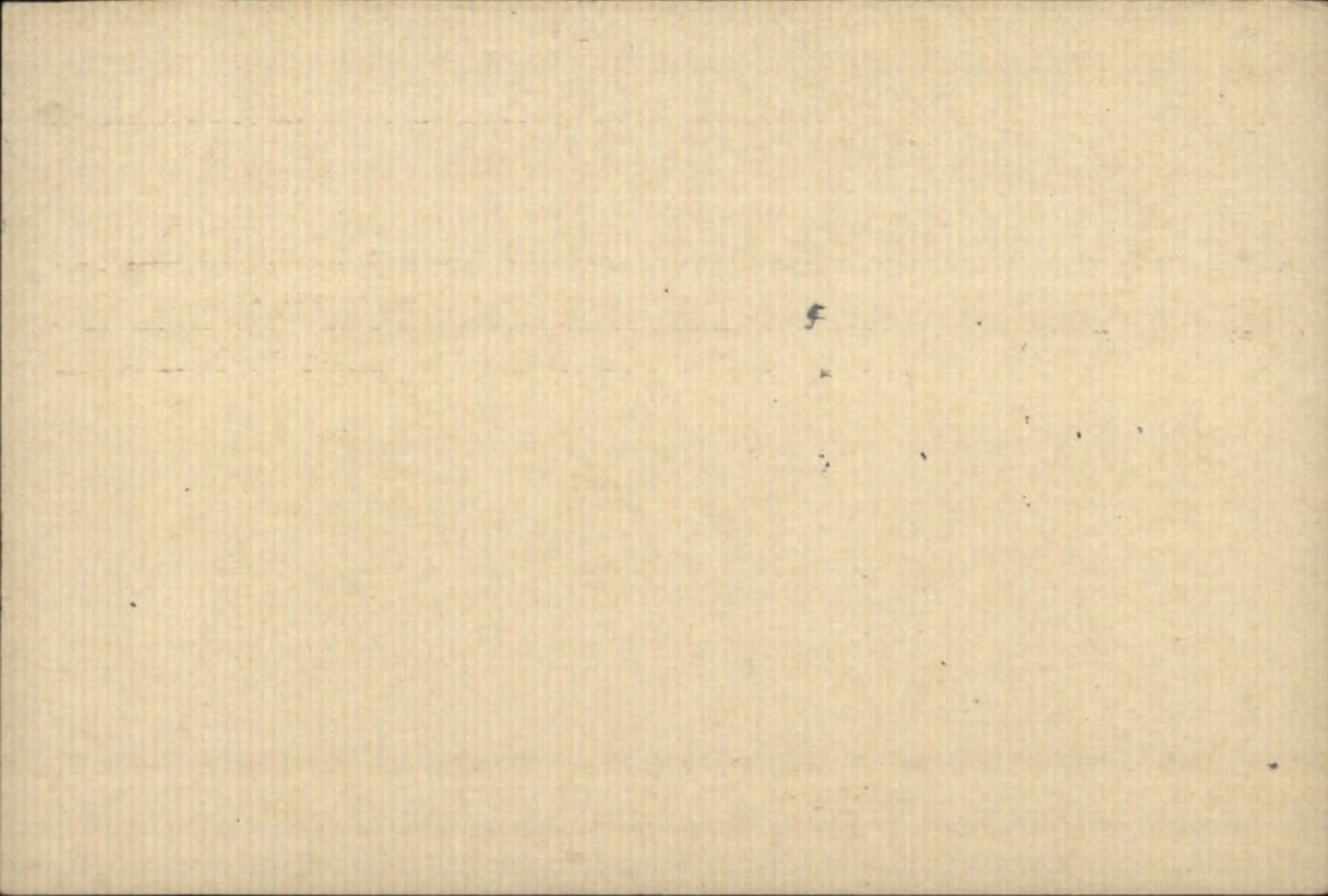
NAME Burton W^m

T. O. S. 22-6-16
20630-6-16

UNIT 69th Battery C F. A. (Depot.)

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1910	1916			
June 24	June 30	✓		
July		✓		
Aug		✓		
Sept		✓		
Oct.		✓		
			Transfd to O Seas 21-10-16	20100 21-10-16.



Wade Norman

Name **BURTON** Rank **Sm**

Reg. No. **339925**

Unit **2nd Bde C&C**

Next of Kin **Canada**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
14.7	45 Adams	7A	Pluo	a/298		33414
15.7	Sick ^o to duty		do			Per 33858
20.2	14 Sky H. 15 Doque		Diphtheria			45141.4
12.3	16 6 th Drington		Rev	9486		85.39
25.3	Discharged		do	3502		2445
25.3	WP on 6.4 to 6 RA Wuty		do	352		
				Only 5713		

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
4298	#45 St. Louis	14-7-18	(2B) P u
4307	Diseh	15-7-18	"
4486(4)	14 th St. Boulogne	20-2-19	diphtheria (severe)
3502	16 G. Gen. Orpington	13-3-19	"
2512(4)	" " " " Ris	25-3-19	"

NAME

Dupton W.

REGT'L No.

339925

RANK AND CORPS

1st Lt. Cavalry

H. Q. FILE NO. 649.

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

BURTON

W. N.

339925.

RANK

UNIT

Co.

TROOP

BATTY.

Gnr.
HOSPITAL

CA. 2YB

DATE OF ADMISSION

45 FA.

14-7-18.

1.

HOSP.

20-2-19

2.

OSP.

13-3-19

3.

HOSP.

4.

HOSP.

PUO. R.

DIAGNOSIS

1.

Diphtheria Ser. R.

2.

3.

DISPOSITION

CL. 20-7-18. A298.

DATE

31. 7. 18. A307.2.

Disc 15:7.18

REMARKS

27-2-19. 24864.

Dis. 25:3.19.

18.3.19. B502

29.3.19. B512'

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

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

CLINICAL CHART.
(To be attached to Case Sheet.)

Army Form B. 181.

Corps _____

Military Hospital _____

No. _____ Rank and Name _____

Age _____ Service _____

Disease _____ Date of admission _____ Date of discharge _____ Result _____

Dates of Observation																													
	Days of Disease																												
Temperature Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
	A.M.P.M. A.M.P.M.																												
107°																													
106°																													
105°																													
104°																													
103°																													
102°																													
101°																													
100°																													
99°																													
98°																													
97°																													
Pulse per Minute																													
Respirations per Minute																													
Motions per 24 hours																													

Signature _____ In charge of case.

Christian Name Wade Norman
 Christian Name Burton
 Surname

STATION	Date of Arrival at the Station	DATES OF						DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
Petangawa #10 Canadian General Coxington Kent	AUG 26 1916	12	3	19	25	3	19	Diphtheria (convalescent) 14	14	Convalescent from Diphtheria on admission. Swabs neg from throat and nose. No symptoms chest and heart & normal feeling fit to Jurlough & duty.	A. Mackay Capt.

ORIGINAL MEDICAL HISTORY SHEET

Surname Burton Christian Name Wade Horn

Examined on 22nd day of June 1916
 at Toronto, Ont.

Approved by [Signature]

Birthplace { City or Town Toronto.
 County Ont. Canada

Rank Serjeant M.O.
Toronto Recruiting Depot

Apparent age 17 yrs 10 mths

Trade or occupation Clerk M.O.

Height 5 feet 4 $\frac{3}{4}$ Inches M.O.

Weight 122 lbs. M.O.

Chest measurement { Minimum 31 inches M.O.
 Maximum expansion 34 $\frac{1}{2}$ inches M.O.

Physical development Fair M.O.

Small-pox Marks Nil M.O.

Vaccination Marks { Arm Right Left
 Number Nil

When Vaccinated last Childhood

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

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT

Date	Result	VACCINATIONS
<u>7/10/16</u>		<u>gillsies</u> M.O.
<u>21.3.19</u>	<u>TAB</u>	<u>[Signature]</u> M.O.

(b) Slight defects but not sufficient to cause rejection

Slight defect of left foot
slightly hammer toe

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>7/10/16</u>		<u>gillsies</u> M.O.
<u>9/10/16</u>		<u>gillsies</u> M.O.
<u>17/10/16</u>		<u>[Signature]</u> M.O.
<u>30/8/17</u>	<u>gillsies</u>	<u>[Signature]</u> M.O.

Enlisted on 22nd day of June 1916. 191 at Toronto, Ont..

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>69th. Batt'y Trumpeter</u>	<u>339925</u>		<u>June 22/16</u>
Transferred to	<u>[Signature]</u> <u>Lt. Bde. & R.A.</u> <u>Lt. Bde. D.A.</u>			<u>5-11-16</u> <u>21-7-17.</u> <u>10-9-17.</u>

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.

CANADIAN

J.M.C.

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 339925 Rank Pte. Surname BURTON
(Give name in full)
Wade Norman
 Unit or Corps C.A.B.D. Birthplace Toronto, Canada

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique Robust Weight 160 lbs. Height 5 ft. 7 1/2 in. Colour of Eyes Blue
 Nutrition good
 Pulse 72 reg.
 Condition of arteries soft
 Vision Rt. 6/6 Left 6/6
 Hearing (conversational voice) Rt. 7 ft.
 Left 7 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)

none

Opinion as to general health and physical condition good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no
 Special Senses no Integumentary System no Respiratory System no
 Disturbance of mentality no Muscular System no Digestive System no
 Osseous and Joint System no Any other general condition no

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

siph. 20.2.19 - 14 Stoly TP
12.3.19 - 25.3.19 16 C 4 TP

no disability

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Ripon, Yorks (Overseas)

Date 22-4-19

Signed Major D. D. D. M. C. M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature W. W. W.

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at..... (Canada)

Date

Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

CANADIAN ARMY DENTAL CORPS, O.M.F.C.
DENTAL CERTIFICATE FOR DEMOBILIZATION

DIRECTIONS TO
DENTAL OFFICERS

NAME OF SOLDIER (Block letters) BURTON W.N.

REGIMENT C. A. R. D. RANK Sgt. No. 339925

Date of Examination in England 28/4/19 Date of Examination in France _____

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



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 4. 10. 18. 20.

2. EXTRACTIONS _____

3. CROWNS _____

4. DENTURES

- (a) Full Upper _____
- (b) Part Upper _____
- (c) Full Lower _____
- (d) Part Lower _____

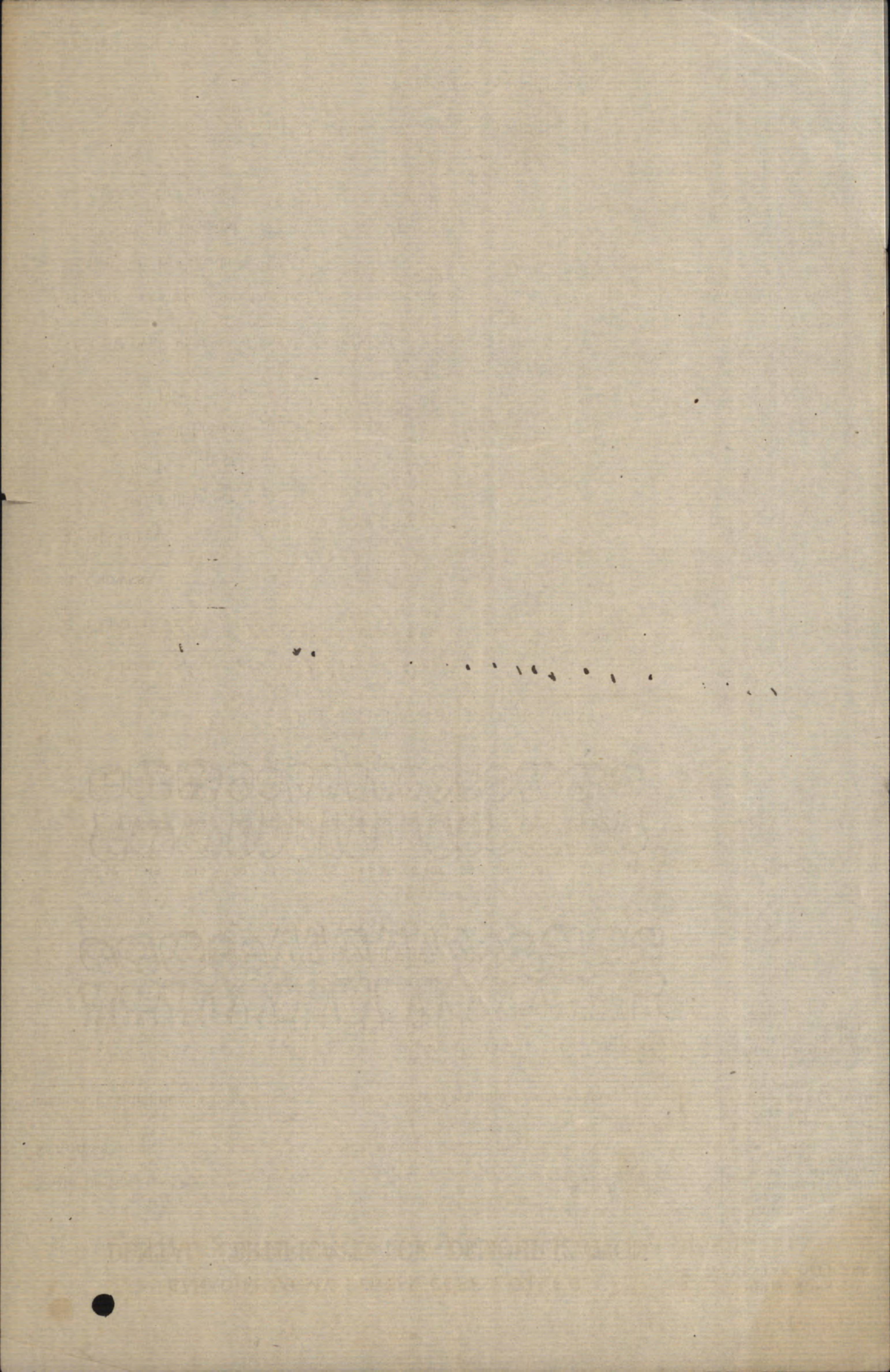
Dental Certificate issued.

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

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

Signature of Dental Officer [Signature]



(9) Is your Father alive? *Yes, - Joseph Burtow*
If so, state name and address *7 Givens St., Toronto, Ont*

(10) Is your Mother alive? *Yes.*
If so, state name and address *Agnes Matilda Burtow*
same address

(11) If your Mother is a widow.....
Are you her sole support, or not?.....

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

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

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

(15) Are you insured? *No.*
If so, in what Company?.....
Have you made arrangements for payment of your Insurance premium.....
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

A. B. Smith
Officer Commanding.

Date *OCT. 14 1916*

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.....
69th OVERSEAS BATTERY

(2) Regimental Number.....
339925

(3) Full Name of Soldier.....
Burton, Wade Norman

(4) Place of Birth.....
Toronto, Ontario

(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.....

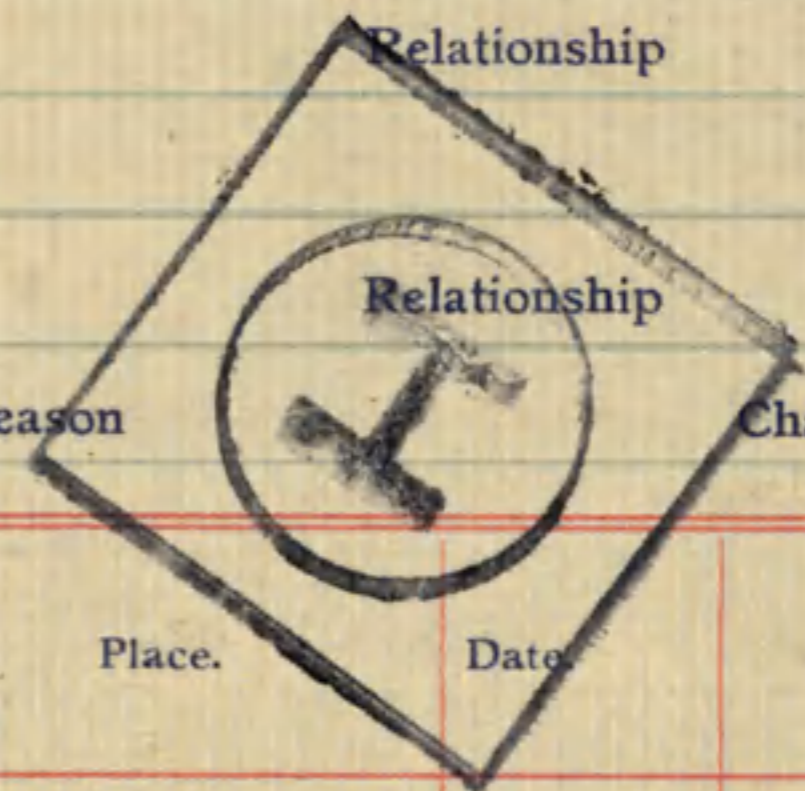
LTR Rank Name **BURTON, Wade Norman** ✓ Reg'l No. **339925** ✓
 Unit **Petawawa Art Dft** If in perm. Corps, } Married or Single **Single.** ✓
 What Unit? }
 Place and Date of Enlistment **Toronto, June 22nd, 1916.** ✓ Place of Birth **Toronto, Ont.** ✓
 Name and Address, Next-of-Kin **Agnes Burton.** ✓ **Canada**
7 Givens St, Toronto, Ont, Canada. Relationship **Mother.** ✓

Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to

Discharge, Date and Place Reason Relationship Character

Stamp: WJE. G.B. No. File Category
 Handwritten: *234*
 Signature: *[Handwritten]*



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.
		<i>Arrived in England</i>	<i>S. S. Grampian</i>	<i>5. II. 16</i>	
<i>8-II-16</i>	<i>c/ R. Ede</i>	<i>Taken on Strength</i>	<i>S'Cliffe</i>	<i>5. II. 16</i>	<i>2, 0-286</i>
<i>22.6.17</i>		<i>SOS to 1 Res Art</i>	<i>Sciffe</i>	<i>22.6.17</i>	<i>473 47 Res Art 1 d/22.6.17</i>
<i>11.7.17</i>	<i>1st Res Art</i>	<i>SOS to 2 Res art</i>		<i>11.7.17</i>	<i>20 20 42 Res art 21 d/12.7.17</i>
<i>26.7.17</i>	<i>2 Res Art</i>	<i>SOS to 1st Bgde</i>		<i>21.7.17</i>	<i>35 47 Res art 42 d/2.8.17</i>
<i>11.9.17</i>	<i>1st "</i>	<i>SOS to 1st Bde of</i>	<i>Dr. Willey</i>	<i>10.9.17</i>	<i>82</i>
<i>15.9.17</i>	<i>1st Bde</i>	<i>as a arrival</i>	<i>Field</i>	<i>11.9.17</i>	<i>169</i>
<i>29.9.17</i>	<i>2 Bde CFA</i>	<i>JOS from 1st DHC</i>	<i>lyn</i>	<i>11.9.17</i>	<i>148</i>
<i>3-9-18</i>	<i>do</i>	<i>awarded the G.C. Badge.</i>		<i>22-6-18</i>	<i>-89</i>

A.F.B. 103 CHECKED
20 SEP 1917

A.F.B. checked from 1-12-16

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
3.4.19	Adm. Serv.	T.O.S. from 2 nd Bde	Field	27.3.19 - 37	2 nd Bde 24 ^{27.3.19}
11.3.19	Qa Rd	T.O.S. from 4 Bde	Walling	18.3.19	" 80 admitted
10.5.19	2 Wing	J.O.P. from 6 A.R.D.	Rhyl	6.5.19	- III, CARD 126 ^{4/5/19}
5.4.19	ard pool	S.O.S. to 6 A.R.D.	Gnr Field	12.3.19	- 38
25.6.19	Mid 2	S.O.S. to Canada	Rhyl	24.6.19	- 157
	" "	" "	79-9-24	24.6.19	

(A) Report		(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date	From whom received					

T.O.S
S.O.S to LEF Canada - P.T. P.O. 150 - 25-6-19

Amcoboyt W.

..... Officer i/c Wing Discharge Office
for O. C. M. D. 2.
Kinmel Park Camp.

EMB CASSANDRA
GLASGOW JUNE 24 '19

JUN 24 1919 O. S. T. O. S. No. 2 DISTRICT DEPOT, TORONTO 1919 PART II D. O. 190
JUL 6 1919 S. O. S. (DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT, PART II D. O. 190

W.C. Roberts

Lieut.
For O. C. No. 2 District Depot

Nothing to be written in this margin

SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103-I.
Part I.

(1)*Substantive rank *Acting rank *[To be entered in pencil to facilitate alteration.] (4) Surname (5) Christian Names (6) Army Form, number of, Attestation } Form or Record of Service paper } (7) Whether of British or of Alien origin [vide A.C.I. 578 of 1918] (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps	(3) Regtl. No.
--	-----------------------	----------------

(10) Enlistment (b)	(11) Engagement (c)
(12) Service reckons from (date)	(13) Special conditions (if any) of enlistment (d)
(14) Any subsequent variations (if any) } of conditions of service }	

Initials and Rank of
an Officer.

(Authority) (date)

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (vide Army Order 93 of 1917)
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

(17) Next of Kin	(Place)	(Signature of { Posting Officer
(18) Demobilizer (f)	(Date)	
(19) Pivotal-man (f)	or (21) Corps trade and rate	
(20) Qualifications (g)		

(22) Extended {	(23) Re-engaged {
-----------------	-------------------

(24) Miscellaneous entries:—

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoeing-smith, &c.

Army Form B. 103 (II.) to be gummed on here if required.
Nothing to be written in this margin.

W1889-PP1150 IM 5/18 G.W.P.Co.(3490)

(SERVICE AND CASUALTY FORM Part II).

Temporary

Regiment or Corps 2 Sde Coy. Regimental Number 339925

*Substantive Rank Gen Surname Burton Christian Names Wade Norman

*Acting Rank _____

(* To be entered in pencil to facilitate alteration.)

To be folded on this line.

Nothing to be written in this margin.

W1889-PP1150 500,000 5/18 G.W.P.Co (3490)

(A) Report		(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date.	From whom received					
22-27-19	50 CCS.		Diphtheria. adn 17-2-19 15 A.T. 31.		18-2-19	AG461/N8663
26-3-19		P.O. 24/1919	Trans to Cdn Army Pool.		26-3-19	
						inaction Lieutenant!
26-3-19	A.A.G.		T.O.S. Cdn. Army Pool		27-3-19	PT 5037/19
12-3-19	14 Italy		Invalided. Sh. & posted to Cdn. Army Pool			W3083/6868
		Report	withly yet A.T. Sh. Andrew"		12-3-19	P.O. 38/19
						EMAN COV
						for LL-Col., A.A.G.
						Canadian Section, G.H.O. 3rd Echelon, B.E.F.

DISCHARGED

CERTIFICATE OF DISCHARGE AGREED WITH DOCUMENTS

Musson
Capt 2

DEPARTMENT OF MILITIA AND DEFENCE

P. 880.

WAR SERVICE GRATUITY.

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

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

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

- 1. Christian names *Wade Norman* 2. Surname *Burton*
- 3. Rank *Emr* 4. Original Unit *69th Battery* 5. Reg. No. *339925*
- 6. Address, in full, to which future payments of gratuity are to be forwarded
7 Givens Street Toronto Ont
- 7. Date of enlistment in the C.E.F. *22nd June 1916*
- 8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Agnes Matilda Burton*
- 9. Relationship of such dependent *mother*
- 10. Address, in full, of such dependent *7 Givens Street Toronto*
- 11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *no*
- 12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
- 13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?
- 14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service
- 15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served *2 years*
10 months
69th Battery - 48th Battery - CARS
- 16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *no*
- 17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *no*

OK

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

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid *no*

20. Have you been issued with a War Service Badge? If so what class? *A*

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

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

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *no*

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

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

July 6th 1919

(b) Reason for discharge

Demobilization

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit

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

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?

(b) If so, are you in receipt of full pay and allowances from that Department?

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

Signature of Applicant: *W. Burton 7 Givens St. Toronto*

Place of Residence: *Toronto*

Declared before me at: *Ripon, Yorks.*

This *29th* day of *April* 19*19*

QUESTIONS 12, 13, 14, 20, 24, 25, 26 and 27 ARE LEFT UNANSWERED.

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

E. Hodgins Major

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....
.....
.....

Certified Correct.

District Paymaster.

Report No. 84

Army Form W. 3212.

(In books of 100.)

Regtl. No.,
Rank and Name } 339925-D - Bartel W. M.

Age _____ Corps _____

Disease Diphtheria Hospital 50 CASTY. LSCA. 5 STR

To Officer i/c Laboratory. Ward B

Please carry out an examination of the accompanying specimen of Throat Swab
with special regard to KLB + Vincent's

Nos. of previous Reports (if any) -

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date 15-2-19

[Signature]
O. i/c B Ward.

LABORATORY REPORT.

Films Vincent's organisms present.
No KLB

Date of Examination 16/2/19

[Signature]
Capt Ramb
O. i/c Laboratory.

Regiment _____

Company _____

Hospital _____

Ward _____

Specimen of _____

in Hospital Report _____

Ward _____

Of the _____

LABORATORY REPORT

Date of examination _____

Office Laboratory _____

to Laboratory _____



Report No. 2740 B

Army Form W. 3212.

(In books of 100)

Regtl. No.,
Rank and Name

339925 1st Lt P. D. Smith

Age

Corps

Disease

Diphtheria

Hospital

10th General Hospital

To Officer i/c Laboratory.

Ward

Isolation

Please carry out an examination of the accompanying specimen of

Urine

with special regard to

Routine

Nos. of previous Reports (if any)

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date

14-3-19

A. Mackay Capt.

O. i/c

Ward.

LABORATORY REPORT.

Amber

Acid

S. G. 1020

alb. 0

Sugar 0

Date of Examination

14/3/19

R D Morple

O. i/c Laboratory.

ARTHUR TOMES W. 3212

Report No.

1901

1901

Hospital

Ward

Department

Please check out an examination of the specimen by

of the hospital to

the name of the patient

In the laboratory report a resume of clinical history, treatment or progress since last report

should be given

Date

LABORATORY REPORT

10

Date of Examination

1901

1901

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Mrs Agnes M. Burton

Mother
PAYMENTS.

Name of Soldier *Burton, Wade N*

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

Driver

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		<i>A. 3677</i>	<i>20</i>	<i>mailed 26-4-17</i>
May		<i>A. 4086</i>	<i>20</i>	<i>20 R Pay from L4-17. Pat. Soc written to</i>
June		<i>✓ 5926</i>	<i>20</i>	<i>mailed 9-5-17</i>
July		<i>P 7339</i>	<i>20</i>	<i>20 R payment of arrears 25.4.17</i>
Aug.		<i>N 10346</i>	<i>20</i>	<i>20 Pay arrears - acct C</i>
Sept.		<i>R 13944</i>	<i>20</i>	<i>20 Pat L 27/4/17 & M O'Brien</i>
Oct.		<i>Q 17332</i>	<i>20</i>	<i>20</i>
Nov.		<i>P 22961</i>	<i>20</i>	<i>20</i>
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

7/5 926 Cancelled

mailed 26-4-17

20 R Pay from L4-17. Pat. Soc written to

mailed 9-5-17

20 R payment of arrears 25.4.17

20 Pay arrears - acct C

20 Pat L 27/4/17 & M O'Brien

20

20

225-00
WDC

3/5/17

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 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.				

D/E 22.6.16

MILITIA AND DEFENCE

38
✓

M. F. W. 11.
5th.—6-16.
H. Q. 177-39-813.

175

SEPARATION ALLOWANCE

Name *Mrs Agnes M. Burton*

Name of Soldier *Burton, Wade R*

Address *7 Givens St
Toronto
Ont.*

Regtl. No. *339925*

Rank *Driver*

Corps *69th Batty*

Relation to Soldier }
wife, child or mother } *Dependent Mother*

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				



120
900
200
211

ASSIGNED PAY

Sheet No. 2

Agnes M. Burton
(Assignee)

OVERSEAS CONTINGENTS

Name of Soldier *Burton H. W.*
339925-69 Bn

PAYMENTS.

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		<i>J 29115</i>	<i>20</i>	
Dec.		<i>H 34504</i>	<i>20</i>	
Jan.	<i>1917</i>	<i>U. 37090</i>	<i>20</i>	
Feb.		<i>V 38867</i>	<i>20</i>	<i>20 (W)</i>
March		<i>X 48261</i>	<i>20</i>	<i>20 W</i>
April		<i>S 512</i>	<i>20</i>	<i>20 - CR</i>
May		<i>S 6967</i>	<i>20</i>	
June		<i>F 13846</i>	<i>20</i>	<i>20.8</i>
July		<i>V 20818</i>	<i>20</i>	<i>Ba</i>
Aug.		<i>Y 27512</i>	<i>20</i>	<i>lo 50</i>
Sept.		<i>Y 34316</i>	<i>20</i>	<i>W 240 WNC</i>
Oct.		<i>H 48838</i>	<i>20</i>	
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

2100 NOV 1 1916

20.8
Ba
lo 50
W 240 WNC

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.				

Ew

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Mrs Agnes M. Burton*
 Address *7 Givens St*
Toronto
Ont

By Whom Assigned *Burton H. H. W*
 Regtl. No. *339925*
 Rank *Dr*
 Corps *69 Bn Batty*

Rate *20.00*

NOV 1 1916

PAYMENTS

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



11
No. 1000

Date of Enlistment

22/6/16

MILITIA AND DEFENCE

Date of Assignment

Eur

Separation and Assigned Pay Branch

16304

Nov 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	25 ⁰⁰	30 ⁰⁰
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*P.C. 3257 1.9.18
P6 2953
MO 103.49*

PARTICULARS OF SEPARATION ALLOWANCE

No. *339925*
 Rank *Dr.* Promoted *N.W.* Reverted Discharge
 Soldier's Name *H. W. Burton*
 Battalion *69 Batta*
 Beneficiary *Mrs Agnes M. Burton*
 Relationship *Dep. Mother*
 Address *Mrs W. Reunard 221/1/5 BR.*

RATE OF ASSIGNMENT

20		
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B

PARTICULARS OF ASSIGNMENT

Name *Mrs. Agnes M. Burton*
 Address *7 Givens St*
 Change of Address *Toronto, Ont*

1
2
3
4

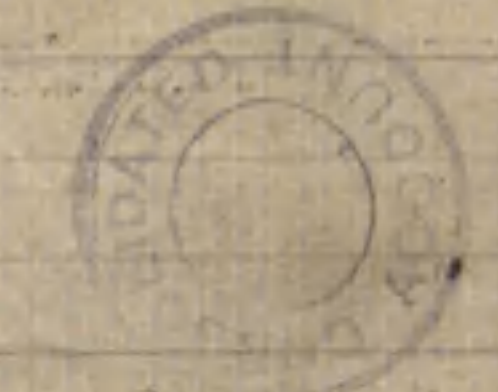
Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					
Oct		326	240	566	
Nov	<i>C56534</i>	20	20	40	
Dec	<i>F 59633</i>	20	20	40	<i>Pro</i>
Jan	<i>M 68825</i>	30	20	50	
Feb	<i>C 49420</i>	25	20	45	<i>F</i>
March	<i>A 106695</i>	25	20	45	<i>✓</i>
Apr.	<i>a 3855</i>	25	20	45	<i>✓</i>
May	<i>H 18603</i>	25	20	45	<i>F. ✓</i>
June	<i>E 17548</i>	25	20	45	<i>✓</i>
July	<i>V 33171</i>	25	20	45	<i>✓</i>
Aug	<i>E 30609</i>	25	20	45	
Aug	<i>K 5455</i>		20	20	<i>-</i>
Sept	<i>H 44279</i>		20	20	<i>-</i>
Sept	<i>A 5481</i>	50		50	<i>-</i>
Oct	<i>L 47818</i>	25	20	45	<i>-</i>
Nov	<i>B 13001</i>	25	20	45	<i>-</i>
Dec	<i>D 62354</i>	45	20	65	<i>✓</i>
JAN 1919	<i>H 74840</i>	30	20	50	<i>✓</i>
FEB	<i>J 77959</i>	30	20	50	<i>✓</i>
MAR	<i>K 89650</i>	30	20	50	<i>✓</i>
APR	<i>L 4357</i>	30	20	50	<i>✓</i>
MAY	<i>M 5246</i>	30	20	50	<i>✓</i>

02559 - W. 12.

MAD 14. 12. 18
C56536 can
 Suspend S.A. pending return of S.D. Pa B. 3 7/8.
 S for Car 4627 - E 30009 - Cancelled 15. 8/8 WZ
 FCO 4611 (1545) 20 A P for Aug. mailed 16/8
 Refund SA to Mother from SA suspended
 Aukt Pa B 18.9.18.
 QCO 4633 (25491) 50 SA. Augo Sept.
 Mailed 24/8 WZ.

one

M. F. W. 128
40031-6-17-1772-38-111
L. L. 22320-M. & D. 7993.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

No. *339925*

Rank *Det.* Promoted Reverted Discharge

Soldier's Name *W. M. Burton*

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name *Mr. Agnes M. Burton*

Address *7 Givins St. Toronto, Ont.*

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>June</i>	<i>69730</i>	<i>30</i>	<i>20</i>	<i>50</i>	
<i>JUL</i>	<i>11811</i>	<i>30</i>	<i>20</i>	<i>50</i>	
		<i>901</i>	<i>660</i>		

Ac Closed 31-7-19

Ret'd per Cassander

5/7/19

Det'd per M.F.W. 17/2/19

Clerk Shiddick

MRO. 100504 Rendered 17/7/19 Destroy

AUDITED.

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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5003a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sandry Documents.

W. 30 B Class A 327197

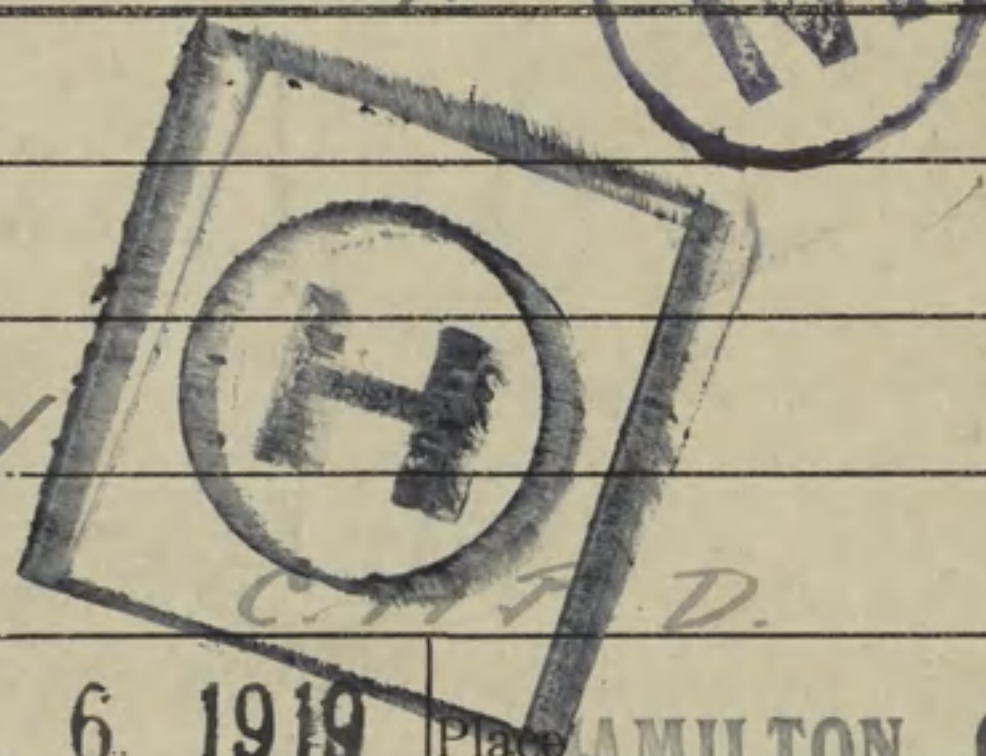
SHORT FORM.

PROCEEDINGS ON DISCHARGE.

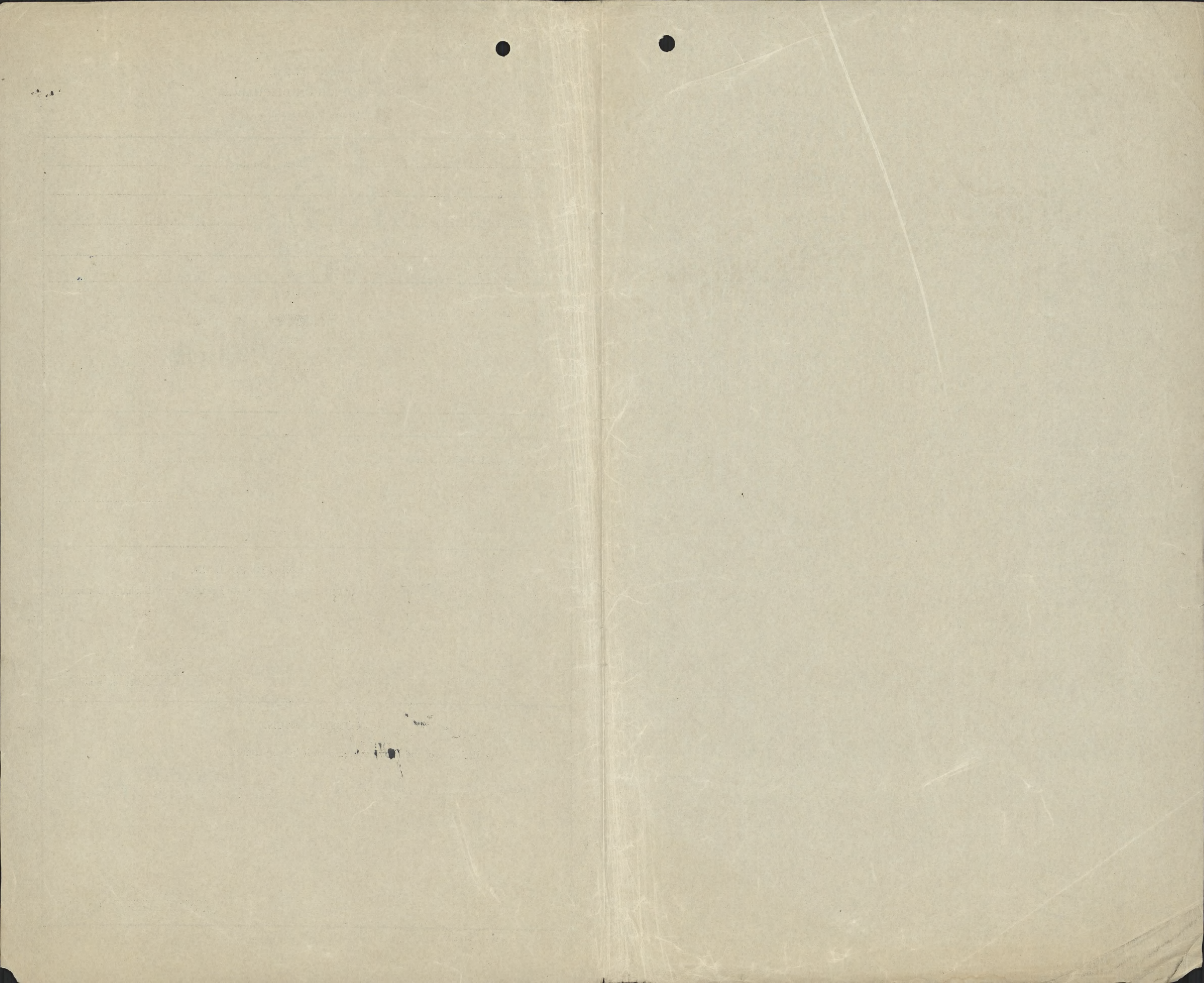
(Demobilization.)

HAMILTON
 Toronto 4
 Mother
 Clerk.

1. No.	339925	Cof E.
2. Rank.	Gnr.	
3. Name.	BURTON	Wade Norman
4. Unit.	C.F.A.	C.F.A.
5. Date of Discharge	JUL 6 1919	Place HAMILTON, ONT.
6. Reason for Discharge	DEMobilIZATION	
7. Authority.	No. 2 District Depot, Part II, D.O. No. 190	
8. Proposed Residence after Discharge	7 Givens St Toronto.	
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. ? Wade Norman Burton Signature of Soldier.	
10.	CONFIRMATION. The discharge of the above named man is hereby confirmed. Place HAMILTON, ONT. EMB CASSANDRA Date JUL 6 1919 GLASGOW JUNE 24 19 Signature _____ (O. C. Discharging Unit.) For _____ O. C. No. 2 District Depot.	



Group H
 Checked by No. 20
 Date 16 MAY 1919



"CASSANDRA" 5-7-19

DISPERSAL "J"

AUDITOR PAYMASTER

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

REGT. No. 339925 RANK Gnr NAME (IN FULL) BURTON, W.N.

M. OR S.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS					67A	7 Givens St Toronto, Ont	
					DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
					22-6-16		
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY \$	DATE EFFECTIVE	
Cloud by Ottawa	3/17/19	see adjustment			2000	Cloud by Ottawa	3/17/19
TO WHOM PAID	RELATIONSHIP				PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
					Mrs Agnes M. Burton		
ADDRESS					ADDRESS		
					7 Givens St		
					Toronto		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE DATE	REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY
						HAMILTON 6-7-19	emob No 190 Yes

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	
5/20/19				847												847	Balance
9/7/19	70	110	77-														Pa 115/19-9/7/19
			35-														clothing
			70-														182 wate
								3649									End etc
																	40-
																	487 5-
																	may June asst
																	Book etc
				182-													190 47
																	W.S.G. S.A.
																	W.S.G. S.A.
																	6-7-19 70-
																	330
																	25-
183 days				420	180	600											20-
																	11830 32630 155
																	21830
																	18850 25670 125
																	983535 983536 A.R. 99 July 28
																	134670-134671 AR 127 Aug 2
																	4670 35- 300- 210- 190-
																	1385091-1385092 AR 148 Sep 26
																	70- 30- 400- 140- 60-
																	1362563-1362564 AR 176 Oct 30
																	70- 30- 500- 170- 30-
																	AR 205 Dec 3 1369118 1369120
				420	180	600											70 30 600 - - -
																	420 180 600

CAPTAIN FOR PAYMASTER WAR SERVICE GRATUITY

ASSIGNED PAY. **ENGLAND OR CANADA** SEPARATION ALLOWANCE. **ENGLAND OR CANADA**
EFFECTIVE DATE: 1-11-1916 EFFECTIVE DATE: -
AMOUNT: 20⁰⁰ AMOUNT: -

NAME: BURTON, Norman
NUMBER: 339925

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.

Agnes M. Burton
7 Givens St
Toronto, Ont.

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<u>Cur</u>

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
<u>6-4-19</u>	<u>35</u>	<u>Upon Pl.</u>	<u>4.87</u>	<u>Sick Furlough 25/3/19 to 6/4/19 - 12 days</u>			<u>8.76</u>
				<u>16 G.H. Corporation Route letter 25/3/19</u>			

UNIT AND TRANSFERS
ORIGINAL UNIT: DA 69th Batty
DATE ACCOUNT FIRST OPENED: 1-11-1916

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F'D	UNIT TRANSFERRED TO
			<u>2 Bde CFA</u>

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	UBS'CE ALL'GE
<u>Cur</u>	<u>1</u>	<u>-</u>	<u>-</u>	<u>10</u>

AUTHORITY	PAY	F.A.	P.F.A.	UBS'CE ALL'GE

PARTICULARS OF RENDERING NON-EFFECTIVE Discharge Canada 30/4/19 Auth. N.R. 6479 Report 9/4/19 Report in D. h. 2. Bal.

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<u>Mch</u>	<u>BF</u>								<u>26 98</u>		
<u>Apr</u>	<u>C.P.</u>	<u>33</u>		<u>AP 29 11/4/18 2 Bde</u>	<u>4.46</u>			<u>20</u>			
				<u>- 49 21/4/18</u>	<u>3.57</u>				<u>31 95</u>		
		<u>33</u>			<u>8.03</u>			<u>20</u>			
<u>May</u>	<u>C.P.</u>	<u>34 10</u>		<u>AP</u>				<u>20</u>			
				<u>133 2/5/18 2 Bde</u>	<u>4.46</u>						
				<u>140 14/5/18</u>	<u>3.57</u>				<u>38 02</u>		
		<u>34 10</u>			<u>8.03</u>			<u>20</u>			
<u>Jun</u>		<u>33</u>		<u>AP</u>				<u>20</u>			
				<u>AP 206 1/6/18 2 Bde</u>	<u>4.46</u>						
				<u>- 312 20/6/18</u>	<u>3.57</u>				<u>42 99</u>		
		<u>33</u>			<u>8.03</u>			<u>20</u>			
<u>July</u>	<u>sl.</u>	<u>34 10</u>		<u>AP</u>				<u>20</u>			
				<u>352 22/7/18 1 Bde</u>	<u>4.46</u>						
				<u>- 366 13/7/18 2 Bde</u>	<u>3.57</u>				<u>49 06</u>		
		<u>34 10</u>			<u>8.03</u>			<u>20</u>			
<u>Aug</u>	<u>sl.</u>	<u>34 10</u>		<u>AP</u>				<u>20</u>	<u>62 16</u>		
				<u>474 20/8/18</u>	<u>3.57</u>						
				<u>477 21/8/18</u>	<u>3.57</u>				<u>56 07</u>		
		<u>34 10</u>			<u>7.14</u>			<u>20</u>			
<u>sep</u>	<u>sl.</u>	<u>33</u>		<u>613 2 CFA 18.9.18</u>	<u>3.57</u>						
				<u>526 11.9</u>	<u>3.57</u>						
				<u>AP</u>				<u>20</u>	<u>61 88</u>		
		<u>33</u>			<u>7.14</u>			<u>20</u>			
<u>Oct</u>	<u>sl. p</u>	<u>34 10</u>		<u>AP</u>				<u>20</u>			
				<u>AP 700 11/10/18 2 Bde</u>	<u>3.73</u>						
				<u>- 801 24/10/18</u>	<u>3.73</u>				<u>68 52</u>		
		<u>34 10</u>			<u>7.46</u>			<u>20</u>	<u>40 50</u>		

Handwritten initials

Handwritten signature: John Jones

ISSUED BY
CHECKED BY

