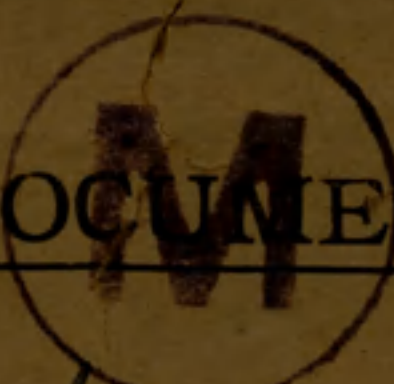
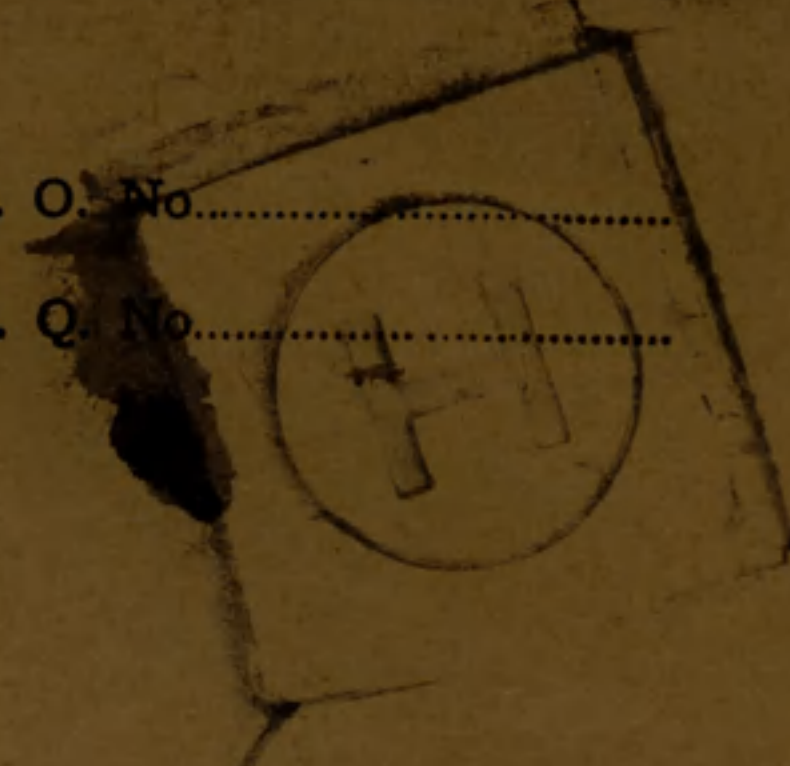


458.3.29

DISCHARGE DOCUMENTS



R. O. No.
H. Q. No.



Name BUSH, LEON

Regt. No. 931731 Rank Pfc

Corps 2nd Gen. Bn.

Demobilization

54262

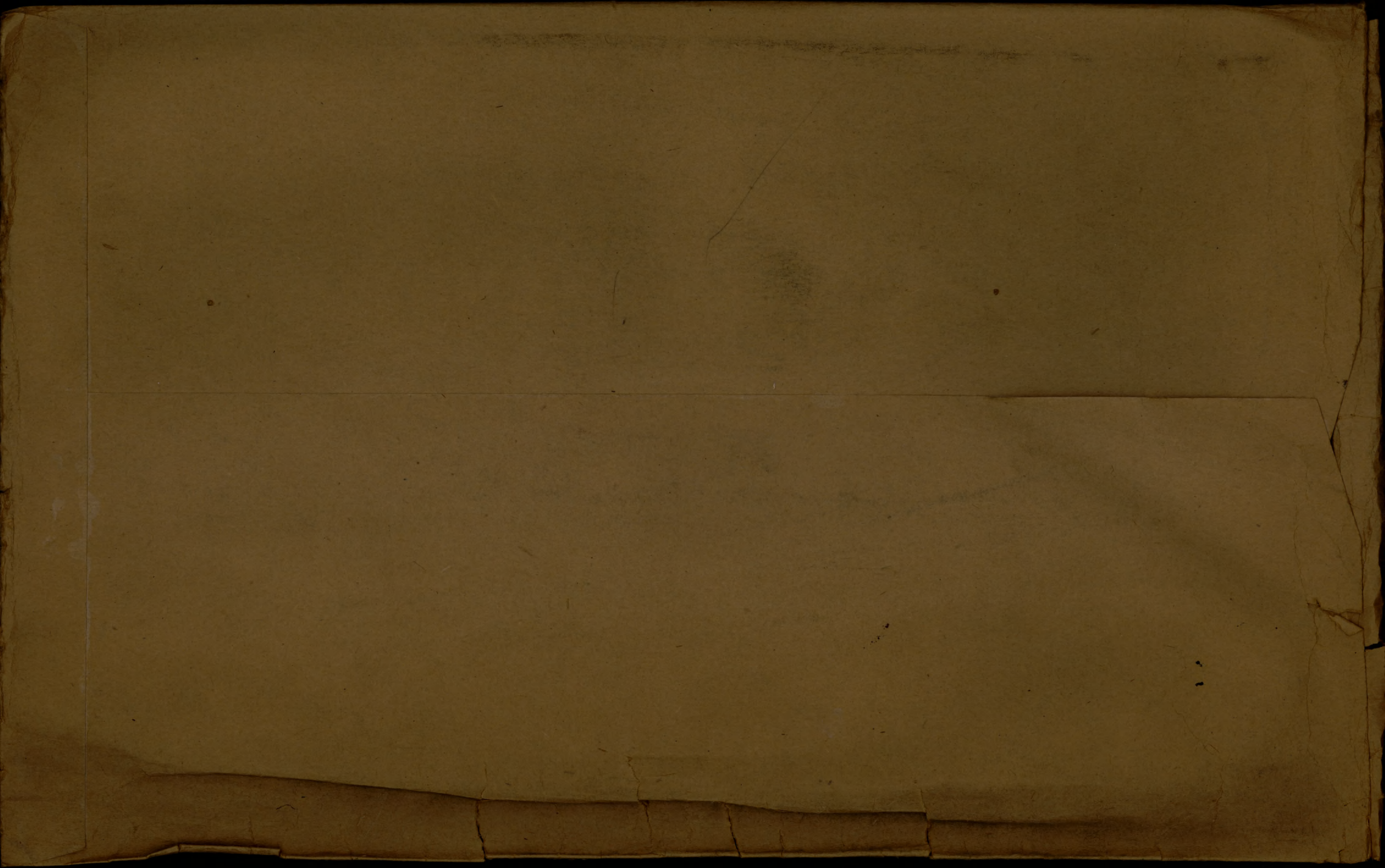


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- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... 13
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms..... 2
- 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..... 2
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate..... 2

A. Z B1221
M. Z W 129 1
— 39⁶ 1
— 192 1
— 67-1
R149



ORIGINAL

921731

#2 *Leon Bush*
ATTESTATION PAPER.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No.
Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Bush*
- 1a. What are your Christian names?..... *Leon*
- 1b. What is your present address?..... *St Catharines Ont*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Chicago Ill U.S.A.*
- 3. What is the name of your next-of-kin?..... *Leon Bush Sr*
- 4. What is the address of your next-of-kin?..... *156 Clinton Av Chicago Ill U.S.A.*
- 4a. What is the relationship of your next-of-kin?..... *Father*
- 5. What is the date of your birth?..... *Sep 18th 1893*
- 6. What is your Trade or Calling?..... *Labourer*
- 7. Are you married?..... *No*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes*
- 9. Do you now belong to the Active Militia?..... *No*
- 10. Have you ever served in any Military Force?..... *No*
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... *Yes*
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *Yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Leon Bush*, 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.

Leon Bush (Signature of Recruit)

Date *7th Jaury* 191*9* *Supt J. Chowns* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Leon Bush*, 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.

Leon Bush (Signature of Recruit)

Date *7th Jaury* 191*9* *Supt J. Chowns* (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 *ST. CATHARINES* this *7th* day of *Jaury* 191*9*.

W. H. Wylie Jr (Signature of Justice)
CAPTAIN

Description of Leon Bush on Enlistment.

Apparent Age 23 years 4 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. 9 1/4 ins.

Right eye 20/20 Left eye 20/30

Chest measurement { Girth when fully expanded 35 1/2 ins.
 Range of expansion 1 1/2 ins.

Left arm cannot be fully ~~extended~~ at elbow

Complexion Colored

Eyes Brown

Hair Black

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

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 8th January 1917.

J. J. Sheahan
M.B.
 Medical Officer.

Place Albany Barracks

*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.

Leon Bush having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

J. J. Sheahan Comd'g
 L.T. COL. (Signature of Officer)
 G. Comd'g No. 2 Construction Battalion, C. E. F.

Date JAN 19 1917 1917.

ash

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 931731 (Rank) Private

Name (in full) BUSH, Leon. enlisted in

the 2nd Construction Battalion,

CANADIAN EXPEDITIONARY FORCE at St. Catharines, Ont. on the 7th.

day of January 1917.

HE served in FRANCE

and is now discharged from the service by reason of Demobilization

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

Age 25 years 5 months

Height 5 feet 9½ inches

Complexion Colored

Eyes Brown

Hair Black.

Leon Bush

Signature of Soldier

Marks or Scars

Scar right side, linear

scar left eye.

Issuing Officer

[Signature]
Lieutenant,
Officer i/c Discharge Section, District Depot No. 4.

Rank

Date of Discharge February 13, 1919.

Appointment

Signed at Montreal, Que. this 13th. day of February 1919.

in Military District No. 4

File Reference No. 19-B-791

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

On demobilization the
particulars of this cer-
tificate will not be com-
pleted.

DUPLICATE

931 731

931 731

To be made out in duplicate.

H.Q. 51-21-23-53

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

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins #2 Construction Battalion C.E.F.

(2) Regimental Number 931 731

(3) Full Name of Soldier Leon Bush

(4) Place of Birth Chicago Illinois

(5) Are you married, or not? No?

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

(b) Present Postal Address

(7) Are you a widower? No.

(8) Have you any children?

If so, give number of boys and girls

Also their names and ages

(9) Is your Father alive?..... Yes Leon Bush Sr.

If so, state name and address 2233 Pacific Ave. Chicago Ill. U.S.A.

(10) Is your Mother alive?..... No.

If so, state name and address..... X

(11) If your Mother is a widow..... No.

Are you her sole support, or not?..... X

(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.

..... X

(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.

..... X

(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.

..... X

(15) Are you insured?..... Yes

If so, in what Company?..... National Mutual Life Insurance Co.

Have you made arrangements for payment of your Insurance premium..... YES.

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

[Handwritten Signature]
..... L.T. COL.
Q. Comd'g No. 2 Construction Battalion, C. E. F.

.....
[Handwritten Signature]
Officer Commanding.

Date..... January 18/1/17

DUPLICATE MEDICAL HISTORY SHEET

93731

Surname Bush Christian Name Leon

Examined { on 8th day of January 1917
at St Catharines Ont

Approved by J Shepley
Rank MB M.O.

Birthplace { City or Town Chicago
County Ill U.S.A.

Apparent age 23

Trade or occupation Laborer

Height 5- feet 9 1/2 Inches

Weight 162 lbs.

Chest measurement { Minimum 34 inches
Maximum expansion 35 1/2 inches

Physical development Good

Small-pox Marks None

Vaccination Marks { Arm Right Left
Number 2

When Vaccinated last 1907

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Left arm cannot be fully extended at elbow

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

Date	Result	VACCINATIONS
<u>3/3/17</u>	<u>SS</u>	

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>17/2/17</u>	<u>SS</u>	<u>SS Shepley</u>
<u>2/4/17</u>	<u>SS</u>	<u>SS Shepley</u>
<u>3/4/17</u>	<u>SS</u>	<u>Daum Murray</u>

Enlisted on 7th day of January 1917 at St Catharines Ont

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>#2 Const Bn</u>	<u>931</u>		
Transferred to	<u>B.E.F.</u>	<u>931731</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Windsor, Ont.</u>	<u>12/1/17</u>	<u>on enlistment</u>	<u>Fit</u>
<u>St Catharines Ont</u>	<u>Jan 6-19</u>	<u>Fit</u>	<u>as Swetten apt</u>
<u>Montreal</u>	<u>11-2-19</u>	<u>Fit</u>	<u>O' E Lalande</u>

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

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..... *1st Lt* Name..... *Bush* Surname..... *B.*
 Unit or Corps..... *17th Res.* (If a soldier) Regtl. No..... *931731*
 Born at..... *Chicago, U.S.A.* on, date..... *Sept 18th 1894*
 Signature (for identification)..... *Bush B.*

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

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight
162 lbs.
 Height
5 9 ins.

no

2. NUTRITION AND DIATHESIS?

Good.

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

3. NERVOUS SYSTEM?

normal

4. RESPIRATORY SYSTEM.

normal

5. HEART?

Abnormal Sounds? *no*

Abnormal Size? *no*

Pulse Rate? *74*

Intermittence or irregularity? *none*

6. ARTERIES.—Any hardening?

no

7. DIGESTIVE SYSTEM?

normal

8. GENITO-URINARY SYSTEM?

normal

Urinalysis—S.G.?.....

1022

Reaction?.....

acid

Albumen?.....

no

Sugar?.....

no

9. SKIN, MIDDLE EAR, EYE
or any other part?

normal

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

Has scar of a knife wound right epigastrium - not a disability.

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

Good

Examined at.....

Kinnel Park

Signed.....

St. Otton Capt.

M.O.

Date.....

Jan 6-19

Signed.....

St. Paul Capt.

M.O.

If any disease or impairment of health or physical condition is discovered, 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.

Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for the same

Bush

142

[Faint, mostly illegible handwritten notes and text covering the majority of the page, including a signature at the bottom right.]

Richard M. [illegible]

1861

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1133 (D.P. 250M-12-18.
1772-89-908.

LAST PAY CERTIFICATE

Regimental No. 931731 Rank Pte. Name Bush Leon
(Surname first)
Unit 2nd. Con. Bn. who was* Discharged
On 13-2-19 191....., to.....
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-2-19 to 13-2-19 191...
the inclusive date of transfer or discharge.

	Dr.	
Cr. L.P.C.		467.76
Bal. Dr. or Cr. from prev. month.....	92.80	7.20
Regimental Pay..... <u>13</u> days at \$ <u>1.00</u>		13.00
Field Allowance..... <u>13</u> days at \$ <u>10c</u>		1.30
Separation Allowance.....		
Clothing Allowance.....		35.00
Post Discharge Pay.....		70.00
*Other Credits <u>Subs. D.O. 29</u>		6.40
Advances.....		
Separation Allowance and Assigned Pay Cheque No.....		
*Other Charges.....		
Balance on transfer or on discharge, cheque No. <u>21273</u>	507.86	
Total.....	600.66	600.66

*Give particulars.

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

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

ON TRANSFER OF AN OFFICER.

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

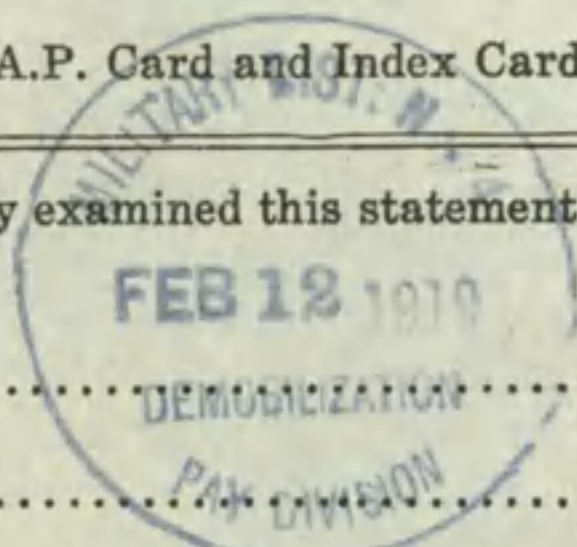
REMARKS:—

State (1) date of enlistment..... 7-1-17..... married or single.....
(2) Separation Allowance, entitled or not..... Nil..... (3) Reason for discharge.....
(4) Authority for discharge or transfer..... D.D.4. 19-B-791.....

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date
Place



[Signature]
CAPTAIN-PAYMASTER
D-I-C—Demobilization Pay Division—Military Dist. 4

Paymaster.

- N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purposes of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

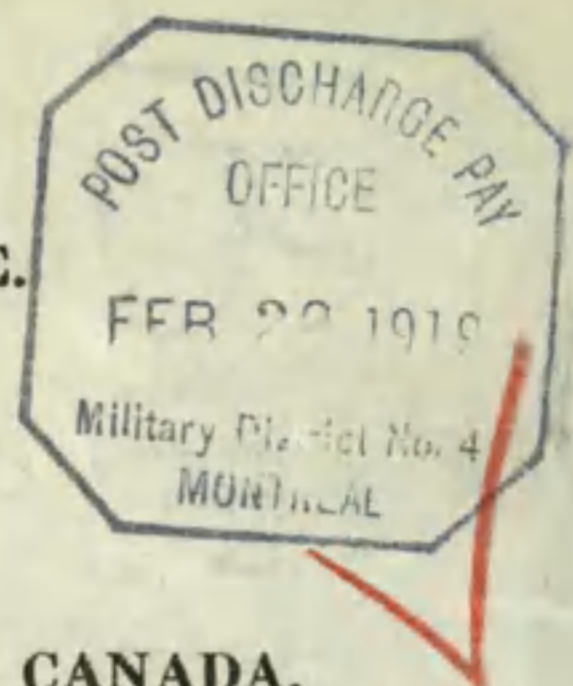
CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT		Signature of Officer Making Payment.
			Dr.	Cr.	
.....
.....
.....
.....
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.....
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(The following is a blank area for handwritten entries or signatures.)
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13



DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

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

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

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

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

1. Christian Names *Leon* 2. Surname *Bush*
3. Rank *PRIVATE* 4. Original Unit *2nd CONST. BATT* 5. Reg. No. *931731*
6. Address, in full, to which future payments of gratuity are to be forwarded
*BANK OF MONTREAL
GONDON ST. BRANCH MONTREAL QUE*
7. Date of enlistment in the C.E.F. *7 JAN 1916*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *nil*
9. Relationship of such dependent *not applicable*
10. Address, in full, of such dependent *not applicable*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *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:
not applicable
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? *no*
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service *FRANCE 2nd Const Batt*
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 *21 months
IN FRANCE*
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*

B

B

111

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 first Enlistment*

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 *\$ 70.00*

20. Have you been issued with a War Service Badge? If so, what class? *NO*

21. Have you, during the present war, served in the Imperial Forces?

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

not applicable

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? *nil*

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

13th Feb. 1919 (b) Reason for discharge *Demolization*

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

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

2nd Canadian Construction Battalion

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

(b) If so, are you in receipt of full pay and allowances from that Department? *no*

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: *Leon Bush*

Place of Residence: *274 St. Antoine St. Montreal*

Declared before me at: *Montreal*

This *26* day of *Feb* 19*19*

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

R. J. G. [Signature]
Commissioner for the taking of oaths

POST DISCHARGE PAY:

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

Certified Correct.

District Paymaster.

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. 931731 Rank PLT Surname Bush, Leon
(Given name in full)
 Unit or Corps A. & C Birthplace 274 N. Antoni Mutual Chicago Ill. U.S.A.

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

1. GENERAL DESCRIPTION:

Physique good Weight 16 lbs. Height 5-9 1/2 ft. Colour of Eyes dark
 Nutrition good
 Pulse 80
 Condition of arteries good
 Vision Rt. O.K. Left O.K.
 Hearing (conversational voice) Rt. O.K. ft. Left O.K. ft.

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

Scar at wrist (acc. knife) 1918 -
Lunar scar (1 inch) above left eye (acc. child)

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.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at (Overseas)

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 SECTION FOR USE IN CANADA—

Examined at *Essential* (Canada)

Date *11-2-19* Signed *[Signature]* 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 *[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]

6. To _____ Army "A."

Forwarded with reference to my Casualty Wire No. _____ dated _____

Date Oct 17, 1918

A. P. Hill Major

A/oc. cy. etc Division.

7. To D. A. G.,
G. H. Q., 3rd Echelon.

Forwarded for record. This casualty should be reported as accidental
injured man assaulted

Date 20.10.18.

J. W. C. H. C. 5-11-18
J. B. Downmilly

Lieut. Colonel
Asst. Director of Timber Operations,
Army.

Forwarded for record. This casualty should be reported as
"INJURED (ACCIDENTALLY)"

J. P. L...

26-10-18

Capt. S. C.
for Major-General.
DEPUTY ADJUTANT GENERAL.

4. Where it is possible to obtain it, a statement from the injured man will also be forwarded. This, however, should not be used as evidence against him in any subsequent disciplinary proceedings.

Special Instructions as to Evidence in Cases of Self-Inflicted Wounds.

5. In these cases the statements mentioned in paragraphs 2 and 3 above should bring out all material points, e.g., statements to the effect that the witness was with the accused standing on the fire step (or sitting in a dug-out); that the accused was cleaning his rifle; position of safety catch, magazine, etc., if known; muzzle of rifle on toe of foot; hand on muzzle; that accused pulled trigger; that the rifle was afterwards examined and an empty cartridge case was found in chamber; that accused was seen to be wounded; what accused said ("I have shot myself," "I did not know it was loaded," etc.).

6. A soldier is specially trained in the safe use of his rifle and revolver, and evidence of any neglect of the ordinary precautions as to their handling in such cases usually has considerable bearing on the question of negligence. In cases of wilful self-wounding the fullest possible evidence should be obtained; unless the evidence is conclusive this charge should not be used. The charge will therefore usually be laid under sec. 40 Army Act—"Conduct to the prejudice of good order and military discipline in wounding himself through negligently handling a rifle," and an alternative charge to this effect should be made, even if the accused is to be tried under section 18 for wilful maiming.

REPORT ON ACCIDENTAL OR SELF-INFLICTED INJURIES.

To be rendered in accordance with instructions on the back of this form.

1. Number, Rank, Name, and Unit of injured man.	931731 Private Bush L. No 2 Canadian Construction Company	Date of Casualty. 2/10/18.
---	--	--------------------------------------

2. Nature, Location, and Severity of injury. (N.B. Field Ambulance to be notified at once if wound is believed to be self-inflicted.)

A number of stab wounds in abdomen, back, and right arm. dangerously wounded.

[Signature]

3. Short statement of the circumstances of the case. (Signed statements of witnesses to be attached to this form.)

931731 Pte Bush L. No 2 Construction Coy attached 43 Company Canadian Forestry Corps was unlawfully wounded by ~~931274~~ 931764 Pte Walton A. following an argument between them while working in the saw mill of 43 Company Canadian Forestry Corps on the morning of October 2nd/18.

4. Commanding officer's opinion as to whether the man was:—

(a) In the performance of military duty.	Yes
(b) To blame.	No
(c) Whether any other person was to blame.	Yes

Date **6/10/18**

Pte Walton
[Signature]
Commanding

5. (a) Opinion of G.O.C. Brigade. **Case of assault.**

(b) Disciplinary action taken or proposed, whether against injured man or another. **Pte Walton remanded for F.G.C.M.**

Date _____

[Circular Stamp: C. G. H. Q. 310, 18/1933, 23 OCT 1918, CANADIAN ARMY]

Commanding *[Signature]* **Brigade.** *[Signature]*

[Handwritten: 7 Medical Company, 2/10/18, M.A.]

[Handwritten: G.H.Q., 2/10/18]

[Handwritten: K.P. 4]

[Continued Overleaf.] *[Handwritten: A.H.B.]*

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

DIRECTIONS TO
DENTAL OFFICERS

Canadian Printing and Stationery Services, London

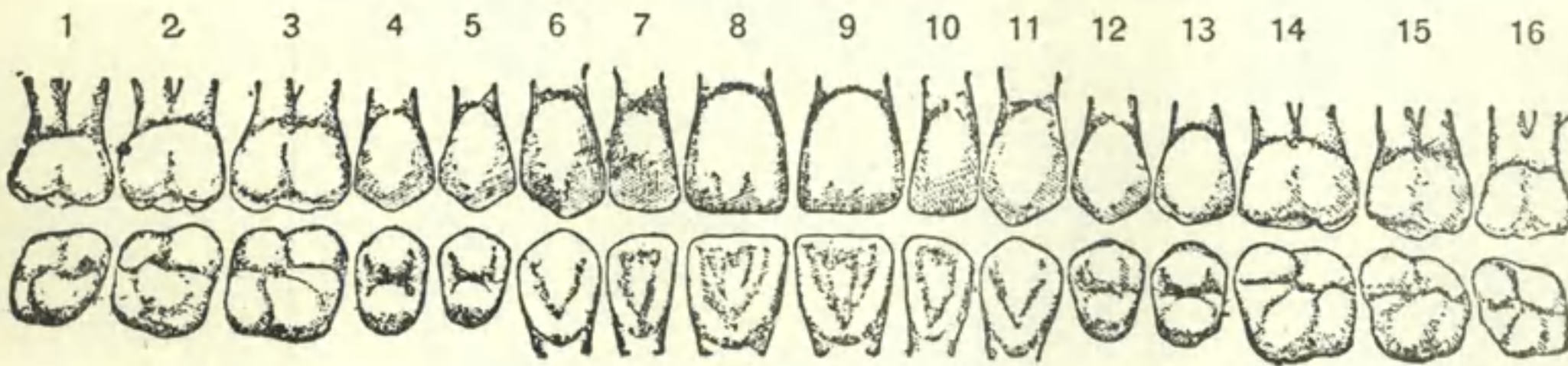
M.D. 4

NAME OF SOLDIER (Block Letters) BUSH L
REGIMENT 2nd Cont-Battn RANK Plt No. 931731

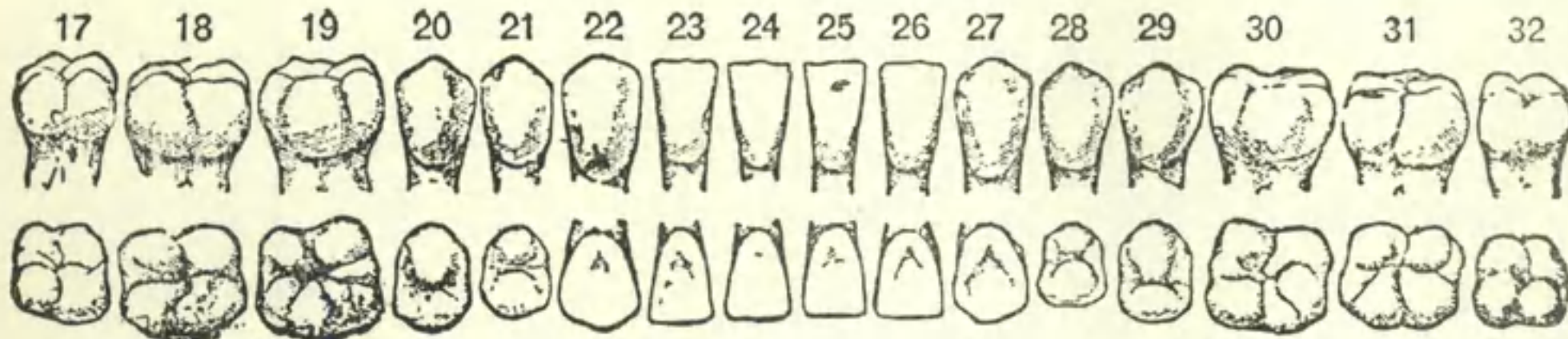
1. This form will be made out for each individual at the time of Demobilization in England or France.

Date of Examination in England _____ Date of Examination in 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

2. EXTRACTIONS

3. CROWNS

4. DENTURES

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

2st

HAS HE EVER REFUSED DENTAL TREATMENT?

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

- (a) In Canada
- (b) In England *Yes*
- (c) In France

KINMEL PARK,
NORTH WALES.

Signature of Dental Officer

H W Reid
Capt.

A.D.M

10118P

J
119

H 2, 1, 1, 1

with 100 - 1000

10118P

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				
23. 8. 17	O.C.	5 Days F.P. #21 3 Days pay by R.W. Jov. A.W.O.L. from 10/00 13/17 until 6pm 20.8.17.	Field	20.8.17	B 2069 P. 131 13/10/17
5/1/18	OC.	att to 1 Dist C. H. Alencor		30/12/17	B 213.
17-1-18	OC	5 Day HN ^o 2, for (1) Breaking out of camp about 5pm (2) Disobedience of Orders. Found out of bounds in La Ferle Macé, without a pass. Absent without leave from 5pm until 10/30pm 13-18.		14/1/18	B 2069 P 295 7-4 df 23/1/18
30. 5. 18	2 Dist H. C. F. C.	Forfeits 3 days pay for woods. 1. failing to salute an officer. 2. Insolence to a n. c. o.		27.5.18	B 2069. 07 07
27-6-1918	ov 42 Coy C. J. C.	14 days F.P. No 2 27-6-1918 pr. A.W.O.L. from Lathos 10-pm. 7-6-18 until 7-pm 8-6-1918 (at which time he reported at G.H.C.A. Hq. Alencor) forfeits 2 day pay by R.W.		7/6/18	B 2069 pr 50. 39 of July 1918
2-10-18	OC 1 Dist 606.	Surgically Ill. admitted Hospital Macle, Alencor, diagnosis Stab Wounds abdomen, back and arms		2-10-18	7/18868
5-10-18.	43 C. J. C.	found 6. Hip muscle Alencor		2-10-18	B 213.

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

Awaw

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

350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps #2 Construction Battalion, C. E. F.

Regimental No. 931731 Rank Private Name Leon Bush

C. E. F.

Enlisted (a) 7/1/17 Terms of Service (a) Duration of War Service reckons from (a) 7/1/17

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

Extended Re-engaged Qualification (b) Laborer

CERTIFIED CORRECT,
6 JUN. 1917
CAN. RECORDS, LONDON.

Report	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date: <u>7/1/17</u> From whom received: <u>O. B. 2nd Bn Construction</u>	<u>Embarked, Canada</u>	<u>Halifax N.S.</u>	<u>25/3/17</u>	
	<u>Disembarked, England</u>	<u>Liverpool</u>	<u>7/4/17</u>	
	<u>Proceeded Overseas</u>	<u>Seaford</u>	<u>17/5/17</u>	<u>Pt 2 D.O.#</u> <u>Transfer Capt</u> <u>for Capt & Adj</u>
<u>21.5.17</u> <u>OC</u>	<u>Landed in France</u>	<u>17-5-17</u>		
	<u>Forfeits 5 days pay for making away with Iron Rations</u>	<u>7ld.</u>	<u>21.5.17.</u>	<u>B2069 Part 2. 119. 25/7/17</u>
<u>6.7.17.</u> <u>OC</u>	<u>Sentenced 7 days J.P. for Wiffully throwing away ration</u>	<u>Jld.</u>	<u>5/7/17</u>	<u>B2069. Pt II 0/22 7/5/17</u>
	<u>Insolence to an N.C.O</u>			

(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.]

*Name **BUSH, Leon** Rank **Pte.** Regtl. No. **931731**

Fyle Depot **19-B-791.**

Original unit **2nd Con. Bn.** Present unit **D. D. No. 4** **M.** or **S.** Age **25** Religion..... Ref. H.Q.....

Port, ship and date of arrival..... **Halifax, N.S.** **"Emp. of Br."** **22-1-19.**

Next of kin..... **(F) Leon Bush, 156 Clinton Ave., Chicago, Ill. U.S.A.**

Address on leave..... **93115 Prairee Ave., Chicago, Ill. U.S.A.**

Address on discharge.....

Transportation issued **Yes** No Date..... Character on discharge.....

Previous occupation..... **Labourer** Date and place of enlistment..... **8-1-17 St. Catharines, Ont.**

Diagnosis..... Date of Medical Boards.....

Date	Remarks	Pt. 2 Order No.
29-1-19	T.O.S. from O/S 12-1-19. Posted to Cas. Coy 23-1-19.	
	Fur W/S to 8-2-19.	29.

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

Date

Remarks

Pt. 2 Order No.

15-2-19

SOS. di.s 1420. Para. C. demob. effect 13-2-19 Cat. "A"

46

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

Surname Christian Name or Names Reg. No.

BUSH L 931731
 Rank 1. Pte. Unit 1 NS. (2 Con.)
 2.
 3.
 4.

Cas. List.	Hospital and Diagnosis.	Date
8-10-18. A338	Mixte H. Alencon Dangerously Ill. Stab Wd Abdom, Back & Arms. <i>RW</i>	8-10-18.
6-11-18. A363	Note Ref A338 Cas now ascertained to be accidental. <i>add</i>	
27-5-19. A513	Dis.....	2-12-18.
3-7 -19 A518	Note Ref A513 Date of Discharge. should read.....	31-12-18.

Cas. List.

Hospital and Diagnosis.

Date

NAME

Bush Leon

REGT'L. No.

931731

RANK AND CORPS

2 Cavalry

H. Q. FILE NO 649

FOLLOWS

No.

CABLE

FOLLOWS

NO.

DATE

NATURE OF CASUALTY

*612
37-8*

10-10-18

*Danquill Muxter A. Aleneon
Oct. 2nd 1918 wds abdomen
back arms stabbed
Wife Leon Bush (father) 156 Clinton
Ave. Chicago Ill. USA
Mrs Theresa Blue (sister)
3515 Praerill Ave Chicago
USA*

*Wife
Mrs
such as 348*

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A. 338 ^①	Hosp Mixte Alencon	2-10-18	Dang. ill, stab. Wds Abdomen, Back & Arms Report 363 used
A513.	" " "	2-12-18	" " "

ms

Number 931.731

Rank

~~Vte~~
1st Lt
1st Lt

Surname BUSH

Christian Name Leon

Units C.O.R.C.C.

Theatre of War

France

Date of Service 17/5/17

Remarks

Latest Address 3515 Prairie Ave.,
Chicago, Ill.

Roll No. 404 Liberty St Utica N.Y. U.S.A.

200m.-6-21. *B Page 21448*

GRATUITY (IMPERIAL)

Winnipeg

RESERVED FOR THE
REGIMENTAL
DEPT. 2

DESP. NOV 22 1924
REGN. NO. 7786

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

No.

RANK

Pte

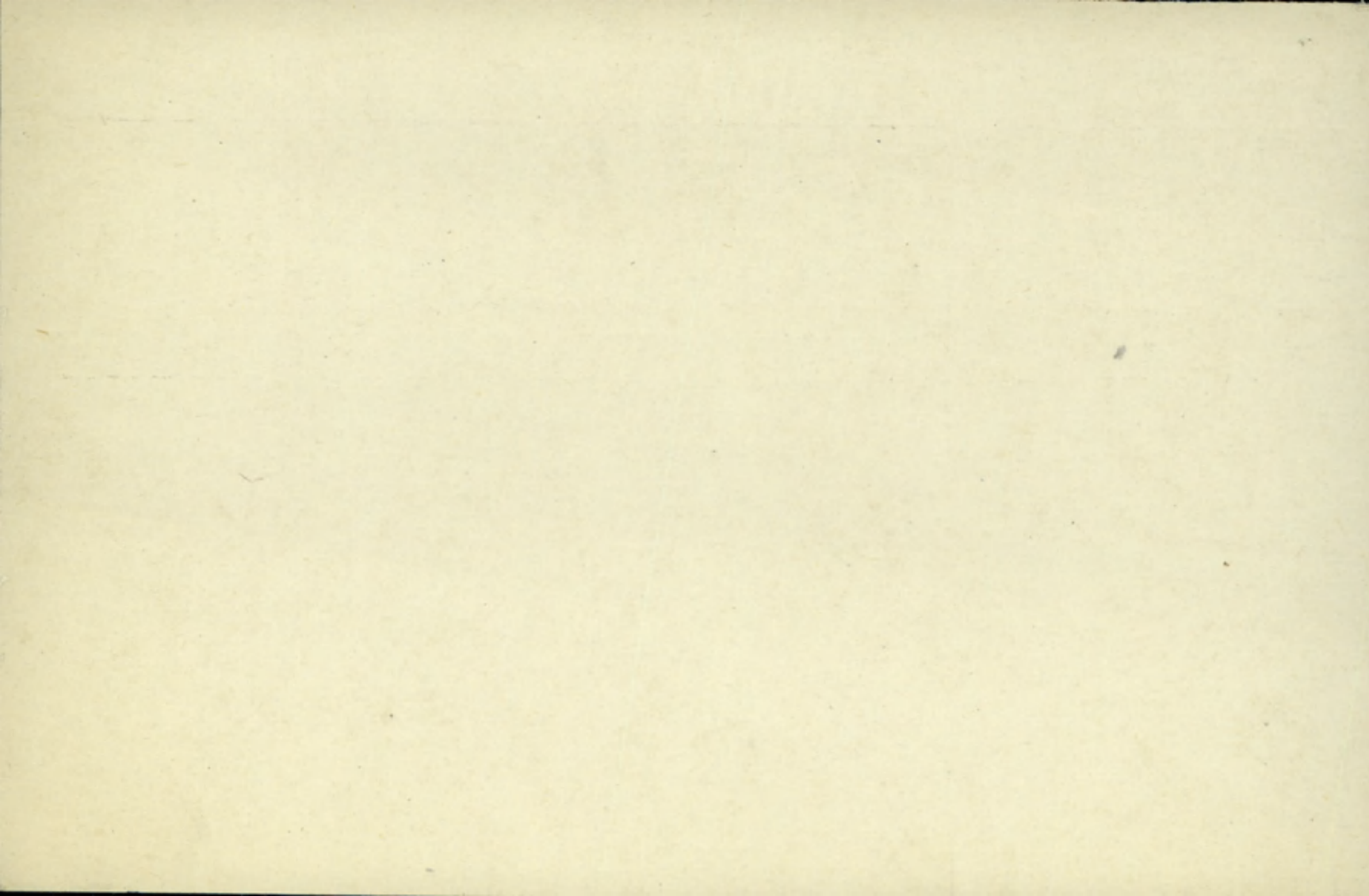
NAME

*Bush. Leon.*T. O. S. *7-1-17*

UNIT

*Recruiting Depot - St. Catharines**20 2 of Jan. 1917*M. D. *2*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1917</i> <i>Jan. 7</i>	<i>1917</i> <i>Jan. 7</i>	<i>n.</i>	<i>transfd to #2 bon. Bn 21-17</i>	<i>20 2 of Jan. 1917</i>



No. 931731. RANK *Pte.*

NAME *Bush. Leow*

T. O. S. 7-1-17

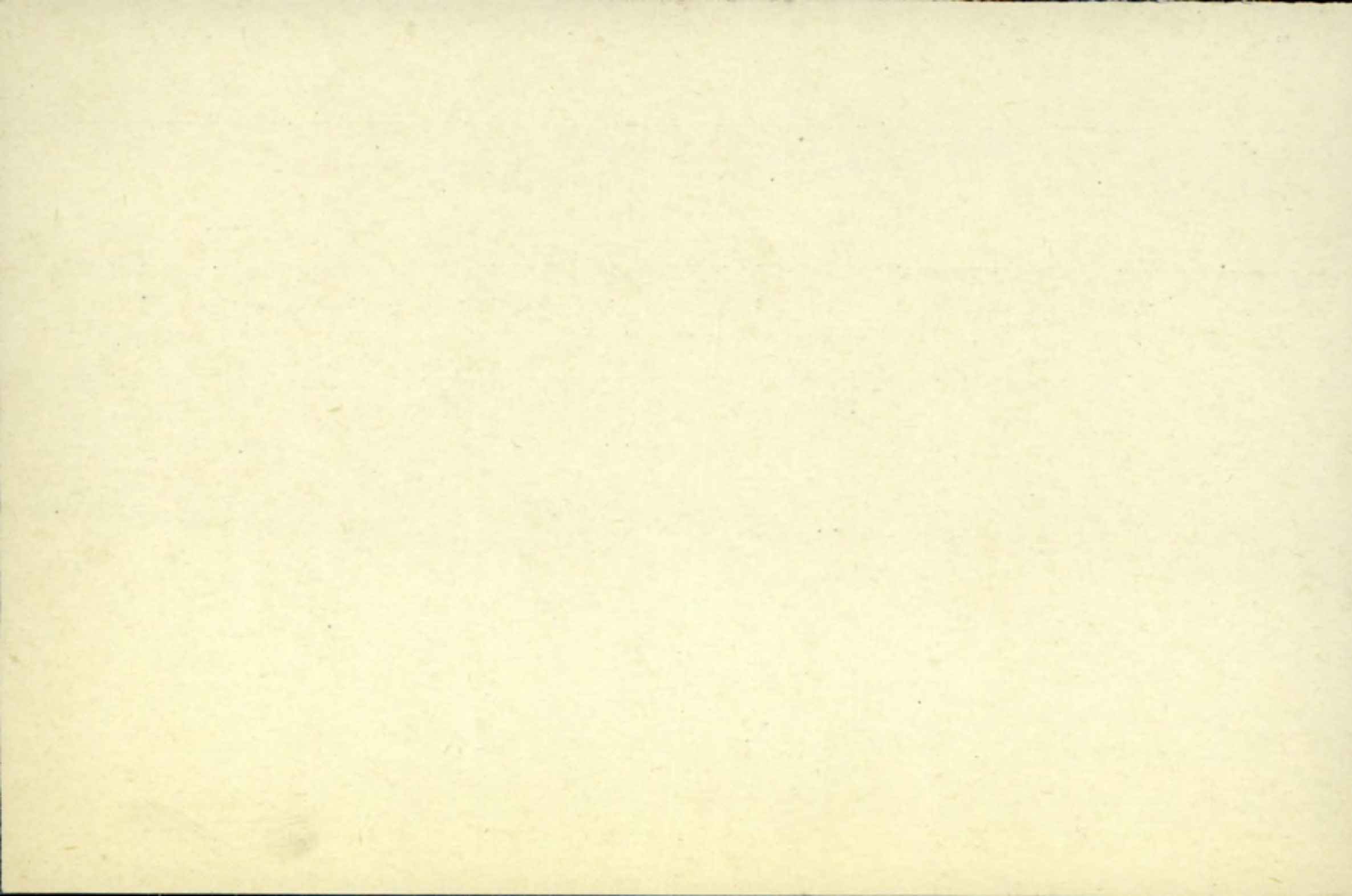
UNIT

No 2. Construction Battalion.

A.O. 16. 18-1-17

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1917</i>	<i>1917</i>			
<i>Jan 7</i>	<i>Jan 31</i>	<i>✓</i>		
<i>Feb.</i>		<i>✓</i>		
<i>Mar</i>		<i>✓</i>		



From Halifax S.S. "Southland" 28-3-17.

MARRIED SINGLE ^{Yes} WIDOWER

TRADE OR CALLING Labourer RELIGION - -

DESCRIPTION.

APPARENT AGE 23 YEARS 4 MONTHS

HEIGHT 5- FEET 9 1/2 INCHES

CHEST MEASUREMENT 35 1/2 INCHES EXPANSION 1 1/2 INCHES

COMPLEXION Coloured EYES Brown HAIR Black.

DISTINGUISHING MARKS Right-eye 20/20 Left-eye 20/30
Left-arm cannot be fully extended at elbow.

MEDICAL EXAMINATION. PLACE St Catharines, Ont DATE 8/1/17.

Present Address - St Catharines, Ont.

SURNAME. *Bush*

649-B-31283

CARD NO.

4 S. O. S. 13/2/19

CHRISTIAN NAMES

Leon

(Memor. 1 FOLL. 46)

REGL. NO. *931731*

RANK *Pte*

(with N.O. 8 9. 15/2/19)

UNIT *No 2 Construction*

Ben

FORMER CORPS

NEXT OF KIN.

CHANGE OF ADDRESS

NAME *Blue, Mrs Theresa*

RELA *Sister*

ADDI *3515 - Prairie Ave,
Chicago, Ill.
U.S.A.*

Case records 3-2-19

COUNTRY OF BIRTH *U.S.A. Chicago, Ill.*

DATE *Sept. 18th 1893.*

PLACE OF ATTESTATION *St Catherine, Ont.*

DATE *7/1/17.*

of 28-3-17

*MP 25-1-19 259 (Pte)
5-4*

LEON

Name BUSH

Rank PTE

Reg. No. 931731

Unit 2nd CCC.

Next of Kin U.S.A.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918 2-10	Hosp Milt - Alencor Naug. Ill.	Stab. Wds abdomen, back & arms.		A 338	A 162	2788
Read as above as	accidental			A 363		A 3458
3-12	Discharged			A 513	A 513	Rec. Sheet
Ref A 513	correct date of Discharge	should read		A 518		9320
	31-12-18					
			L/H	21-3		

Misc Con Base Rec 78/5

JM

Rank **Rank** Name **BUSH, Leon.** Reg'l No. **931731**
 Unit **No. 2 Const. Bn.** ^H If in perm. Corps, }
 What Unit? } Married or Single **Single.**

Place and Date of Enlistment **St. Catharines. 7th Jan 1917.** Place of Birth **Chicago, Ill., U.S.A.**

Name and Address, Next-of-Kin **Leon Bush. 156 Clinton Ave., Chicago, Ill., U.S.A.** *M^{rs} THERESA BLUE, 3515 PRAIRIE AVE. CHICAGO, ILLINOIS, U.S.A.*
 Relationship **Father. (SISTER)**
Authy: R.L. 29-S for Jan 2/19.

Assigned Pay Monthly \$ Payable to Relationship **6589**

Separation Allowance \$ Payable to Relationship **OR CAN**

Discharge, Date and Place Reason Character

H. W. & V., Ld.—9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
					<i>Arrived in England via S.S. Southland 7.4.17</i>
	"C"				<i>Arrived</i>
<i>14-6-17</i>	<i>#2 C.C.C.</i>	<i>Arrived in France</i>	<i>Field</i>	<i>17-5-17</i>	<i>115</i>
<i>8.10.18.</i>	<i>2nd C.C.C.</i>	<i>Wounded accidental</i>	<i>Pt- Field</i>	<i>2.10.18.</i>	<i>B.L.A. 338.</i>
<i>2-11-18</i>	<i>2nd C.C.C.</i>	<i>Accid. Injured whilst in Perf of mil duty.</i>	<i>Pt- Field</i>	<i>2-10-18</i>	<i>Pt- 2061</i>
<i>16-12-18</i>	<i>W.S.R.D.</i>	<i>T.O.S. from 2nd C.C.C.</i>	<i>" Bishop</i>	<i>14.12.18</i>	<i>NO 305-71 / 19.12.18 2nd C.C.C.</i>
<i>27.12.18</i>	<i>H.S.R.D</i>	<i>ofc to C.D.D. Rhyll</i>	<i>"</i>	<i>27.12.18</i>	<i>- 313</i>
<i>25.1.19</i>	<i>U.S.A. G.</i>	<i>recused ofc to Rhyll & S.O.S. to C.G.T. Canada</i>	<i>" Repou</i>	<i>12.1.19</i>	<i>- 18</i>

A.F.B. 103 CHECKED
28 MAY 1917

Casualty Form Active Service.

Regiment or Corps *No 2 Edu Communication Coy*

Rank *Private* Surname *Bush* Christian Name *Leon*

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

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

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

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

Occupation..... Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., during active service as reported in Army Form B.213, Army Form A. 36 or in other official documents. The authority to be quoted in each case	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36 or other official documents.
Date	From whom received				
		Embarked			
		Disembarked			
	<i>no war.</i>	<i>accidentally injured whilst in the performance of military duties</i>	<i>India</i>	<i>2-10-18</i>	<i>9503428 ref Feb 1918 1644 28/19337 150617 2nd 1918</i>
<i>9-11-18</i>	<i>W/43 Coy</i>	<i>In selection Hospital</i>	<i>Albion</i>	<i>1-11-1918</i>	<i>B213</i>
<i>23-11-18</i>	<i>43 Coy C.F.C.</i>	<i>Returned from Hoop.</i>		<i>20-11-18</i>	<i>B213.</i>
<i>11¹²/18</i>	<i>W/43</i>	<i>Trans to Eng. hospital W. S. Reg report from Holt</i>		<i>14¹²/18</i>	<i>W/344</i>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) Signaller, Shoeing-Smith, &c.

Ed Hewell
Lieut. Col. G. H. Q. 3rd Echelon, C.E.F.
Canadian Section, G. H. Q. 3rd Echelon, C.E.F.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
17.12.18	A.S.R.D.	T.O.S and attd 2nd C.C.D. for Quarters and Rations	Bramshott	14.12.18	D.O. 305
	NSRD	ON COMMAND TO <i>Doc Kimmel</i> <i>Rhyle</i>	BRAMSHOTT.		PART II D.O. <i>JKD</i> 313 <i>27</i> / ¹² / ₁₈
		Attached C.C.C. Kimmel Park for return to Canada			<i>ba. Knight</i> LIEUT. OFFICER i/c RECORDS, NOVA SCOTIA REGTL. DEPOT.
		Part II Order No.			<i>Over</i> <i>W.H. Owens</i> <i>96 for O.C. M.D. 495</i>
		Ceases to be attached C.C.C. Kimmel Park on Embarking for Canada Part II Order No.			
13.7.19	S.O.S. Discharged	Cat. A Demab.			D.O. 4/00/46 <i>App. Post</i> Lieutenant, Officer i/c Discharge Section, District Depot No. 4.

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263	Attestation Paper Militia Form W. 23
Squadron } Conduct Sheet, " B. 263a	or Particulars of Recruit " W. 133
Battery } Company } or Field Conduct Sheet " W. 178	Proceedings on Discharge " B. 218
Copies of Convictions, by C. P. in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of
Med. Hist. Sheet, Militia form B. 313	
Casualty Form " W. 54	
Medical Report for Invalid§ " B. 227	
Dental History Sheet " B. 465	
Last Pay Certificate " W. 44	(a) Proceedings on Discharge.
Duplicate Discharge Certificate " W. 39A	(b) Attestation.
‡Form of Will " W. 82	(c) Medical History Sheet.
§Only if discharged "Medically unfit."	
‡Only if man has not been overseas.	

Documents not accompanying this form should be crossed out.

Montreal, Que.
I hereby certify that the following documents are unobtainable.
Feb. 13, 1919.

Officer Commanding.

N.B.—In the case of a man discharged by purchase,
Montreal, Que.
the date and number of Deposit Receipt with
amount of same is to be noted hereon.
Feb. 13, 1919.

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.	931731
Rank	Pte.
Surname	BUSH.
Christian name	Leon.
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	2nd. Con. Bn.
Date of discharge	Feb. 13, 1919.
Place of discharge	Montreal, Que.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....25.....years.....5.....months.	Descriptive marks
Height.....5.....feet.....9½.....inches.	
Complexion Colored,	Scar right side, Linear
Eyes Brown	scar left eye.
Hair Black	
Trade Laborer	
Intended place of residence	3515 Parrire Ave.
(To be given as fully as practicable.)	Chicago. Ill.
2. The above-named man is discharged in consequence of	
Demobilization Category A. R.O. 1420 Para C.	
Authority for discharge.....	
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.	
3. Conduct and character while in the service have been, according to the records, etc.	
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.)	

M. F. B. 218.
200M.—5-18.
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).....

(Date)..... Commanding.....

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, and that I have received my permanent discharge certificate.

(Place) Montreal, Que. Louis Bushi (Signature of Soldier.)

(Date) Feb. 13, 1919. J. Hunter (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) Montreal, Que.

(Signature) [Signature] Lieutenant, Officer i/c Discharge Section, District Depot No. 4.

(Date) Feb. 13, 1919.

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.)

NO RESERVATIONS

Louis Bushi

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME: <i>Bush Leon</i>			
EFFECTIVE DATE:-		EFFECTIVE DATE:-		NUMBER: <i>931731</i>			
AMOUNT:-		AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT			
NAME, ADDRESS, RELATIONSHIP & AUTHORITY				AUTHORITY			
UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK.				DATE EFFECTIVE			
				RANK OR APPOINTMENT			
				UNIT AND TRANSFERS			
				ORIGINAL UNIT: <i>2 Construction Bn</i>			
				DATE ACCOUNT FIRST OPENED: <i>1st April 1917</i>			
				AUTHORITY			
				DATE EFFECTIVE			
				DATE LEDGER SHEET T'S'ED			
				UNIT TRANSFERRED TO			
				<i>Canada</i>			
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS							
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>9/12</i>	<i>6602</i>	<i>Trance</i>	<i>7.66</i>				
<i>18/12</i>	<i>3568</i>	<i>B.R. U.C.</i>	<i>9.73</i>				
			<i>14.39</i>				
DAILY RATES OF PAY AND ALLOWANCES							
AUTHORITY				PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
				<i>1</i>	<i>-</i>	<i>-</i>	<i>10</i>

PARTICULARS OF RENDERING NON-EFFECTIVE: *His to ban 31/12/18* *Li. Blee R.P.C 518.66*

1918 MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
MAR	<i>Bal Ford</i>								<i>307.14</i>	<i>167</i>	
	<i>Apr Pay to</i>	<i>33</i>								<i>177.50</i>	
				<i>AR 266 15/4 CFC 2nd</i>	<i>2.68</i>						
				<i>AR 287 29/4 " " " "</i>	<i>3.57</i>				<i>333.89</i>	<i>182</i>	
					<i>6.25</i>					<i>192.50</i>	
May	<i>P. Pay</i>	<i>33</i>									
				<i>AR 356 3/5 CFC 12</i>	<i>3.57</i>						
				<i>AR 571 17/5 - " -</i>	<i>3.57</i>						
				<i>AR 1101 28/5 CFC 2</i>	<i>2.68</i>				<i>358.17</i>	<i>197</i>	
					<i>9.82</i>					<i>207.50</i>	
June	<i>P. Pay</i>	<i>33</i>									
				<i>AR 906 7/6 CFC 1</i>	<i>3.57</i>						
				<i>AR 494 15/6 " " " "</i>	<i>4.46</i>						
				<i>AR 1102 22/6 " " " "</i>	<i>3.57</i>						
				<i>30th 3 days pay 27/5. Furlough to salute. Indolence to RCO 130 3rd 2 Com 14/6/18</i>	<i>11.60</i>				<i>376.27</i>	<i>229.00</i>	
				<i>4 days FP 2. 24/6/18 with from 10th 10th 7/6 to 7pm 8/6/18. 30th 2 days pay under R.W. 130 39 5/7/18. 2 Com</i>	<i>3.30</i>						
					<i>17.60</i>						
				<i>AR. 1501 22/7 CFC 1</i>	<i>3.57</i>				<i>389.20</i>	<i>228</i>	
					<i>3.57</i>						
Aug	<i>OP.</i>	<i>34</i>									
				<i>AR 1696 6/8 CFC 1</i>	<i>3.57</i>						
				<i>AR 1944 21/8 " " " "</i>	<i>3.57</i>				<i>416.16</i>	<i>243</i>	
					<i>7.14</i>						
Sep	<i>OP.</i>	<i>33</i>									
				<i>AR 2199 6/9 CFC 1</i>	<i>3.57</i>						
				<i>AR 2440 23/9 " " " "</i>	<i>3.57</i>				<i>442.02</i>	<i>258</i>	
					<i>7.14</i>						
Oct		<i>33</i>									
				<i>2929 23/10 " " " "</i>	<i>7.46</i>				<i>468.66</i>	<i>273</i>	
					<i>7.46</i>						

(DOW)

NUMBER	RANK	NAME		MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
													468 66	273	
					PP now	33		3096 11/11 to 26 ↓	3 75					288	now
					✓ clear	3410		3503 25/11 ✓	13 06					303	clear
					Int dep pay to 31/12/18	14	08	6602 10/12 Base	16 79				533 05		
								3565 9/17 28R	4 66				518 66	✓	
									9 75						
									31 18						
								Auto 1173 9/1 Cap. 28R	1 32				517 34		
									1 32						
									1 32						

*DD Canada 12/1/19
Bo 18 25/1/19 28R*

468.66
67 10
14 08
549 84
16 79
533 05
14 39
518 66 R.R.

cash
16 79
14 39
746
38.64

CANADIAN
ASSIGNED PAY AUDITED
nil.
J.P. Miller
AUDIT CLERK
DATE 17-5-79

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

M. OR S. REGT. No. 931731 RANK *Pte* NAME (IN FULL) *BUSH, LEON*

ORIGINAL UNIT C.E.F. *2nd Con. Bn.* IF IN P.F. WHAT UNIT? *(BLOCK LETTERS, SURNAME FIRST)*

PLACE OF ATTESTATION *St Catharines* TRANSFERRED TO *X* DATE *Feb* AUTHORITY

DATE OF ATTESTATION *7-1-17* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY, \$ *Nil* DATE EFFECTIVE

PAYABLE TO *Windsor St Branch.* RELATIONSHIP ANY CHANGE IN ASSIGNED OR ADDRESS

ADDRESS *Bank of Montreal*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED *Montreal* PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

13-2-19 DD4-19-B791 Do-46/10

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT			COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3					DEBIT	CREDIT	
<i>Jan.</i>			<i>7 20</i>		<i>7 20</i>	<i>19945</i>	<i>31</i>		<i>100 00</i>						<i>100 00</i>	<i>92 80</i>		
<i>Feb.</i>			<i>6 40</i>	<i>4 20</i>	<i>467 76</i>									<i>92 80</i>	<i>42 80</i>			
<i>1/2/19</i>	<i>1-10</i>																	
<i>13-2-19</i>	<i>13</i>		<i>14 30</i>	<i>35 00</i>	<i>530 66</i>										<i>507 86</i>	<i>70 00</i>	<i>U.S.C.</i>	
					<i>539 86</i>										<i>60 96</i>			
									<i>507 86</i>									
<i>13-3-19.</i>					<i>4 20 00</i>										<i>40 00</i>	<i>40 00</i>	<i>350 00</i>	<i>D. D. C.</i>
<i>14-4-19</i>															<i>40 00</i>	<i>40 00</i>	<i>280 00</i>	<i>B 6374</i>
<i>13-5-19</i>															<i>40 00</i>	<i>40 00</i>	<i>210 00</i>	<i>23087</i>
<i>13-6-19</i>															<i>70</i>	<i>70</i>	<i>140</i>	<i>301951</i>
<i>13-7-19</i>															<i>70</i>	<i>70</i>	<i>70</i>	<i>53870</i>
															<i>40</i>	<i>40</i>	<i>0</i>	<i>1064264</i>
															<i>40 00</i>	<i>40 00</i>	<i>0</i>	<i>Final</i>
															<i>70 00</i>	<i>70 00</i>	<i>0</i>	<i>Oct. 31 days w.l.h.</i>
																		<i>Service from 17-1-17</i>
																		<i>to 13-12-19</i>

P. 659
MARRIED OR SINGLE 5

PLACE OF BIRTH Chicago, Ill. U.S.A.

NAME AND ADDRESS OF NEXT OF KIN Lew Bush
156 Linton Ave Chicago, Ill.

RELATIONSHIP OF NEXT OF KIN Father

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL &c

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L No. 931731 RANK

NAME Bush Lew

IF IN PERM. CORPS) UNIT 240000 TRANSFERRED TO DATE AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION St. Catharines, Ont TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 17 July 54 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS				
	No OF DAYS	RATE	AMOUNT		No OF DAYS	RATE				AMOUNT		1	2	3	4	1	2				3	4				a	s	CREDIT	DEBIT
			\$	c.						\$	c.																		
									29 33	29 33									29 33						Real from Canada				
										33 02									62 33			15 -	47 33		A 12945				
Apr/30	30	110	33	00																									
May 1-31	31	-	34	10						34 10									973			14 60	81 83	30 00	51 83				
JUN 1-30	30	-	33	00						33 00									487			4 87	109 96	45 -	64 96				
JULY 1-31	31	-	34	10						34 10									487					60 -	78 56	for 4 days 5th pay 21.5.17 D.O. 11.7.17-25.7.17			
AUG 1-31	31	-	34	10						34 10									5 50			5 50	138 56	60 -	78 56	8th day FP 21.5.17 D.O. 11.7.17-25.7.17			
SEP 1-30	30	-	33	-						33 -									7 70			11 27	161 39	75 -	86 39	8th day FP 21.5.17 D.O. 11.7.17-25.7.17			
									29 33	230 63									10 69			10 69	183 70	90 -					
									29 33	230 63									13 20			13 20	46 93	183 70					

12
27
16
22
11

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEPER. RED. PAY ENG.	SEP. ALLGE. PAY ENG.
									183 70		
	Selp. Mat.		26								
			183 70								
	OU P.P.		34 10	Six 5th FP 21.5.17-25.7.17				8 80			
				HR 585, 27.7.17, 28.7.17, alt C.F.C.				3 56			
				" 457, 31.7.17				3 57			
								7 13	8 80		
									201 87 105		

CANADIAN
ASSIGNED PAY AUDITED
[Signature]
AUDIT CLERK
DATE 17-5-19

92 951731. Bush. L.

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS					
	No. OF DAYS	RATE	AMOUNT	No. OF DAYS	RATE	AMOUNT				No. OF DAYS	RATE	AMOUNT	1	2	3	4	1				2	3				4	CREDIT	DEBIT		
													No.	DATE	No.	DATE	No.				DATE	No.				DATE	1	2	3	4
	MONTHS PARTICULARS		CR.1	CR.2	PARTICULARS		DR.1	DR.2	DR.3	DR.4	BALANCE	MEMO SER. RED. PAY	ALLG. PAY	ENG.																
	Oct Bal										201 87 105																			
Nov - P.P.	33	-			AR 517. 28 ⁹ / ₁₇ C.F.C.		3 57																							
					- 841 12 ⁰ / ₁₇ -		3 57																							
					" 963. 25 ¹⁰ / ₁₇ -		3 57				120																			
					" 1081. 10 ¹¹ / ₁₇ -		3 57																							
DEC	34	10			JAN 6 17 11 ⁹ / ₁₇ - Jan 17		3 57				251 12 135																			
	67	10					17 85																							
JAN 1918	34	10			AR 1250. 23 ¹¹ / ₁₇ 2 Combs		12 49																							
	34	10			" 1424. 21 ¹² / ₁₇ -		7 14				265 59 100																			
							19 63																							
FEB	30	80			SLA 50. FP 2. 14 ¹⁸ / ₁₈ . 20 4. 23 ¹⁸ / ₁₈			5 50																						
	30	80			AR 2030. 5 ¹⁸ / ₁₈ . 2 Combs etc. C.F.C.		3 57																							
					" 2371. 5 ¹⁸ / ₁₈ " 150 " France		3 57	5 50			283 75 162 50																			
							7 14																							
MAR 1918	34	10			AR 7610. 20 ¹⁸ / ₁₈ -		3 57																							
					" 1789. 26 ¹⁸ / ₁₈ etc.		3 57																							
	34	10			AR 1742. 8 ¹⁸ / ₁₈ -		3 57				307 14 179 50																			
							10 71																							