67069

I.D. number
No. d'identification

BYRNE

Surname
Nom de famille

William

Given names
Prénoms

KIA 16/09/16

NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL DES DOCUMENTS DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu Box. 1362

"CONTENTS CONFIDENTIAL"
"CONTENU CONFIDENTIEL"

ARC – 1048 (86/06)

31/5/18 and

Name BYRNE WILLIAM

Regt. No. 67069 Rank Pte

Corps 23rd Bn C.E.

Batt

R. O. No.

H. Q. No.

55883

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

Attestation Papers 1

Declaration of change of name

Authority for special enlistments

Documents of re-enlisted men

Regimental Conduct Sheet 1

Compulsory Stoppages

Casualty Forms 1

Proceedings on discharge

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 1

Clothing Transfer Certificate

Inventory of Kit

Last Pay Certificate

cards

1 Next of Kin Removed 15/1/18

1 Part II Order

1 Casualty

Killed in Action 16-9-16

#1362

2

14-15

14-15

1 15

A.F.B. 122 - 2

A.F.W. 3172-1

misc - 2

Terms of Bell

Copy

A.F.B. 122 - 2

A.F.W. 3237 - 3

misc. - 1

A.F.B. 122A - 2

A.F.B. 121 - 2

(B.12 - 2

pay card

M.F. 19-2-21 R.R.

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

~~#60~~ 75th ~~#64~~ missing

25th O 6/6

ATTESTATION PAPER.

No. 67069

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? ..... William Byrne
2. In what Town, Township or Parish, and in what Country were you born? ..... Halifax, Nova Scotia
3. What is the name of your next-of-kin? ..... Michael Byrne (Brother)
4. What is the address of your next-of-kin? ..... St. Peters Bay, Prince Edward Island.
5. What is the date of your birth? ..... March 31st. 1894
6. What is your Trade or Calling? ..... Clerk in D.R.C.
7. Are you married? ..... No
8. Are you willing to be vaccinated or re-vaccinated? ..... 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

Signed William Byrn (Signature of Man).

Signed Lewis Shamb (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William Byrne, do solemnly declare that the above answers made by me to the above questions 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.

Signed William Byrn (Signature of Recruit)

Date Nov 11 1914 Signed W B Medcalfe Lt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Byrne, 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.

Signed William Byrne (Signature of Recruit)

Date Nov 11 1914 Signed W B Medcalfe Lt (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 Halifax this 11th day of Nov 191 .

Signed Attorney J P (Signature of Justice)
~~in and for county of Hal~~

I certify that the above is a true copy of the Attestation of the above-named Recruit.

Signed G. A. Le Cain Lt Col (Approving Officer)

M. F. W. 23.
150 M.—12-14.
H.Q. 1772-39-841.

Description of William Byrne on Enlistment.

Apparent Age 20 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 4 ins.

Chest measurement: Girth when fully expanded ..... 37 ins.
Range of expansion ..... 4 ins.

Complexion .....

Eyes .....

Hair .....

Religious denominations:
- Church of England .....
- Presbyterian .....
- Wesleyan .....
- Baptist or Congregationalist .....
- Other Protestants ..... (Denomination to be stated.)
- Roman Catholic ..... yes
- Jewish .....

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).

Weight 123

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 Nov 11 1914 ..... J. A. Grant
Place Halifax N.S. ..... 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.

William Byrne ..... 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.

Signed G. A. Le Cain Lt Col (Signature of Officer)

Date Nov 27th 1914

Dest 3 C.17.

14312 649B3072

67069. Pte Byrne, W.

25th. Bn.

WILL

In case of my death notify Mr. D.M. LeBlanc Club Shoe Store Göttigen St. Halifax City Nova Scotia Canada and he will see about my Brother and Sister for he has my instructions

67069 W. Byrne A. Coy. 25 Batt C.E.F.

H. D.

E. Ontario

Number 67069 Rank Pte

Surname BYRNE

Christian Name William

Units 25th Bn Can Inf Theatre of War France

Date of Service 15/9/15

Remarks (B) Mr. Michael Byrne,

Latest Address St. Peters Bay,

P.E.I.

Roll No. B. Page 21245

200m.-6-21.

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

-68—D.P.—40M-1-12-19.

Name Byrne, William *Rank* Private *Reg. No.* 67069

Unit 25th. Battalion.

Next of Kin P.E.I. Canada.

RL 25. B. 227

Date		Movement	Place	Casualty	List No.	Notified N/KO.	W.O. List
1916							
16	1	No.2. Can. Sta.H.	B.Wnd.	L.Forearm	121	M3402	21/1
19	2	Duch.C.C.R.C.Hosp.	Taplow	do.	AB26		
26	4	C.C.H.Bearwood,	Wokingham.	do	B54		
10	5	Discharged		do	B64		
16.9.		Reported from Base MISSING.			A335.	02463.10.10	
		16-9-16 NOW FOR OFFICIAL PURPOSES PRESUMED TO HAVE DIED.			A533.		

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

CANADIAN CONVALESCENT HOSPITAL,

AT

Can. Convat. Hospital,
Bear Wood.

A. & D. CARD.

Regt. No. 67069. A. & D. No. 1362.

Rank Lapl. Corps 25 Bat.

Name Byrne. W. Age 22. Religion RC

Service at Home 10/12

" " Front 7/12

Diagnosis G.s.w. left fore arm.

Admitted 25 APR 1916

Discharged 10 MAY 1916

Place in Hospital 22 P C.B.A.B. Duty

M. H. Rec'd (See Document card)

Transferred

Results Stable.

P.T.O.

Taylor.

REMARKS: Wounded at Kemmel Jan 15/16
to Boulogne 1 month (Op. Force) No. 2 C. St.
Taylor 18/2/16 – 2 months wounds healed.
Feel well, good movement in arm.

R. 149.

Name BYRNE, William. *Rank* Private *Reg. No.* 67069.

Unit 25th. Battalion C.E.F.

Next of Kin Canada.

R.L. 25 B 2271

Date 1916.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
16.9.	Reported from Base	MISSING.		A335.	02463.	10.10.
	Enquiries to Mch Hutchison Red X Soc. Apl 10 11 Man a.					
16-9-16	Presumed dead			A 335		12/6/17

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

O.S.

CANADIAN CONVALESCENT HOSPITAL

AT

Can. Convalescent Hospital,
Bex Wood.

A. & D. CARD.

Regt. No. 67069 A. & D. No. 1362

Rank L. Cpl. Corps 25 Batt.

Name Byrne W. Age 22 Religion R.C.

Service at Home 10/1 v

" " Front 7/1 v

Diagnosis G. S. W. Left Forearm Jan/15/16.

Admitted 25 APR 1916 v

Discharged C.C.A.C. to Duty 10/5/16.

Place in Hospital 221 W.

M. H. Rec'd (See Document card)

Transferred

Results

P.T.O.

REMARKS:

4/24/18. remaing. JHM A.
5/4/18. Ecad D. JHM A.

C

SURNAME. Byrne. 649-B-2072.

CARD No. D

CHRISTIAN NAMES William.

FOLL.

REGL. No. 67069. RANK Pte.

UNIT ~~25th.~~ 40th. Batt.

FORMER CORPS Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Byrne. Michael.

RELATIONSHIP TO SOLDIER (Brother)

ADDRESS St. Peters. Bay. Prince Edward. Isl.

COUNTRY OF BIRTH Canada. Halifax. N. S. DATE Mar 31/94

PLACE OF ATTESTATION Halifax, N. S. DATE 11/11/14.

O/S 20/5/15. 88/34

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Clerk in I. C. R. RELIGION Roman Cath

DESCRIPTION.

APPARENT AGE 20 YEARS MONTHS

HEIGHT 5 FEET 4 INCHES

CHEST MEASUREMENT 33 INCHES EXPANSION 4 INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS Weight 123 lbs

MEDICAL EXAMINATION. PLACE Halifax DATE Nov 11/14

NAME Byrne William.

H. Q. FILE No. 649-B-2072

REGT'L No. 67069.

RANK AND CORPS Pte. 25th. Batt.

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
W3412	21-1-16	Adm. to No 2 Can. Stat. Hosp. Boulogne Jan 16th. (wounded left arm.)
O2463	10-10-16	Reported missing Sept 16th ✓
Cas. Sh. Rept. (Acc'd 8-9-17)	10-4-17.	Prev. rept. missing now for official purposes
27/B.2090 C	22-6-17.	presumed to have died on or since 16th Sept. 1916

NO. 3514

FOLL.

L. L. Job 87318—M. & D. 6106.

M. F. W. 42—25m.-10-15.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
121	#2 Can. Stat. Boulogne	15 16-1-16	B. Wnd. R. Forearm
B2.	D. C. C. R. C. Taplow	19-2-16	" " " " "
B54	Can. Convt., Bearwood	25 26-4-16	G. S. W. L. " "
	Wokingham		
B64	Discharged	10-5-16	G. S. W. L. Arm
A335	Left 1st from Base	16-9-16	Missing
a533	Two Pers missing	16-9-16	now for official purposes
	Presumed to have died on or since		

649-B-2072.

Byrne William #67069 Pte., 25th Bn

Meds. & Decs.	Brother	Mr. Michael Byrne St. Peters Bay, P.E.I.
P. & S.	Brother	Same as above.
Mem. Cross	Nil.	

Ser. # 798690

Eligible for 14-15 Star Pte 25th Bn

E.. .. .. V.M

E.. .. .. B.W.M

49341

Scroll Desp. APR 9 - 1921 Reqn. No Z 34649

Scroll Desp. JUN 26 1922 Reqn. No 940908 B.

R.R.

No 69 Rank Pte Name Byrne Wm.
67069 (Mar. pay list)

T.O.S. 10-11-14 Unit 25th Bn.
D.O.# 1-30-11-14

M.D. 6

Paid From	Paid To	Sig. or Rec't	Promotions, Transfers, Discharges, etc.	
			Particulars	Authority
1914 Nov. 10	1914 Nov. 30	✓		
Dec.		✓		
1915	1915			
Jan.		✓		
Feb.		✓		
Mar.		✓		
Apr.		✓		
May.		✓		
June		R.		

UNIT SAILED
MAY 20 1915

D.M.S. 1300.

Surname: Byrne
Christian Name or Names: W
Reg. No.: 67069

Rank: Pte
Unit: 25 Bn
Co.
Troop/Batty

Hospital: # 2 Can Stat Boulogne
Date of Admission: 16.1.16

Transferred: Dug of Can Rdk Tap Hosp. 19.2.16
Can Con Bearwood. Wokingham Hosp. 26.4.16

Hosp.

Hosp.

Diagnosis: Bldd. L. Forearm

(1)
Later Diagnosis (if changed): ~~Neurasthenia~~
(2)
(3)

Additional Diagnoses: If more than one state present
Previously Reported Missing Now for official purposes presumed to have Died on or since 16.9.16.
JR

DISPOSITION		Date	REMARKS
	#121		
C.L.		21.1.16	
	B2	22.2.16	Discharged 10.5.16.
	B54	" 1.5.16	Rep from Base Missing 16.9.16
	B.64	C.L. 12.5.16	
	A/335	" 10.10.16	
	a 533.	12.6.17	

A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.F.C. London.

B

EPITOME OF HOSPITAL TREATMENT.

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

(9173)—Wt. W12165—2146.—1,250,000.—2-15.—C. & G. Forms B. 103/1.

Army Form B. 103.

CERTIFIED CORRECT.
Canadian Records Office,
Westminster House,
7, Millbank, S.W.

Casualty Form—Active Service.

Regiment or Corps 25th Battn. C.E.F.

Regimental No. 67069 Rank Pte. Name Byrne, William.

Enlisted (*a*) 14/4/14 Terms of Service (*a*) Period of War Service reckons from (*a*) 11/11/14.

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*) _____

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				
25.9/15	25. Btn.	Disembarked	Boulogne	SEP 15 1915	Nom. Roll.
12-11-15	" "	To Grenade Class.	not S.	8-11-15	B213 12-11-15 S28 23-11-15
19-11-15	" "	To duty	With Unit	13-11-15	" 19-11-15
					E.F.
15-1-16	IV C 7a	Bt W. Gream	Tran	No 8. C.C.S	15-1-16	A36-15/1 D.C.S-68-4 2/16
17-1-16	No 8. CCS	G.S.W. L. Arm	Tran	No 14 Tran	16-1-16	A36-17-1-16. D.C.S-59-24/1
16-1-16	2 Stat Hp	B. W. L. Arm	adm	No 2 Stat Hp	16-1-16	W. 3034
14-2-16	do	do	Tran	To England	14-2-16	W 3034
14-2-16	H/S St Andrew	do	adm	H/S St Andrew	14-2-16	A36-14 2/16 - D.C.S - No 79-22 2/16 Part II order - 10-29-2-16 W 3083
17-2-16	H/S St Andrew	do	adm	H/S St Andrew	14-2-16	A36-17-2-16 D.C.S - No 81-25 2/16
6/6/16	17th Bn	Trans 25th Bn		Overseas	~~17th Bn~~ 6-6-16	J McGee Lieut. Adjt. 17th Res. Bn. B.O. 2403a. 6/6/16

(*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.

9177

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				
					C. V. Church Captain. for Lt Colonel. A.A.G.
25/2/14		Taken on strength 1st C. Sandling Promoted in France B.O. Nov 1914		25/2/14	
7-6-16	Can Bn dep	Arrived & taken on strength of 25th Bn	Field	7-6-16	Part II order 25 - 21-6-16
16-6-16	25 Bn	Joined Unit		9-6-16	B213 - Des. 162 - 23-6-16
21-9-16	25 Bn	Reported Missing		16-9-16	NRLS. Des. 229 - 6-10-16 Pt II order 63 - 16-10-16 J. Whogan Capt. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon,
12-6-17	25th Bn	Pres reptd Missing now for official purposes presumed to have Died	Field	16-9-16	CL 3-33 & Pro 972 9/2-7-17 J. Chaw LIEUT. FOR LT: COL: I/C RECORDS, C.O.M.R.

WILL.

In case of my
death notify
Mr. V.M. LeBlanc
Club Shoe Store
Halifax City
Nova Scotia
Canada
and he will see
about my brother
and sister for
he has my
instructions.
No.67069 W. Byrne A.Coy.
25th Batt C.E.F.

Certified a true copy
Lieut.
for Officer i/c Estates.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

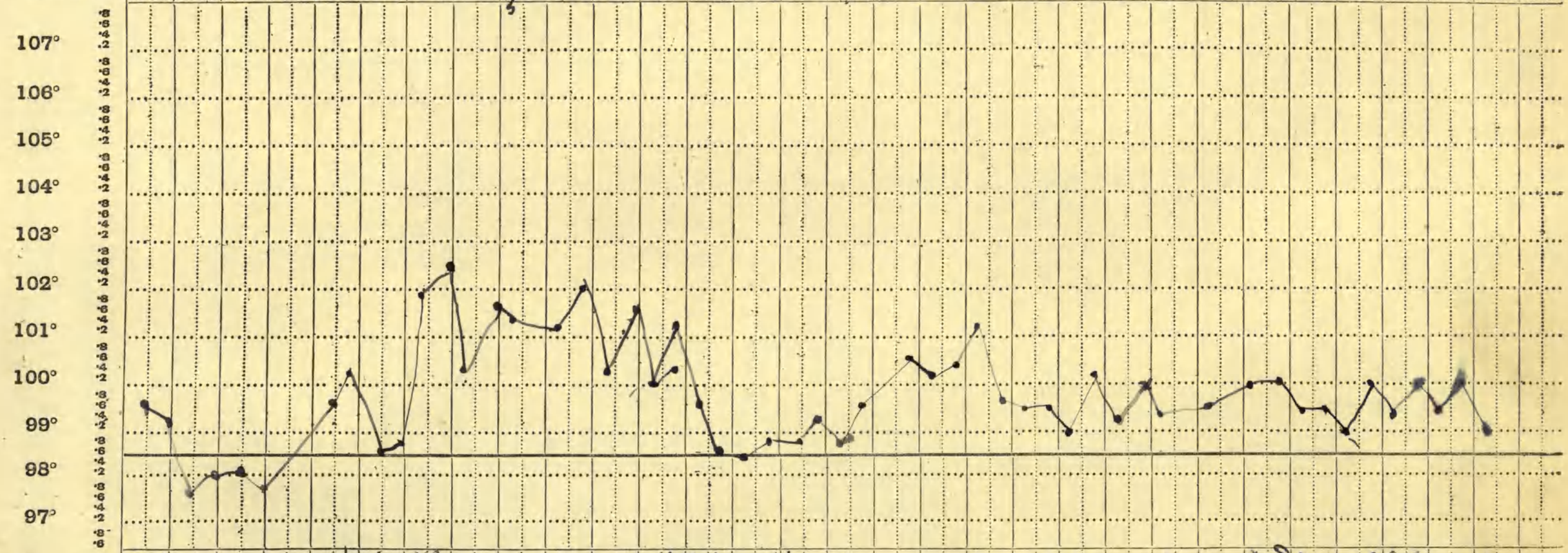
Corps 25 Bn. C.E.F.

Military Hospital No. 2 Can. Stat. Hosp.

No. 67069 Rank and Name L.C. Byrne Wm. Age 21 Service 1-2

Disease G.S.W. left forearm Date of admission 16-1-16 Date of discharge Feb. 14-16 Result Improved

Dates of Observation	Jan 17	18	19	20	21	22	23	24	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Days of Disease	1	2	3	4	5	6	7	8	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Temperature Fahrenheit	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.



Pulse per Minute	100 102	92	86		86 100	92 94	128 118	96 98	116	92 108	96 102	96 96	106 96 108	96 92	88	92 90	90	96	120	108 100	84 84	96 96	100	96	104 100	100 94	94 100	100 108	96 94	100	
Respirations per Minute	20 20	20	20		20	20 20	24 24	22 24	26	22 22	20 22	20 20	20 20	20 20	22	20		20	22	22 20	20 20	20 20	20	20	20 20	22 20	18	20 20	20 20	18	
Motions per 24 hours								1	0	0	0	1	1	1	1	0	1	1	1	1	0	0	1	1	1	1	1	1			

(2669.) W9043—1195. 800,000. 12/14. C.P., Ltd. Forms /B. 181/3.

Signature N. C. McCurdy, Sister In charge of case.

Forms
I. 1237
10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
0214	67069	L/C	Byrne	Wm
Year	Unit.		Age.	Service.
1916	2/5 Bn. C.E.F.		21	1-2

Station and Date.	Disease. L.S.W. left forearm.
No 2 Can Stat Hosp. 16/1/16	Patient admitted to-day – suffering from a B. Wd L forearm – forearm swollen tender + painful – Wd of entry small + comparatively clean
	Wdrd 15/1/16 A.T.S 15/1/16
	X-ray. — small piece of metal just external to ulna
29/1/16	Pt anaesthetized + arm drained – Continuous saline baths 4 hrs daily
12/2-16	genl condn good – arm draining well, oedema subsiding Transfer to England Class B
	[illegible] Capt

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

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S.

P.T.O.

Station
and Date.

Forms
I. 1237
10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
1362	67069	L/c.	Byrne	W.
Year	Unit.		Age.	Service.
'25 APR 1916	25 Bn.		22.	1/12

Station and Date.
Can. Conval. Hospital, Bear Wood.

Disease GSW L forearm
at Kemel Jan. 15-16 - To.
Boulonge 1 month operated on
twice & Taplow. Feb. 18-16 - here.
wd healed!
Discharged to C.C.A.C for duty 10/5/16

J H Moore
Capt

10-5-16

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

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S.

P.T.O.

Station and Date.	

No.2 Canadian Stationary Hospital.

EXTRACT FROM MEDICAL CASE SHEET.

- of -

Regimental No.	Rank.	Surname.	Christian Name.
67069	L. C.	Byrne	Wm

Unit.	Co.	Date of Admission.
25th Batt C.E.F.	(A)	16-1-16

Disease or Disability. S. W. left forearm.
Wd'd 15/1/16. A.T.S. 15/1/16

Cause of Disease or Disability.
(Showing whether caused by Enemy) Enemy shell.

Condition on Admission. Genl condn good – L. forearm swollen tender + painful.

General Line of Treatment.
Hypertonic saline dressings + baths

Laboratory Report. nil

X-Ray Report. small piece of metal in outer side of ulna

Operations. 24/1/16 Pt anaesthetized + wd drained. + cleaned

Condition on Transfer. ~~[illegible]~~ Swelling + oedema subsiding in arm wd draining freely. Genl condn good

A.W. Hutton Capt.
M.O. i/c Case.

(xs) (88572) Wt. 1554/1087 1000m 5-15 W B & L

Forms I. 1202. 80

Army Form I. 1202.

DIET AND EXTRA SHEET FOR PATIENTS IN HOSPITAL, AND EXTRA SHEET FOR DINING HALLS, AND KITCHEN SUNDRIES.

_____ Hospital, at _____ Period from _____ to _____

Regtl. No.	RANK AND NAME (Surname first).	Corps.	Squadron, Troop, Company, or Battery.	Age.	Service.	DISEASE.
67069	L/Cpl. Byrne	25th Con. Batt.		22		Shrapnel wds, L forearm

Ward Number.	Number in Admission and Discharge Book.	Admitted into hospital	Discharged from hospital	Religious denomination
H1		Feb. 18 1916	25/4/16 19	

If allowed up during certain hours, if fit for light hospital duty, or able to take meals in the Dining hall, state so.	Date.	Name of diet first time in full, afterwards abbreviated. — For dining hall, state number of patients.	EXTRAS OR KITCHEN SUNDRIES (Quantities in Words).	Initials of Medical Officer (first time name in full). All spaces in which no entries have been made must be severally obliterated by the Medical Officer thus——before he signs his name or initials.
Bed.	Feb. 18	?		J O'Mallan
	19			Jone
	20			Jone
	21			Jone
	22			Jone
	23			Jone
	24			Jone
	25			Jone
	26			Jone
	27			Jone
	28			Jone
	29			Jone
	March 1			Jone
	2			Jone
	3			Jone
	4			Jone
	5			Jone
	6			Jone
	7			Jone
	8			Jone
	9			Jone
	10			Jone
	11			Jone
	12			Jone
	13			Jone
	14			Jone
	15			Jone
	16			Jone
	17			Jone
	18			Jone
	19			Jone
	20			Jone
	21			Jone
	22			Jone
TOTAL IN FIGURES				

I certify that the above Diets,† Drinks,† Extras,† and Sundries† were ordered by me for* Patient and that they were necessary.

J O'Mallan Officer in Charge* J Jones

NOTE.—Extras may be ordered without at the same time ordering a Diet. After Diets or Extras have been entered on the Diet Sheet, no further entry need be made until a change is considered necessary. The entries will always be written in full opposite the date when any change is made; also on the day of discharge, or when a patient is transferred from the care of one M.O. to another.

* Insert here "Patient," "Dining hall," or "Kitchen."
† Delete as required to render the certificate complete.

W 11954/4075 750,000—11/15—H. & Sp. (4268). 86 Forms I. 1202 30

Army Form I. 1202.

DIET AND EXTRA SHEET FOR PATIENTS IN HOSPITAL, AND EXTRA SHEET FOR DINING HALLS, AND KITCHEN SUNDRIES.

Hospital, at _____ Period from _____ to _____

Regtl. No.	RANK AND NAME (Surname first)	Corps	Squadron, Troop, Company, or Battery	Age	Service	DISEASE
67069	L/cpl. Byrne	25th Can. Batt.		22		

Ward Number	Number in Admission and Discharge Book	Admitted into hospital	Discharged from hospital	Religious denomination
H1		Feb. 18 1916	25/4/16 19	

If allowed up during certain hours, if fit for light hospital duty, or able to take meals in the Dining Hall, state so	Date	Name of diet first time in full, afterwards abbreviated — For Dining Hall, state number of patients	EXTRAS OR KITCHEN SUNDRIES (Quantities in Words)	Initials of Medical Officer (first time name in full). All spaces in which no entries have been made must be severally obliterated by the Medical Officer thus ——— before he signs his name or initials.
Bed	March 9			D. B. Slatherne
	23			[illegible]
	24			[illegible]
	25			[illegible]
	26			[illegible]
	27			[illegible]
	28			[illegible]
	29			[illegible]
	30			[illegible]
	31			[illegible]
April	1			[illegible]
	2			[illegible]
	3			[illegible]
	4			[illegible]
	5			[illegible]
	6			[illegible]
	7			[illegible]
	8			[illegible]
	9			[illegible]
	10			[illegible]
	11			[illegible]
	12			[illegible]
	13			[illegible]
	14			[illegible]
	15			[illegible]
	16			[illegible]
	17			[illegible]
	18			[illegible]
	19			[illegible]
	20			[illegible]
	21			[illegible]
	22			[illegible]
	23			[illegible]
	24			[illegible]
	25			[illegible]
TOTAL IN FIGURES.				

I certify that the above Diets,† Drinks,† Extras,† and Sundries† were ordered by me for* _____ and that they were necessary.

_____ *Officer in Charge** _____

NOTE.—Extras may be ordered without at the same time ordering a Diet. After Diets or Extras have been entered on the Diet Sheet, no further entry need be made until a change is considered necessary. The entries will always be written in full opposite the date when any change is made; also on the day of discharge, or when a patient is transferred from the care of one M.O. to another.

* Insert here "Patient," "Dining Hall," or "Kitchen."
† Delete as required to render the certificate complete.

CLINICAL CHART.

(To be attached to Case Sheet.)

47
25
64

Army Form B. 181. Cross

Military Hospital W of C. Canadian Red Cross

Corps 25 Can. Bat.

No. 67069 Rank and Name L.C. Baynes J.P. Age 22. Service 15 months

Disease G.S.W. L forearm Date of admission Feb 18th Date of discharge 25/4/16 Result

64 days

1.0. 30 m morph. c̄ Atropine ... for 1/4 1/60.

Returned from special Orthopaedic ward

Pulse. Temp.

Dates of Observation	18	19	20	21		22	23	24	25	26	27th	28		March 1	2	3		March 4		5	5	6	7	8	9	10	15	16	17	18	
Days of Disease																		·													
Temperature Fahrenheit	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.
Pulse per Minute	88	77	76 100	108 108		108 100	108 102	96 100	96 100	94 100	96 100	96 90		104 105	104 1	96	90 92	84	104	88	90	72	68	80 78	68 72	94	96	92	78	96	
Respirations per Minute		20	20 20	22 24		22 20	22 20	20 20	20 20	20 20	18 20	20 18		20 15	20	18	20 18	20	20		20	18	·	20	20	20	20	20	20	22	
Motions per 24 hours				0			1																								

Signature J.S. Latham In charge of case.

(1002.) W9043—1195. 499,500. 1/15. K. & K. Forms/B. 181/3.

A.1

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Byrne *Christian Name* William

Examined { on 11 day of Nov 1914
at Halifax

Approved by O. Macdonald major
O.A.C.
Rank Pnr M.O.

Birthplace { City or Town Halifax
County N.S.

Apparent age 20 years

Trade or occupation Clerk

Height 5 Feet 4 Inches.

Weight 123 Lbs.

Chest measurement { Minimum 33 inches.
Maximum expansion 37 inches.

Physical development

Small-Pox Marks

Vaccination Marks { Arm Right. Left.
Number

When Vaccinated last Jany 19/15

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

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

Date	Fit or Unfit	Examined for Re-engagement,
		23-2-16. M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
19/1/15		J. Ross Hebel Amb M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
21/11/14		J. Ross Hebel Amb M.O.
2/12/14		J. Ross Hebel Amb M.O.
		M.O.

Enlisted on 11 *day of* Nov 1914 *at* Halifax

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	25th Bn. C.E.F.	67069		11-11-14
Transferred to..				

The Medical History Sheets of all men proceeding overseas, must be returned by the Officer commanding their unit to the Record Office when they leave England.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
CCac.	May 10th 1916	G.S.W. Forearm	Fit for duty. Clarification Capt. Bredent

Duplicate Medical History sheet posted to here: 1

Lieut.-Col. In Charge of Records, Canadian Contingent.

PRESIDENT, STANDING MEDICAL BOARD.

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

M. F. B. 313.

100M.—1-15.
H. Q. 1772-39-439.

Surname Byrne Christian Name Jas

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
DUCHESS OF CONNAUGHT, CANADIAN RED CROSS HOSPITAL, Taplow, Bucks.		18	2	16	25	4	16	GSW left forearm.	67	June 15 at Kemmel. bullet wd left forearm. entering on extension surface and lodging in flexor muscles. Septic wounds. cellulitis. piece removed. Mac 3 and incisions for drainage. rapid healing. some scarring & adhesion pain	J. P. Blatherwick Capt CAMC
Can. Conval. Hospital, Bear Wood.		25	4	16	10	5	16	do	do	20 15 Discharged to C.C.A.C for duty 10/5/16	W. H. Brothers Capt

DUCHESS OF CONNAUGHT, CANADIAN RED CROSS HOSPITAL, Taplow, Bucks.

Duplicate Medical History posted to here:

CANADA.

CERTIFICATE OF ARMOURERS AND ASSISTANT ARMOURERS INSTRUCTION.

This is to Certify *that* Pte. W. Byron, 25th. Battalion, C.E.F.,

has attended a course of instruction at the Government Inspection Department, Ross Rifle Factory, Quebec, P. Q., from the 12th. *day of* March, *19* 15, *until the* 3rd. *day of* April, *19* 15, *and is competent to give the necessary instruction for the proper care and use of Ross Rifles Mark III, and Maxim .303 Machine Gun, and Colt .303 Machine Gun as Armourer (or) ~~Assistant Armourer~~.*

J. B. Peters *Major,*
Temp. *Inspector of Small Arms*
at the Government Inspection Department, Quebec.

NOTE.—A copy of this Certificate is filed at

Canada, under No.

Geo Thoutmil Major
for A. A. G., *For Adjutant-General.*
I/c ADMINISTRATION, 5th DIV'N.

C. I. of A. and A., Form 15.

1m.—6-15.
H. Q. 1772—62-1.

CANADA.

CERTIFICATE OF ARMOURERS AND ASSISTANT ARMOURERS INSTRUCTION.

This is to Certify that .....

has attended a course of instruction at the Government Inspection Department, Ross Rifle Factory, Quebec, P. Q.,

from the ..... day of ..... 19 ..., until the ..... day of ..... 19 ...,

and is competent to give the necessary instruction for the proper care and use of Ross Rifles Mark III and Marks 303 Machine Gun and Colt 303 Machine Gun as Armourer (~~or Assistant Armourer~~).

.....

Major,

Chief Inspector of Small Arms

at the Government Inspection Department, Quebec.

NOTE.—A copy of this Certificate is filed at

.....

Canada, under No. .....

.....

For Adjutant-General.

C. I. of A. and M. A. (Armourer)

Missing Hd

Rank | Name BYRNE William | Reg'l No. 67069.

Unit 25th Bn. | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Halifax, N.S. 11th Nov. 1914. | Place of Birth Halifax, Nova Scotia

Name and Address, Next-of-Kin Michael Byrne. St Peter's Bay Prince Edward Island.

Relationship Brother.

Assigned Pay Monthly $ Nil | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place: Missing Off Pres Dead. 16/9/16. | Reason: 6La/533 d/12/6/17. | Character

PAY OFFICE N.S. BRANCH, OCT 23 1916, CANADIAN CONTINGENT

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
June 1 1915	June 30	30	1	30	30	10	3		33			27 50			27 50	5 50	
July 1	July 31	31	1	31	31	10	3 10		39 60			37 50			37 50	2 10	
								1 73					Adj Exchange			1 73	
Aug 1	Aug 31	31	1	31	31	10	3 10		34 10			34 06			34 06	3 87	
Sept 1	Sept 30	30	1	30	30	10	3		33			. . .	. . .	. . .	. .	36 87	
Oct 1	Oct 31	31	1	31	31	10	3 10		34 10			7 97	. . .	. . .	7 97	63	
Nov 1	Nov 30	30	1	30	30	10	3		33			16 95			16 95	79 05	
Dec 1	Dec 31	31	1	31	31	10	3 10		34 10			5 24			5 24	107 91	
1916 Jan. 1	Jan. 31	31	1	31	31	10	3 10		34 10			2 62			2 62	139 39	
Feb. 1	Feb. 29	29	1	29	29	10	2 90		31 90			- -			- -	171 29	Transf. 17th Bn. B.O.10. 29/2/16
Mar 1	31	31	"	31	31	"	3 10		205 39			4 86			4 86	200 53	25/Bn c 12/3/16
		305		305			30 50	1 73	337 23			136 70			136 70	200 53	

Statement of JUN 28 1917 Account rendered in Cash found in effects

BALANCE TRANSFERRED TO NEW LEDGER

Checked

Settled

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						

Forms
I. 1237
10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	67069	Sgt	Byrne	
Year	Unit.		Age.	Service.
1916	25 Can Batt.		22	

Station and Date.

Disease GSW. left forearm

Feb 18 On Jan 18 at Remmel while in front trench. patient received bullet wound of left forearm the bullet entering ~~[illegible]~~ extensor surface of forearm about middle and lodging in muscles on ant. surface of forearm. Sent to West Mob Hosp E.S. to Boulogne. There one day. Sent to Boulogne. There one month. Bullet extracted from ant surface of forearm - slow recovery. considerable discharged Post wound healed before arrival here. Sent to D of E Hosp Leptow.

Present Condition

Patient in fair general health Chest lungs & heart negative

Left Forearm

Wound of entry on post surface about 4 in above wrist. healed Wd of exit (operative) large. granulating. free discharge dry dressing

Jps left heart.

Feb 24. Considerable cellulitis about wound opened in one place & pus evacuated Jpe

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

Station and Date.	
Mar 3	Under general anaesthetic abscess found on ant surface opened up. piece of shrapnell removed. Two other incisions made and tube inserted thru - hot fomentation JPSE
Mar 7.	Arm much improved swelling gone dry dressing JPSE
Mar 12.	Abscess near elbow opened. JPSE
Mar 22.	Wds: healed. movement of forearm stiff JPSE.
Mar 26	Recommend massage JPSE

Rank Pte. Name BYRNE William Reg'l No. 67069.

Unit 25th Bn. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Halifax. N.S. 11th Nov. 1914. Place of Birth Halifax. Nova Scotia

Name and Address, Next-of-Kin Michael Byrne. St Peter's Bay Prince Edward Island.

Relationship Brother.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N.E.R.B. 5

M·X 19-2-21 R.R.

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
	"E"				K 139.14.
	Arrived	in England per S.S. Saxonia		29.5.15	
19-9-15		Embarked for France	Folkestone	15-9-15	Embarkation memo 288
21.1.16.	W.O.	Adm. No 2 Can. Station Y. Hosp.	Boulogne.	16.1.16.	"B. wd. L forearm". ON. Cas. Rep. 121.
22.2.16.	"	Tfd. to Duchess of Con. Can. R.C. Hosp.	Taplow. Bks.	19.2.16.	do. do. B.2.
29.2.16	to 25th.	Inval. & tfd. to Eng. wounded & struck off strength	In the field	14.2.16	Pt. II O. #10
25.2.16	C.C. C.C.A.C.	Taken on strength	Folkestone	19.2.16	Pt. II O. #15
1.5.16	25th Battn	Trans to Can. Con. Hosp.	Wokingham	26.4.16	C.L. B. 54. G.S.W. L. Forearm.
12.5.16.	do	Dischg. Can. Cons Hosp	Wokingham.	10.5.16	C.L. B.64. " "
12.5.16	CCac.	S.O.S. on trans to 14th Battn	Shorne	11.5.16	Pt. II. O. 158
12.5.16	O.C. 17th	Taken on Strength 17th Bn	E. Sandling	11.5.16	" " 139.

67069 Byrne. Wm.

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				
23. 5. 16	O.C. 17th	Joined after furlo	C. Sandling	23.5.16	Pt. II O# 150
30. 5. 16	"	Reduc to Ranks from L/C. for refusing to obey an order	"	30.5.16	" " 157a
6.6.16	"	Trans to 25th Bn	overseas	6.6.16	" " 164b
21.6.16	25th Bn	Arrd from Eng as Reinfts from 17th Res Bn taken on 25th Bn	In the Fd	4.6.16	Pt II 25.
10.10.16	"	Missing	"	16.9.16	CRA 335 ORN
16.10.16	"	"	"	"	Pt II 63.
12.6.17	"	Prco Rep'd Missing now for official purposes presumed to have Died on or since	"	16.9.16	CRA 533 ORR. & Pt II O# 72a/2.7.17

Army Form W. 3172.

Deepcut Hospital.

Ward Hy No. of Bed Date Feb 22/16

Regtl. No.	Rank and Name	Corps	Part to be X-Rayed
67069	Lce Cpl Byrne	25 CEF	Rt forearm

Short History of Case. (To be completed by M.O. i/c case)	Report on Result of X-Ray Examination. (To be completed by Radiographer.)
Bullet wd left forearm bullet extracted Possible injury to bone	No. of Plate 1336 A+B. Piece of metal in 3/4" below skin inner side on level of elbow.
Signature of M.O. [illegible]	Signature of Radiographer J. H. [illegible]
Date Feb 22	Date 24/2/16

W 8290—3262 100,000 8/15 H W V(M 1318) G. 15/1043

Married or Single: S

Place of Birth: Halifax . N. S.

Name and Address of Next of Kin: Michael Byrne
St Peter's Bay Prince Edward Isl.

Relationship of Next of Kin: Brother

Name and Address of Next of Kin:

Relationship of Next of Kin:

Separation Allowance Monthly $ Effective (Date)

Payable to

Relationship of Dependant

Completed by: Checked by:

Casualties, Promotions, &c.

Particulars	Effective Date	Authority
Missing 16.9.16	17/9/16	Ch A 335. 10/10/16
O.P.D.	16-9-16	
	C.L. 19/533	12-6-17

Admissions to Hospital, &c.

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

Reg'l. No. 67069 Rank Pte Name Byrne - William (Missing)

If in Permt. Corps What Unit: Unit 17th Transferred to 25th Bn Date 1/8/16 Authority Boxtos 6-6-16

Permanent Force Allowances Transferred to 4 R.B. Date 17/9/16 Authority Ch A 335. 10/10/16

Place of Attestation Halifax Transferred to Date Authority

Date of Attestation Nov 11 1914 Transferred to Date Authority P.B. No.

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 Missing 16/9/16 Ch A 335. 10/10/16.

Account transferred to Non-Effective Branch (Date) 17/9/16

Account transferred to Officers' Pay Branch (Date)

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
1916.																																			
															337 23															136 70	200 531				
Apr 1-30	30	1.00	30		30	10	3								33 00											2 43				2 43	231 10				
May 1-31	31	1.00	31		31	10	3	10						× 528	34 10	1180	15/5					499 25 85 Bal 1/5/16 Deac 499 28/4/16 Suspd 499 Wok 29/4/16		9733			2 43 2 43 4 87				10706	16342				Rec'd to Ranks 30/5/16 Bo 30/5/16 S.J. 13/5-23/5/16 Bo 1/6 13/5/16
June 1-30	30		30		30		3								33																196 42				
July 1-31	31		31		31		3	10							34 10							1107	25/2 15-6				2 56			2 56	229 96				
Aug	31		31		31		3	10							34 10	1254	22/7	1306	8/8	136				2 61	2 62	2 55				4 78	254 28				
Sept.	30		30				3								33	1356	25/8	1405	9/9					262	262					5 24	282 04				
																												15 40		15 40	266 64				14 days at 1.10 overpaid: Missing 16/9/16 Ch A 335 10/10/16
															Balance on hand to N.Y. Sch																266 64				Trfd to Dead
																								262						262	264 02				262 AR 1254-16/7/16 25th B. B289 Dr 2/4 of Lottery 19/4 Sett 28/8/17 V0189.
																									264 02					264 02					

305

458

N.E. Mch 1917.
N.E. Sept/17

Checked W. Willard

Checked W.P. Hill