

copy B. Section
 No. 1 Fed. Amb. Dept
 Unit C.A.M.C.C. Rank *1st* Capt. Name *Lazier* *D. B.*
attached 107024/17 *Certified Copy* *Originals*

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname? *Lazier*
- (b) What are your Christian Names? *David Brownlee*
2. (a) Where were you born? (State place and country) *Belleville, Ontario*
- (b) What is your present address? *South Fork George, B. C.*
3. What is the date of your birth? *October 4th, 1897*
4. What is (a) the name of your next-of-kin? *Mrs. Jean Allan Lazier*
- (b) the address of your next-of-kin? *#91 Bridge St, Belleville, Ont.*
- (c) the relationship of your next-of-kin? *Wife*
5. What is your profession or occupation? *Physician & Surgeon*
6. What is your religion? *Presbyterian*
7. Are you willing to be vaccinated or re-vaccinated and inoculated? *Yes*
8. To what Unit of the Active Militia do you belong? *S. M. C.*
9. State particulars of any former Military Service. *None*
10. Are you willing to serve in the
 CANADIAN OVER-SEAS EXPEDITIONARY FORCE? *Yes*

The undersigned hereby declares that the above answers made by him to the above questions are true.

(S90) *D. B. Lazier* (Signature of Officer)

Taken on strength (place).....
 (date).....

.....
 (Signature of Commanding Officer.)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* *fit* for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date *March 14* 191*6*

Place *Victoria, B. C. (S90) C. A. Graves*
 Medical Officer.

*Insert here "fit" or "unfit"

True Copy *Capt. Camp*
Manbeard
in the Records

KOD
278720
KW

OFFICERS' DECLARATION PAPER

CANADIAN OVERSEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

ANSWERS

- 1. (a) What is your name?
- 2. (b) What is your rank?
- 3. (c) What is your service number?
- 4. (d) What is your present address?
- 5. (e) What is your permanent address?
- 6. (f) What is your present occupation?
- 7. (g) What is your previous occupation?
- 8. (h) Are you a member of any trade union or other organization?
- 9. (i) Are you a member of any political party?
- 10. (j) Are you a member of any religious organization?

I hereby declare that the above answers are true and correct to the best of my knowledge and belief.

Signed: *[Signature]*
 (Signature of Officer)

CERTIFICATE OF MEDICAL EXAMINATION

I hereby certify that the above named officer is fit to perform the duties of his office and is not suffering from any physical or mental disability.

Signed: *[Signature]*
 (Signature of Medical Officer)

NAME **LAZIER** *David Brownlee* REGT. NO. *C. A. M. C.* UNIT *C. A. M. C.* H. Q. FILE NO. *372-11-219*

2-4-19

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505 REFERENCE

NON-EFFECTIVE BY

- ATTESTATION PAPER (M.F.W. 23, 133, or 51)
- CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
- TRAINING HISTORY SHEET (M.F.W. 113)
- FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)
- REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)
- COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)
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- DENTAL HISTORY SHEET (M.F.B. 465)
- MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)
- MEDICAL EXAMINATION (M.F.W. 129)
- TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)
- PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)
- DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)
- LAST PAY CERTIFICATE (M.F.W. 44)
- PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)
- PARTICULARS OF CHARACTER (A.F.W. 3226)
- COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

5 2

Captain

M

DEATH

Category

DISCHARGE

Category

14302

med unfit

Dies 3 Aug 51

DESERTION

407403

H

M7W71

misc



Number

Rank

least

Surname

LAZIER

Christian Name

DAVID, Browne

Units

Theatre of War

England

Date of Service

2-4-16

Remarks

Latest Address

~~91 Bridge St.~~

Grayson

Sub.

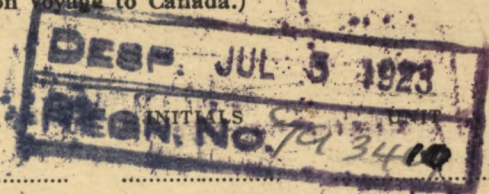
Belleville

Roll No.

6. a m 6

Out

(This form to be filled in by all ranks on voyage to Canada.)



0.....

ER

RANK

SURNAME

.....

al address.....

(Street)

(City or Town)

(Province)

one person to be notified of arrival.....

Station in Military District to which a furlough warrant is required.....

Railway.....

d, is your wife on board.....

Number of children on board.....

stination.....

(Sgd.).....

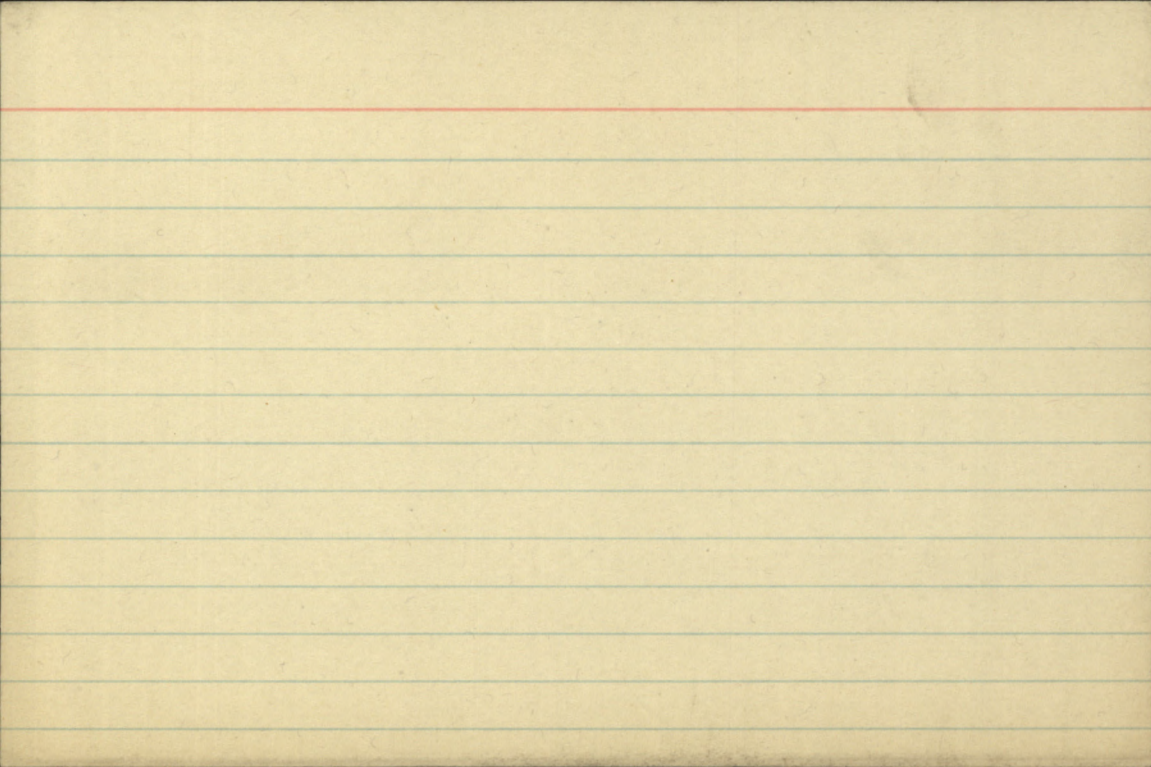
LAZIER, David Brownlee Capt. CAMC. 372.11.219

medals desp.

P & S Bro:- Thomas C.Lazier Esq.,
62 St Mary St., Toronto

Mem X wife & mother both dead

Death attributable to
Military Service.



CANADIAN EXPEDITIONARY FORCE

J.G. 11/24.
R.I.P.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank)..... Captain

(Name in full)..... David Brownlee LAHIER,

Enlisted in..... No. 1 Field Ambulance, (C.A.M.C.)

CANADIAN EXPEDITIONARY FORCE, on the.....

day of..... 1915 AND WAS APPOINTED to COMMISSIONED RANK

in..... No. 1 Field Ambulance, (C.A.M.C.)

CANADIAN EXPEDITIONARY FORCE on the..... Fourteenth

of..... March

1915.....

He SERVED in CANADA, and England with the No. 1 Field Ambulance,
Canadian Convalescent Hospital, (Bromley), Canadian Convalescent Hospital,
(Uxbridge), D.A.D.M.S., (Hastings), 1st Command Depot, C.A.M.C., Depot (Western-
Manager) & C.A.M.C., Depot No. 11.

and was STRUCK OFF THE STRENGTH on the..... Eighth

day

of..... February

1912.....

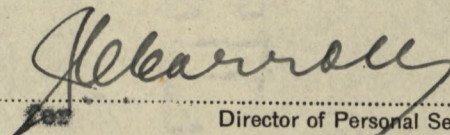
by reason of..... being Medically unfit

Dated at Ottawa, this..... Eleventh

day

of..... October

1912.....


..... Lieut.

Director of Personal Services.

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND MEN ONLY

Blank certificate form with a large rectangular border and faint horizontal lines for text entry.

Department of National Services

1945

CASE HISTORY SHEET.

Esquimalt Military Hospital. St Joseph,s Station.
No. Rank Capt. Name Lazier D Age 41
Unit CAMC Completed years of service ^{Where} _{and} ^{how long} }
Date of admission 22.1.1919 Date of discharge 24.1.1919
Diagnosis Haemorrhoids from bowells Place of origin Canada

CONDITION ON ADMISSION AND PROGRESS OF CASE

Complaints. Considerable discharge of red blood from
bowell defectation.

History present illness. Came on after considerable pain in bowels.

This condition has occurred previous.

Present condition. Fairly well nourished man with sallow dusky
appearance .Passed six or seven ounces of
bright red blood from bowel which did not come
from any haemorrhoids.Has passed none since
admission.

Respiratory system Has present pulmonary T B
Heart normal Kidney normal Digestive
as above nervous system very nervous and
excitable.

FAMILY HISTORY..... Father and mother are alive and well Wife has
(Tuberculosis, mental or nervous diseases.)..... pulmonary T B at present
Personal H story Has quisent phleitis both legs
extending into pelvis.

TREATMENT

(Especially any specific or special form)

CONDITION ON DISCHARGE..... Discharged from hospital at own request as he h
(and disposal made of case.)..... has been boarded for discharge
Systems all as above

Date 24.1.1919 A C Armstrong CAPT CAMC.
Medical Officer i/c case.

A 5125

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

*Jean H. Lajin**wife.*
PAYMENTS.

Name of Soldier

*Lajin H. B.**Capt.*

L. L. Job 95618--M. & D. 6553.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	<i>R438</i>	<i>62</i>	<i>62</i>
May		<i>E3228</i>	<i>40</i>	<i>40</i>
June		<i>V4424</i>	<i>40</i>	<i>40</i>
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*Duplicate sent to
England for payments***JUL 10 1916***Destroyed*

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

MILITIA AND DEFENCE

M. F. W. 11a.

50m.-6-16.

1772-39-818.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Jean A. Lazier,

PAYMENTS.

Name of Soldier

Lazier, D. B.

Capt.

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

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	P 838	62	
May		E 3228	40	
June		R 4424	40	
July				
Aug.		6377	80	
Sept.		8402	40	
Oct.		10448	40	
Nov.		12040	40	
Dec.		14301	40	
Jan.	1917	17018	40	
Feb.		20686	40	
March		22437	40	
April		354	40	
May		2072	40	
June		Z 7693	40	
July		F 11386	40	40
Aug.		D 15753	40	40
Sept.		M 18305	40	40
Oct.		T 20365	40	40
Nov.		24347 S 24347	40	X
Dec.		V 26140	40	F 86244
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.	1919			
Jan.				
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		1920		
Dec.				
Jan.				
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

14 - 3 - 16.

MILITIA AND DEFENCE

213

M. F. W. 11.
15m.—3-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name *Jean A. Lazier*

Name of Soldier *Lazier N.B.*

Address ~~*91 Bridge St-*~~

Regtl. No.

of Capt N.B. Lazier Bellville

Rank *Capt-*

Convalescent Hospital Dunt-

Corps *No 1 Field Amb. Depot C.A.M.C.*

Relation to Soldier

To what Corps belonging

wife, child or mother

England
Wife.

when called out

PAYMENTS

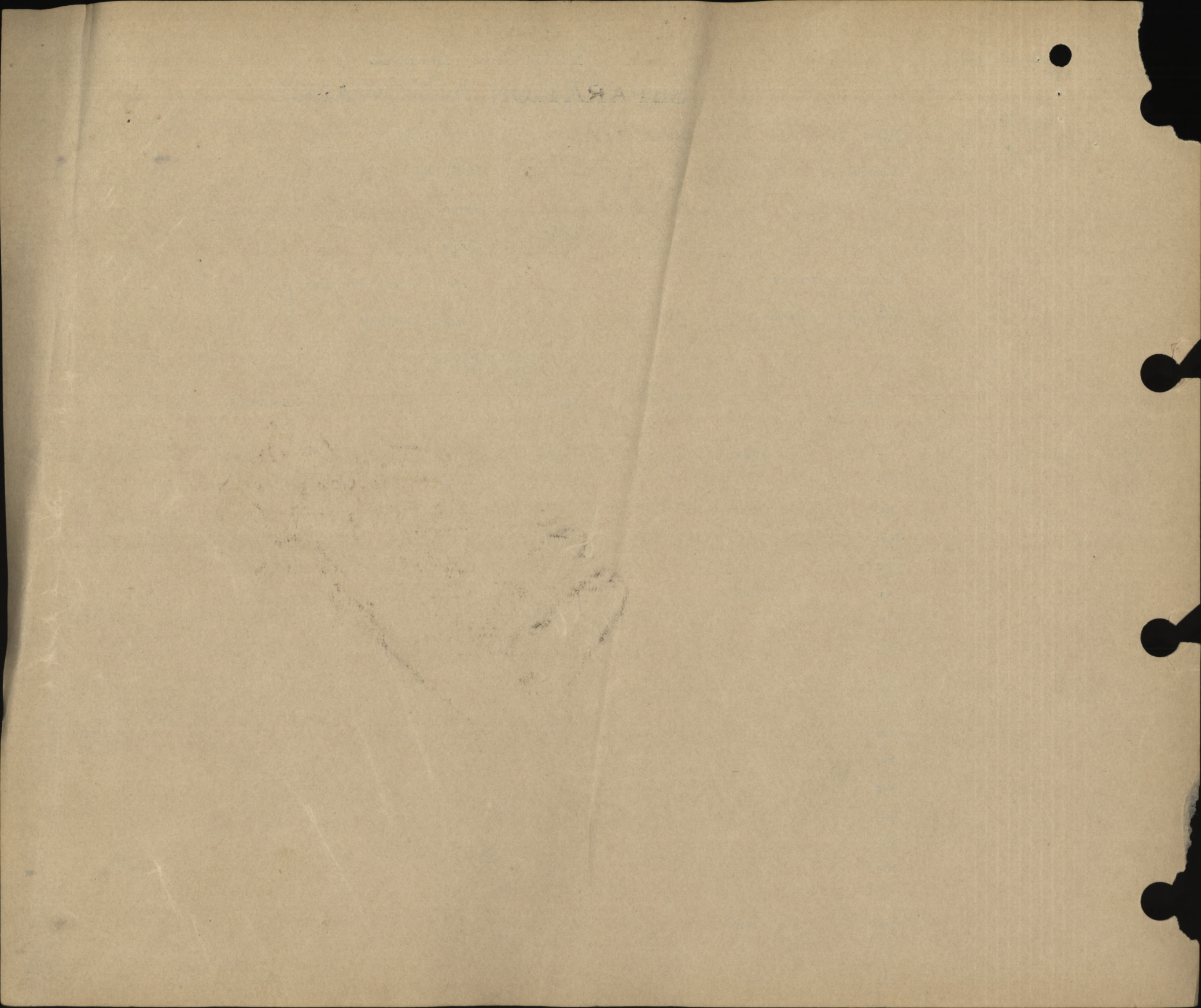
ENGLISH

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

REMARKS
Duplicate sent to England for payments

JUL 10 1916

Subway



MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

2nd Contingent

267

M. F. W. 12.
20m.—11-15.
H. Q. 1772-39-819.

To Whom *1st Capt. D. P. Lazier*
wife
Mrs Jean Allen Lazier

By Whom Assigned

Lazier *D. B.*

Address

Can. Consulate Dept.
91 ~~Bridge Street~~
~~Burlington~~ *Bellville, Ont.*
Kent Eng.

Regtl. No.

Rank

Capt

Corps

"B." Sect 1st Field Amb. Depot.

Rate \$50.⁰⁰

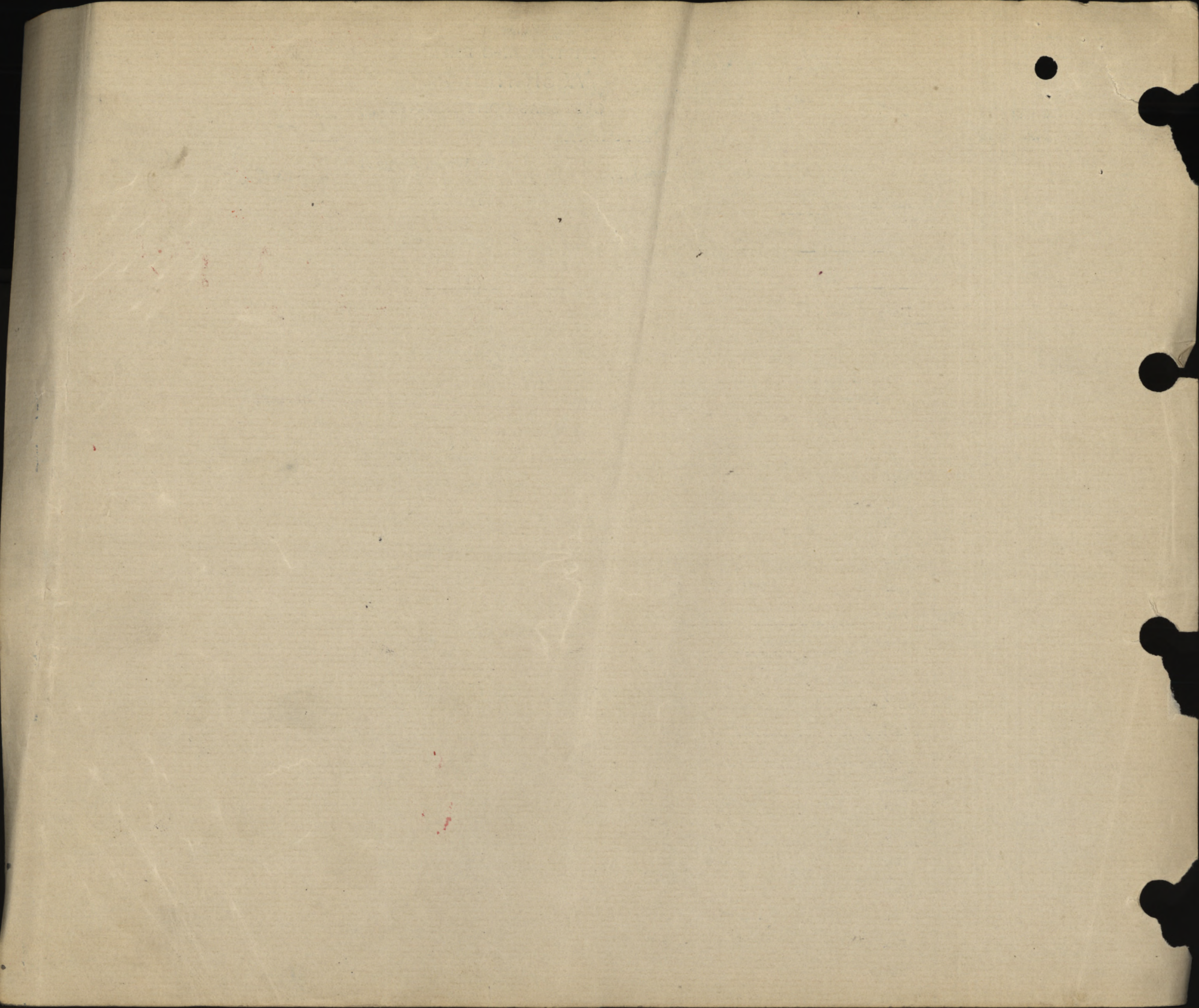
April 1st

APR 1 1916

PAYMENTS

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

Duplicate sent to Capt. H. J. 6/1/19
Sheet cancelled



MILITIA AND DEFENCE
ASSIGNED PAY

2nd Contingent
 268

M. F. W. 12a.
 60m.-12-15.
 1772-30-819.

Sheet No. 2.

Mrs Jean Allen Lazier (Wife)
 OVERSEAS CONTINGENTS
 PAYMENTS.

Name of Soldier Lazier, S. B. Capt
 B. Sect. 1st J. A. D.

L. L. Job 89002.-Req. 6213.

Month.	Year.	Cheque No.	Amt.
April	1916	V 3271	50
May		X 5718	50.
June		X 9938	50 -
July			
Aug.			
Sept.			
Oct.			
Nov.			
Dec.			
Jan.	1917		
Feb.			
March			
April			
May			
June			
July			
Aug.			
Sept.			
Oct.			
Nov.			
Dec.			
Jan.	1918		
Feb.			
March			
April			
May			
June			
July			

\$50.⁰⁰ APR 1 1916
 April

Cancelled
 X

ENGLISH

Sheet cancelled K.Y. 6/14

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

MILITIA AND DEFENCE.

ASSIGNED PAY.

To whom Mrs. Jean A. Lazier, *(wife)*

By whom assigned Lazier D.B.

Address 91 Bridge Street,
Belleville, Ont.

Regtl. No.

Rank Captain

Corps, &c. C.A.M.C. 1st F.A.D.

Rate \$50.00

Date to Commence

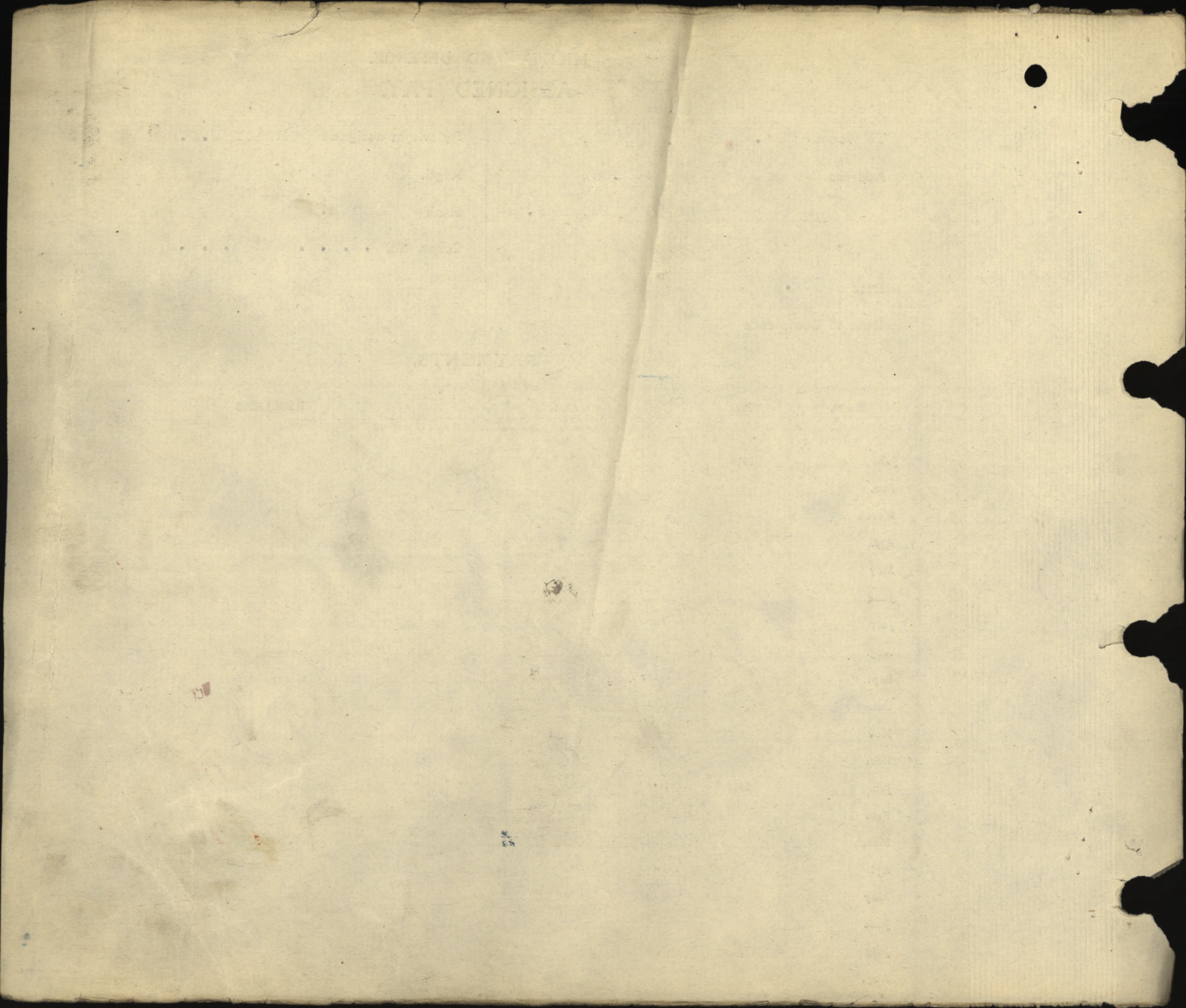
April 1, 1916

PAYMENTS.

Month	Year	Cheque No.	Amt.	REMARKS
Jan.	1916			
Feb.				
March				
Apl.		<i>✓ 3271</i>	<i>50</i>	<i>at MR A. Apr 1/16</i> <i>Stop Payments June 1/17</i> <i>Retained in Canada</i> <i>3/15/17 C.A.C. 21/8/17</i> <i>paid in Canada Pro noted by Cas.</i>
May		<i>X 5718</i>	<i>50</i>	
June				
July		<i>5640</i>	<i>100</i>	
Aug.		<i>6784</i>	<i>50</i>	
Sept.		<i>8914</i>	<i>50</i>	
Oct.		<i>11486</i>	<i>50</i>	
Nov.		<i>13220</i>	<i>50</i>	
Dec.		<i>16060</i>	<i>50</i>	
Jan.	1917	<i>18776</i>	<i>50</i>	
Feb.		<i>21287</i>	<i>50</i>	
March		<i>24296</i>	<i>50</i>	
Apl.		<i>7330</i>	<i>50</i>	
May		<i>3073</i>	<i>50</i>	
June				
July				
Aug.				



paid in England to May 31/1917



ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

Mrs. Jean A. Lazier
(Assignee)

wife
PAYMENTS.

Name of Soldier

Lazier D. B.
Capt. C.A.M.C. J.D.

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>50⁰⁰ April 1/16.</i>
April	1916			<i>These payments shown on shut one K.T. 6/17</i>
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June		<i>A. 11200</i>	<i>50</i>	<i>mailed 7-6-17</i>
July		<i>23440</i>	<i>50</i>	<i>June and future K.T. 6/17</i>
Aug.		<i>29497</i>	<i>50</i>	<i>X 29497 Cancelled 10/17</i>
Sept.			<i>50</i>	<i>800</i>
Oct.				<i>800</i>
Nov.				<i>800</i>
Dec.				<i>800</i>
Jan.	1918			<i>800</i>
Feb.				<i>800</i>
March				<i>800</i>
April				<i>800</i>
May				<i>800</i>
June				<i>800</i>
July				<i>800</i>

mailed 7-6-17
June and future K.T. 6/17
X 29497 Cancelled 10/17
800⁰⁰ Acct Closed. 31/17
with HQ Letter 372-11-219
from C.P.
800 HP. G X B 13/17

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

Month.	Year.	Cheque No.	Amt.		Remarks.
Aug.	1918				
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1919				
Feb.					
March					
April					
May					
June					
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Aug.					
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Oct.					
Nov.					
Dec.					
Jan.	1920				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					

Name Lazier. Capt. D.B.

M. F. W. 41
1 Oct-7-16
1772-39 889. ✓

Regimental No.

Name and address of next-of-kin 372-11-219

Unit C.A.M.C.

91 Bridge St.

Date of enlistment

Belleville Ont.

Place of " "

Married (yes or no) Assgd pay closed from 31 7/7.

Date and place discharged to be D.G.M.S. M.D.H. from 3-7-17

Amount of pay assigned monthly \$ 50⁰⁰ pm 1/16-30 7/7. Open.

Reason for discharge

Separation Allow 14 3/16 to 30 7/7 \$40⁰⁰ pm. Open.

Character on discharge

To whom payable T 2810. 12 5/7 - 21 5/7. P.C.

1 L.P.C. from Officer 31.5.17
1 " " C.P. 31.5.17

bb 5351-M. & D. 6890.

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
1 5/7	30 5/7	30	3-	90 00	30	75	22 50	5 00 45 00	162 50	1112	15 5/7	50 00	✓	10 00		* Memq 12 5/7 to 21 5/7. @ 1 ⁰⁰ .
										1535	11 7/7	52 50	✓		162 50	* Adj of Subs. 22 5/7 to 31 5/7 @ 50 ⁰⁰ .
1 7/7	31 7/7	31	"	93 00	31	"	23 25	46 50	162 75	1688	21 7/7	112 75	✓		162 75	
1 8/7	31 8/7	31	"	93 00	31	"	23 25	46 50	162 75	2136	16 8/7	162 75	✓		162 75	
				276 00			69 00	143 00	488 00			378 00	100 00	10 00	488 00	

Transferred to M.D.H. L.P.C. Forwarded 1-9-1917.

1-9-17 30 9-17 30 3⁰⁰ 90 00 30 75 22 50 45 00 157 50 2881 29 9/7 157 50 ✓ 157 50

* Redeposited in Bank, October 1917 Casualties L.B. 7. a/e.

MILITIA AND DEFENCE
SEPARATION ALLOWANCE

Duplicate

M. F. W. 11a.
 50m.-4-16.
 1772-39-818.

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 310.-Req. 6574.

Jean A Loyer *Wife*
 PAYMENTS.

Name of Soldier *Loyer, D B*
Capt

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	<i>P 838</i>	<i>62-</i>	
May		<i>E 3228</i>	<i>40-</i>	
June		<i>V 4424</i>	<i>40-</i>	
July				
Aug.		<i>6344</i>	<i>80-</i>	<i>110</i> <i>80</i>
Sept.		<i>8402</i>	<i>40</i>	
Oct.		<i>10448</i>	<i>40</i>	
Nov.		<i>12040</i>	<i>40</i>	
Dec.		<i>14301</i>	<i>40</i>	
Jan.	1917	<i>14018</i>	<i>40</i>	
Feb.		<i>20686</i>	<i>40</i>	<i>Rekd to Pau. 7/14.</i> <i>Dup. Sheets issued</i>
March		<i>22457</i>	<i>40</i>	
April		<i>354</i>	<i>40</i>	
May		<i>3045</i>	<i>40</i>	
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No: 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

SEPARATION ALLOWANCE

Name *Jayal*
*Jean A Lajier*Name of Soldier *Lajier D. B*Address *Go Capt. D. B Lajier*
Lloyds Bank, 48d
~~*Can Convalescent Hospital*~~
*Bromley, England*Regtl. No. *9-1-267.*Rank *Capt*Corps *No 1 Field Amb. Depot. C.A.M.C*

Relation to Soldier

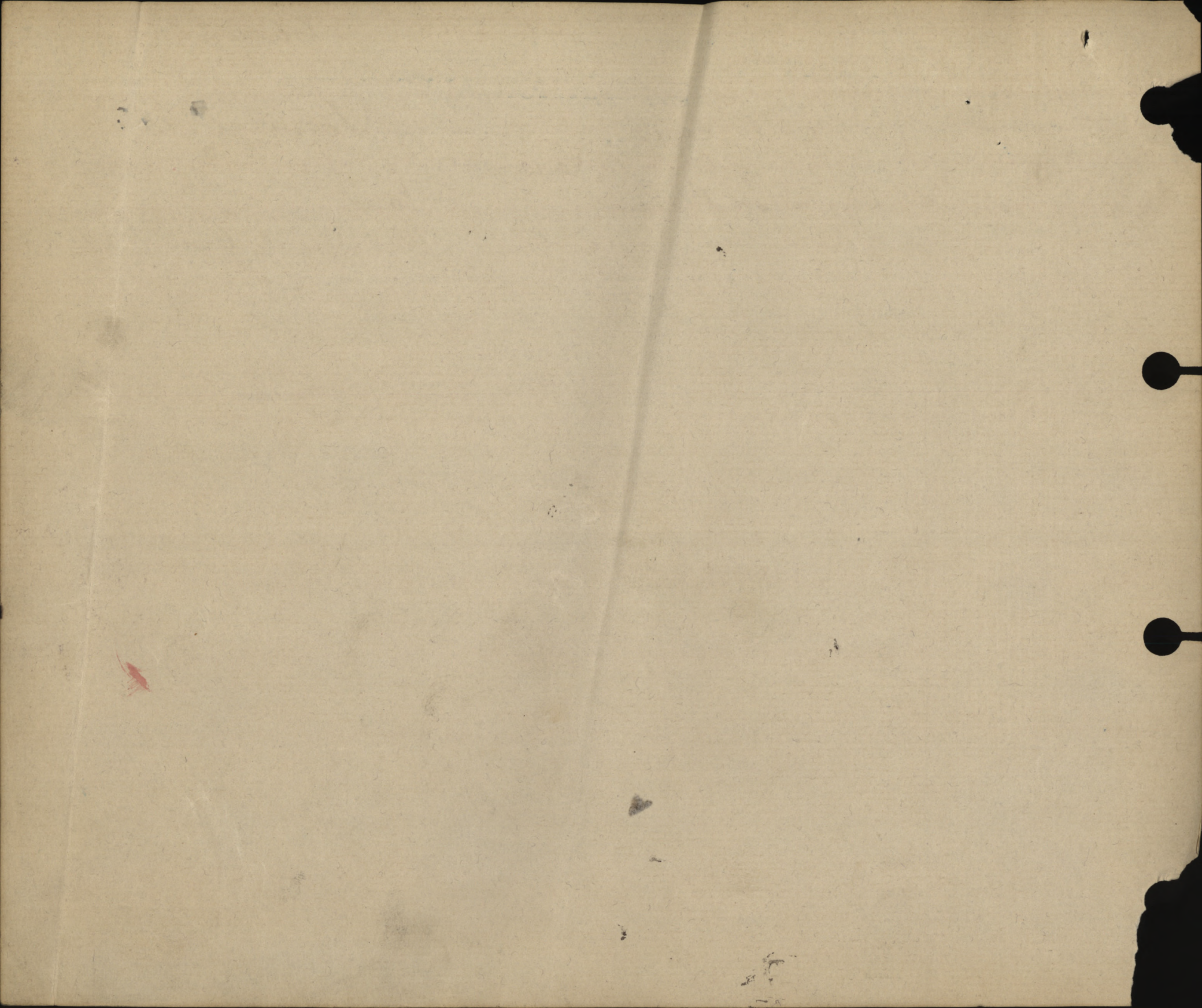
To what Corps belonging

wife, child or mother } *Wife*

when called out }

PAYMENTS

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



MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12.
 50m.—416.
 H. Q. 1772-39-819.

To Whom

Address

Mr. Fran Allen Lazier
of Capt. D. B. Lazier
Can. Convalescent Hospital
Bromley, Kent, England.

Rate

\$ 50⁰⁰

April 1/6.

By Whom Assigned

Regtl. No.

Rank

Corps

Lazier D. B.
Capt.
B. Sect. 1st. F. A. D.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<div data-bbox="1591 696 1976 951" data-label="Text"> <p>RECEIVED FROM JUL 26 1916 OTTAWA</p> </div>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

ASSIGNED PAY.

By whom assigned

Regtl. No.

Month	Year	Cheque No.	Amt.	Pay Sheet	REMARKS.
Jan.	1916				
Feb.					
March					
Apl.					
May.					
June					
July					
Aug.					
Sept.					
Oct					
Nov.					
Dec.					
Jan.	1917				
Feb.					
March					
Apl.					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

Mrs Jean A. Logie

PAYMENTS.

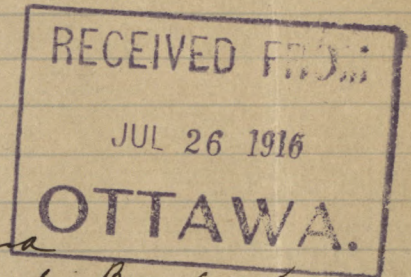
Name of Soldier

Laguer D.P.

L. L. Job 310.-Req. 6574.

Capt. Bsee 1st F.A.D.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$50.00</i>
April	1916	<i>V. 3271</i>	50	<i>✓ 3/17/16</i>
May		<i>X. 5718</i>	50	<i>✓ 3/17/16</i>
June		<i>X. 9938</i>	50	
July		<i>5640</i>	100	<i>Paid 3-8-16</i>
Aug.		<i>6784</i>	50	
Sept.		<i>8914</i>	50	
Oct.		<i>11486</i>	50	<i>Paid in England</i>
Nov.		<i>13220</i>	50	<i>Floyds Bank, Bromley Kent.</i>
Dec.		<i>16060</i>	50	
Jan.	1917	<i>18776</i>	50	
Feb.		<i>21287</i>	50	
March		<i>24296</i>	50	
April		<i>2330</i>	50	
May		<i>3073</i>	50	<i>Paid May 2</i>
June				<i>Spd Canada. 1 ⁶/₁₇</i>
July				<i>91 Bridge St</i>
Aug.				<i>Bellville Cal</i>
Sept.				<i>Cancelled. 1 ⁶/₁₇ Ret'd to Canada</i>
Oct.				<i>31-5-17</i>
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				



MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

Name *W.K.* Capt Lazier D.B.

out patient

Regimental No.

Name and address of next-of-kin

Unit

C. A. M. E.

Date of enlistment

Place of "

Married (yes or no)

Date and place discharged

*2 for P 11/9/17
Struck off 9/10/17.*

Amount of pay assigned monthly \$

Reason for discharge

10235 J Unit held 11/10/17

To whom payable

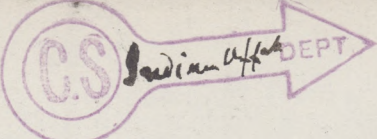
Character on discharge

Form 5351 - M. & D. 6880.

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
<i>Oct</i>	<i>1/9/17</i>	<i>9/10</i>	<i>39</i>	<i>3⁰⁰</i>	<i>117</i>	<i>39</i>	<i>75</i>	<i>2925</i>	<i>2250</i>	<i>16875</i>		<i>56 25</i>			<i>16875</i>	

ASSIGNED PAY.

UNIT.



RANK.

NAME.

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

NAME OF DATE AUTHORITY

DATE AUTHORITY

Name

Initials

Bank

bank England

DMS.
Hastings

Capt. 11/16 J. Canada
D.O. 2059
C.O.D.
Apr 22/16.

Lazier
D.P.
Bank of Montreal,

Retained in bank for July 15/17 by No. 1796-25/17
DMS. CO. # 779. 1/17.

1917-18

DATE 1917	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
Apr 20	A.P. England.			50-			Special leave & duty to Canada	
" "	Apr. Pay. R.		14250				R.P. to 31/17	
" 26	Bank	3010		9250			P.A. to be carried	
May 2.	Advance May. R. A. Bank	3080		9725			forward until return	
" 15	May. Pay. R.		14725				8/17-26/17 DMS. E.O. #669. 23/17	
" "	A.P. England.			50-				
June 16	A.P. Canada			50-	50-			
" 18	June Pay. R.		14250			9250	1/17 to N.E. Ledger.	
" "	Overaudit R. A. June, 1917. v. 1438			14250				
July 20	Assignd. Pay for June 1917 v. 323		50-					

Dr for Ledger 6
907
Ledger 12- 48/17

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary Mrs Jean Allen Hazier

b. a. m. b. i. d.

Captain

11/16.

H. Canada

Name

Hazier

Address 91 Bridge Street
Belleville Ont.

DD. 2059 b. i. d.

Initials

D. B.

Amount. \$ 50.00 fr 1/16.

d/ 22/16.

Bank

of Montreal.

Separation Allowance issued. Yes or No.

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case	INITIALS
1916								
	Pt A @ bapts rates 1-30 1/16. men fr 11 1/16							
Apr 29	(No. 1439. D.O. 2059. CTD 22 1/16)		132 50					
" "	Bank			132 50				✓
May 23	Pay May R		147 25					
" 26	a. p. Can				50			
" 27	Bank	2478		47 25				✓
June 19	Pay June R.		142 50					
" 21	a. p. Can				50			
" 26	Bank	3892		92 50				✓
July 19	a. p. Can.				50			
" 20	Pay July (R)		147 25					
" 27	Bank	5565		97 25				
Aug 19	A. p. chqd not pd. June & July 1916. Auth Ottawa Ctd. No 6006		100					
" 19	Pay Aug (R)		147 25					
" 21	a. p. Eng.			100				
" 26	Bank	7459		97 25				
Sept 13	A. Pay England			50				
" 20	Pay Sept R.		142 50					
" 26	Bank			92 50				
Also	Pay Oct R		147 25					
" 21	A Pay England			50				
" 25	Bank			97 25				
Nov 17	Advance Nov (R) & A. Bank			48 67				
Nov 22	Pay Nov R.		142 50					
" 23	A. P. England			50				
" 28	Bank			43 83				
			Forward.					

ASSIGNED PAY.

UNIT.

RANK. *Continued*

NAME. *II*

NAME OF DATE AUTHORITY

DATE AUTHORITY

Beneficiary *Mrs Jean Allen Lazier*

b.a.m.b. 25

Captain

Name *Lazier*

Address *91 Bridge Street.*

Beleville, Ont.

Initials *D. B.*

Amount. \$ *50* fr. *14/10*

Bank *of Montreal*

Separation Allowance issued. Yes or No.

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case	INITIALS
	1916-17							
<i>Dec 11</i>	<i>Forward</i>							
<i>13</i>	<i>a.p. Eng.</i>			<i>50 -</i>				
<i>13</i>	<i>Pay Dec. K</i>		<i>147 25</i>					
<i>" 18</i>	<i>Bank</i>			<i>97 75</i>				
<i>1917</i>	<i>a.p. England.</i>			<i>50 -</i>				
<i>Jan 17</i>	<i>Pay. Jan R.</i>		<i>147 25</i>					
<i>" 20</i>	<i>Bank</i>	<i>19188</i>		<i>97 75</i>				
<i>" 26</i>	<i>Pay. Feb R</i>		<i>133 -</i>					
<i>Feb 15</i>	<i>a.p. England.</i>			<i>50 -</i>				
<i>" 17</i>	<i>Bank</i>	<i>21903</i>		<i>83 -</i>				
<i>" 21</i>	<i>Pay. Mar R</i>		<i>147 25</i>					
<i>Mar 15</i>	<i>a.p. England.</i>			<i>50 -</i>				
<i>" "</i>	<i>Bank</i>	<i>24836</i>		<i>97 75</i>				

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

Shaughnessy
 STATION Vancouver B.C. DATE 18.1.19.

1. 1 (a) Unit C.A.M.C. (b) Regimental No. (c) Rank Capt.
 (d) Surname Lazier (e) Christian name David Brownlie
 (f) Home address Hastings St. B.N.A. Bank. Bank of Montreal, Vancouver.
 (g) Next of Kin Mrs Jean Allan Lazier (h) Relationship wife
 (i) Address of Next of Kin B.N.A. Bank of Montreal Hastings St. Vancouver B.C.

2. Age last birthday 41 Date of birth Oct. 4. 1877

3. Enlistment, or Appointment (if an Officer) (a) Place Victoria B.C. (b) Date Mar. 14. 16

4. Personal description:
 (a) Height 5'10 1/2" (b) Weight 168 (c) Complexion dark
(stripped)
 (d) Colour of hair d. brown (e) Colour of eyes grey (f) Identification marks, Scars, etc.
linear scar each elbow, one vacc. left arm.

5. Former trade or occupation Physician and surgeon. JAN 22 1919

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

	Years	VICTORIA, B. C.	Days
	2.10/12.		

	PERIODS	
	From	To
Canada	May 1916 May 1917	April 1916 present.
England	April 1916	May 1917
France or other theatres of War		

7. Original disease, or injury 1. Infected lungs. 2. Phlebitis.

(a) Date of origin 1. May 1916. 2. Apr. 5. 1916 (b) Place of origin 1. England. 2. Canada.
 (c) Cause 1. Infection. 2. Said to have been secondary to carious teeth which became infected.

B. P. C. FOLIO
 FALSE DOCKET
6

12

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

1. Tuberculosis of lungs—apparently arrested.

2. Impaired function both legs.

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

Well developed man, musculature good. No undue pallor or cyanosis. Chest somewhat flattened anteriorly, especially right side. No undue hollowing. Expansion $34\frac{1}{2}$ - $37\frac{1}{2}$. Some lagging right side anteriorly. V.R. slightly plus right side upper lobe. Breath sounds distinctly weaker over whole of right lung. No pause between inspiratory and expiratory murmur anywhere. No marked prolongation of expiration. Desjones sign present to 2nd dorsal vertebra. No clubbing of fingers no distension of veins anywhere. Heart-apex beat 5th space in nipple line. Dulness—left border to nipple line. Right border to Right sternal line. No murmurs. Second pulm. somewhat accentuated, a suspicion of reduplication of 2nd sound at base. Pulse at rest 96 after bending 8 times 118, in two minutes 96. Slight dyspnoea and some cough after this exercise.

Both legs larger than normal especially below knees. Surface veins are engorged with many venules showing. There is oedema over both shins. Left calf $\frac{1}{2}$ " larger than right. Ankles and feet somewhat swollen and cyanotic. There is some tenderness on pressure along inner sides of lower thirds of tibiae. Thromboid veins are palpable in left popliteal space and along course of saphenous on inner side of calf and along outer side of left ankle. No thickened veins palpable in Scarpa's triangle, either leg but there is slight tenderness in right Scarpa's triangle. No superficial abdominal veins showing. No haemorrhoids. Complains of dyspnoea on slight exertion, e.g. brisk walking. No palpitation. Slight spasmodic attacks occasionally at night. Wears a

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

Nervous System.....	no	Cardio-Vascular System.....	as noted	Genito-Urinary System.....	as noted
		(If pulse rate is abnormal, B. P. will be taken.)		(Albumen and Sugar will be excluded.)	
Special Senses.....	no	Respiratory System.....	as noted	Integumentary System.....	no
Disturbances of Mentality.....	no	Digestive System.....	no	Muscular System.....	no
Osseous and Joint Systems.....	no	Any other general condition.....	as noted		

bandage on left leg. An ordinary walk of 300 yards causes pain in left leg. Both legs easily tired and frequently both legs and feet become cramped at night. Perspires very easily. Nocturia, once every night. Complains of cough in mornings and pain in right chest anteriorly after coughing. Work: Can do practically no labour. See Section 16.

Urinalysis—negative

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

1. May 1916 had an attack of bronchial asthma at Folkestone, England. Returned to Canada on compassionate grounds, was detailed for duty in Ottawa. Became run down, was examined and early t.b.c. diagnosed. Has improved since then and condition is now arrested.

2. had phlebitis in April 1918 and in course of examination an abscess was found at the root of one of his teeth. No other cause could be found

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

No history of typhoid. Family history negative except that one aunt (paternal) died of t.b.c 25 years before his birth.

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

nil

11.—(a) Did the disabling condition have its origin before enlistment? 1 and 2. No.

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

1 and 2. n.a.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? 1 and 2. a. and b. No

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 1. Permanent. 2. Permanent.

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

1. Rest, dietetic and climatic.

2. Dental attention, rest in bed, elastic stockings, and general care.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration)

1 and 2. No.

16. Can the former trade or occupation be resumed? Yes, limited degree, e.g. sanatorium work in suitable climate, cannot do general practice.

17. Recommendations. Category E for discharge.

By the Medical Board.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

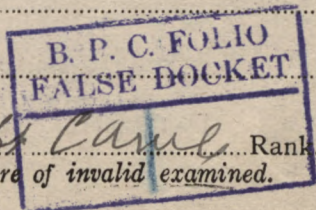
(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned..... have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of.....

A.R.T.

D. B. Hooper Capt. Rank. Signature of invalid examined.



6

7-2-19

OPINION OF THE MEDICAL BOARD

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

YES

6-4-19
7-2-19

19. Is the invalid fit for

- (a) General service, (Category A) (Yes or No.) **no**
- (b) Service abroad, not general service, (" B) (Yes or No.) **no**
- (c) Home service (Canada only), (" C) (Yes or No.) **no**
- (d) Temporarily unfit. (" D) (Yes or No.) **no**
- (e) Unfit for service in Categories A, B and C (" E) (Yes or No.) **Yes E**

20. It is certified that the invalid

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

no

- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) ~~Should not pass under his own control~~
(Strike out condition not applicable.)

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

yes, category E for discharge

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE **Vancouver B.C.**

DATE **Jan. 20th. 1919**

A. R. Louisman President.
J. H. Adams Capt. } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....
Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

.....President.
PLACE..... } Members
DATE.....

APPROVED BY *[Signature]* A.M.C.
For Assistant Director of Medical Services. **11**
DATE **JAN 23 1919**

APPROVED BY *[Signature]*
Director-General of Medical Services.
DATE **8/2/19**

Vancouver General Hospital
X Ray department.

Jan. 14. 1919

Capt. D.R. Lazier

Attdg Physician Dr Greaves

Region for examination. Chest for t. b. c.

X Ray No. 19906/ F. Finding and diagnosis:

The heart is considerably enlarged both to the right and the left of the ventricular mass. The arch of the aorta is somewhat dilated. The mediastinum is clear. The rib interspaces are moderately wide. The diaphragm moves freely. The left lung is clear throughout except for some increased hilar thickening. The right lung shows well marked peribronchial thickening in the peravertebral area of the lower lobe, and likewise in the perivertebral area of the upper lobe, which extends upwards as high as the circle of the first rib. In my opinion this is largely a peribronchial fibrotic lesion. There is only doubtful evidence of alveolar involvement in this surrounding lung.

A.R.T.

Dr Whitelaw

Vancouver General Hospital Labs

Report on examination for b. tub. Lab. No. 42

Specimen received Jan. 14. 19.

Physician Capt. Greaves.

Patient. Capt. Lazier Lazier

Material examined. Sputum.

In a direct smear stained by Ziehl-Neelson method, tubercle bacilli were not found in sputum.

A.R.T.

R.H. Mullin, Director.

Address Shaughnessy M.H.
Address Shaughnessy M.H.

RECEIVED
JAN 14 1919
M.H. DOCKET

E.T.

Rank and Name LAZIER, David Brownlee Captain.

Regimental No.

Name and Address of Next-of-Kin

Unit "B", Sec. No. 1. Field Ambulance.

Mrs Jean Allan Lazier.

Date of enlistment

91 Bridge St., Belleville, Ontario

Place of birth Belleville, Ont

Canada.

Married (Yes or No) Yes.

Date and place of discharge

If in Permanent Force

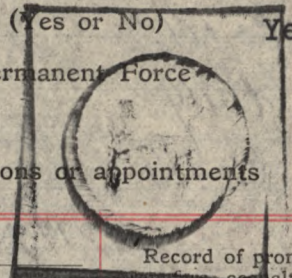
Reason for discharge

Promotions or appointments

LEFT CANADA 2-4-16.

Brouley MAY 28 1916
 JUN 29 1916
 Wife. do JUL 28 1916
 do AUG 9 1916
 do AUG 28 1916
 do OCT 1 1916
 do NOV 1 1916
 arms Hastings FEB 1 1917
 do MAR 25 1917

came
 Depot



Report		Record of promotions, reductions, 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>To be Temp Capt. C.A.M.C.</i>		1-4-16	<i>L. Coy. 17-5-16</i>
		<i>Taken on strength & posted to</i>			<i>MM-D (J.W.C.) PAS. 10-L-286/15-4-16.</i>
24-4-16	D.M.S.	<i>C.A.M.C. Training School</i>		1-4-16	<i>20-2059, C.T.D.</i>
21-5-16	<i>C.A.M.C.S.</i>	<i>Struck off strength to Com. Hq. Brouley</i>		20-5-16	<i>C.O. 673, P.I. Ord. 118. C.A.M.C.T.S.</i>
22-5-16	<i>C.A.M.C.S.</i>	<i>Transf'd to Can. Conv. Hospital Brouley</i>		20-5-16	<i>Pt. II ord. 145.</i>
23/5/16	<i>Crow Hq Brouley</i>	<i>Having reported is taken strength from Cam.C.S.S.</i>		20/5/16	<i>C.O. 867</i>
	do	<i>Detained for duty as Adjutant & Registrar</i>		11/11/16	<i>Pt. II ord 97.</i>
13.9.16.	<i>D.M.S.</i>	<i>Transf'd to. Can. Conv. Hq. Uxbridge.</i>		13.9.16	<i>Pt. II ord 116.</i>
22.10.16	<i>Uxbridge</i>	<i>Granted leave from 20.10.16 to</i>		29.10.16	<i>Pt. II Ord. 258. (Uxbridge)</i>
1 11 16	do	<i>Leave extended to</i>		5.11.16.	<i>Pt. II Ord. 211. (Brouley)</i>
23.12.16.	<i>D.M.S.</i>	<i>Posted to. A.M.S. Cans. Brighton Area.</i>		22.12.16.	<i>Pt. II ord 295.</i>
26.1.17.	<i>D.O.</i>	<i>Posted to A/S.M.S. Cans. Hastings.</i>		28.12.16.	<i>Pt. II ord 305.</i>
9.1.17.	<i>Hastings</i>	<i>T.O. Son Transf from A.D.M.S. Brighton area.</i>		9.1.17.	<i>Pt. II Ord 4110. P.I. Ord. 257. (Uxbridge)</i>
20.3.17.	<i>D.M.S.</i>	<i>Att to 1st Can. Command. Depot.</i>		19.3.17.	<i>Pt. II Ord 1. P.I. Ord. 18. (D.M.S. Brighton)</i>
10.5.17.	<i>D.O.</i>	<i>Leaves to be att. 1st Can. Command. Depot.</i>		8.5.17.	<i>C.O. 136.</i>

A.F.B. 10
 28.9.16

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

10. 5. 17
23. 5. 17
6. 6. 17
26. 6. 17

A.M.S.
A.O.
A.O.
A.O.

Posted to same Depot.
Granted leave from 8. 5. 17. to
Granted extension of leave to
S.O.S. Retained in Canada for duty

8. 5. 17 Co. 604
26. 6. 17 Co. 669
25. 7. 17 Co. 129
15. 6. 17 Co. 817 RD 1795 CET

Casualty Form Active Service

Regiment or Corps

Cam 6 IS David Bromley

CERTIFIED CORRECT
28 SEP 1916
CANADIAN RECORD OFFICE

Regimental No.

Rank

Name

Capt Lazier D.D.

Enlisted (a)

Terms of Service (a)

Service reckons from (a)

14/1/16

duration

March 1st 16

Date of promotion to present rank

1.4.16

Date of appointment to lance rank

L.S. 17.5.16

Numerical position on roll of N.C.Os.

Extended

Re-engaged

Qualification (b)

Physician & Surgeon

DEPT. OF MILITARY & DEFENCE
SEP 13 1917
H.Q.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 2 (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				

of Sea Unattached Part 1st Olympie Apr 1/16 x Canada.

Parabur

Dilgats 20/5/16

no 1636

TRANSFERRED FROM C.A.M.C. TRAINING SCHOOL

Lt Col H. Bromley

Major J. B. Bromley

COMMANDING C.A.M.C. TRAINING SCHOOL

<i>24.4.16.</i>	<i>DMS.</i>	<i>To be Temp Capt came</i>		<i>1.4.16</i>	<i>L.S. 17.5.16</i>
<i>24.4.16</i>	<i>DMS.</i>	<i>T.O.S. & patd came T.S.</i>		<i>1.4.16</i>	<i>L.O. 673.</i>
<i>22.5.16</i>	<i>came. T.S.</i>	<i>Transf. to Can. C. H. Bromley.</i>		<i>20.5.16</i>	<i>C.O. 867.</i>
<i>13.9.16.</i>	<i>DMS.</i>	<i>Transf. to C. C. H. Mcbride</i>		<i>13.9.16.</i>	<i>C.O. 1698.</i>

J. B. Bromley

MAJOR

<i>13.9.16</i>	<i>H.M.S.</i>	<i>taken on the strength</i>	<i>Mcbride</i>	<i>13.9.16</i>	<i>Part 11 Orders 258</i>
<i>26/12/16</i>	<i>C.C.H. Mcbride</i>	<i>taken on stren</i>	<i>Brighton</i>	<i>26/12/16</i>	<i>no 289</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) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

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

RANK *Capt.* NAME (IN FULL) *LAZIER, David Brownlee*

M. OR S. _____ REGT. No. _____

NEXT OF KIN *Mrs Jean Allan Lazier* RELATIONSHIP *Wife*

ADDRESS *Prince George B.C.*

PARTICULARS *S.O.S.* EFFECTIVE DATE *8-2-19* AUTHORITY *W.I. No 24*

PLACE OF ATTESTATION *Victoria* TRANSFERRED TO *C.A.M.C. Depot No 11, CG 7* DATE *1-2-19* AUTHORITY *A.M.C. Order No. 13 D/4-2-19*

DATE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____

IS SEPARATION ALLOWANCE PAID? YES DATE EFFECTIVE _____

ASSIGNED PAY \$ *NIL* DATE EFFECTIVE _____

TO WHOM PAID *Mrs Jean Allan Lazier* RELATIONSHIP _____

ADDRESS *Prince George, B.C.*

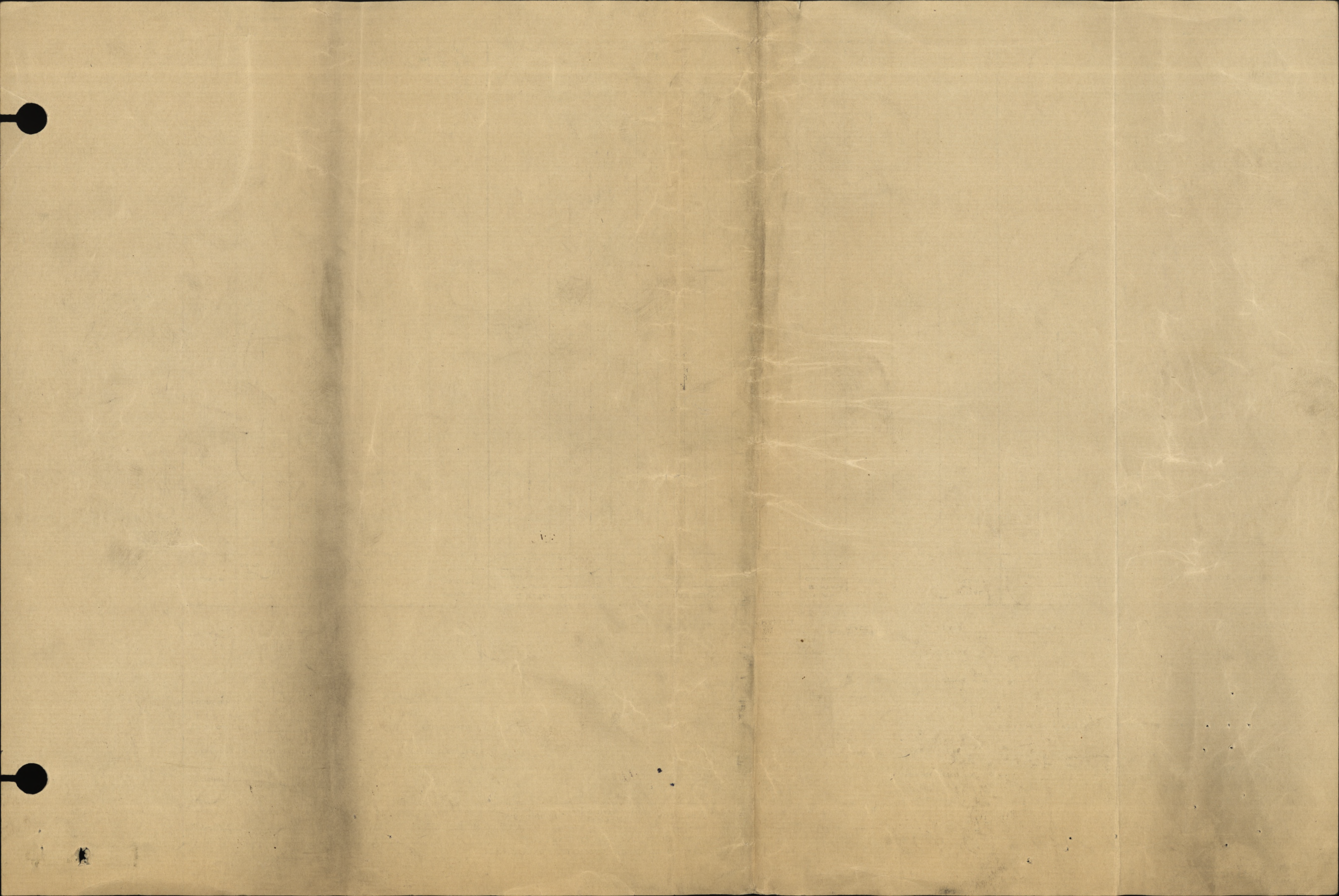
PAYABLE TO _____ RELATIONSHIP (ANY CHANGE IN ASSIGNEE OR ADDRESS) *W.I. No 904, Nelson B.C.*

ADDRESS _____

STOP PAYMENT FORM RENDERED, DATE _____ EFFECTIVE _____

DISCHARGED _____ PLACE *Victoria B.C.* DATE *8/2/19* REASON *Medically Unfit.* AUTHORITY *W.I. No. 24* IF ENTITLED TO POST DISCHARGE PAY _____

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE	AMOUNT				COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3							DEBIT	CREDIT				
1919																								
Jan. 28	28	5.40	11.60		64.60	2575				95.00									95.00	80.40			Subscribed on 28.9.19	
<p>Certified that all payments have been made on this account for which covering authority has been received to date.</p> <p><i>Lieut., Paymaster, Demobilization Pay M.D. No. 11</i></p>																								
153 days			765.200		965.00				June 30	817.378									30.40	30.40	723.60	211.00		
<p>I certify that all payments of War Service Gratuity have been made on this account according to the period of service shown on the M.F.W. 2595 received.</p> <p><i>Capt., Officer i/o War Service Gratuity M.D. No. 11</i></p>																								
			965.00		965.00				July 5	79.00									965.00	80.40				



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

14-3-16.

Separation and Assigned Pay Branch

3402 April 1, 1916.

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

40			
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RATE OF ASSIGNMENT

50			
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PARTICULARS OF SEPARATION ALLOWANCE

No. _____
 Rank *Capt.* Promoted _____ Reverted _____ Discharge _____
 Soldier's Name *D. B. Lazier*
 Battalion *C. A. M. C. 1st F. A. D.*
 Beneficiary *Mrs. Jean A. Lazier*
 Relationship _____
 Address *Primer George B. C.*

PARTICULARS OF ASSIGNMENT "Wife."

Name *Mrs. Jean A. Lazier*
 Address *91 Bridge St. Belleville Ont.*
 Change of Address _____

- 1
- 2
- 3
- 4

N.F.W. 2524, 2478

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Dec 31. 1917</i>	<i>-</i>	<i>862</i>	<i>800</i>	<i>1662</i>	<i>file 10773-D-3</i>
<i>1918 Jan</i>	<i>-</i>	<i>40</i>	<i>40</i>	<i>40</i>	<i>440</i>
<i>Feb</i>	<i>U 76582</i>	<i>80</i>	<i>80</i>	<i>80</i>	<i>582.00</i>
<i>March</i>	<i>J 91671</i>	<i>40</i>	<i>40</i>	<i>40</i>	<i>paid in England.</i>
<i>April</i>	<i>J 95360</i>	<i>40</i>	<i>40</i>	<i>40</i>	<i>to adjust pay Feb 1918</i>
<i>May</i>	<i>H 562</i>	<i>40</i>	<i>40</i>	<i>40</i>	<i>A.P. acct closed 31/17 Auth. H. R. K.</i>
<i>June</i>	<i>J 1642</i>	<i>40</i>	<i>40</i>	<i>40</i>	<i>Cancelled 26/18 372-11-219. from C.P.</i>
<i>July</i>	<i>H 20358</i>	<i>40</i>	<i>40</i>	<i>40</i>	<i>Mailed 29/18. 2 Stencils in force. MRO. 2^B phone 2/4/18</i>
<i>Aug</i>	<i>P 32355</i>	<i>40</i>	<i>40</i>	<i>40</i>	<i>adj cheque mailed 2/18</i>
<i>Sept</i>	<i>J 37000</i>	<i>40</i>	<i>40</i>	<i>40</i>	<i>MRO. 1^A 27/18</i>
		<i>1282</i>	<i>800</i>	<i>1982</i>	<i>5^A a/c stopped 31/8/18. authy of abstract on file 10773-D-3.</i>

MRO. No. 6564 to destroy 7.9.18. H.R.
M.F.W. 187 Rind G.M.O. No 11 15-10-15 file B.9.H

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Eeneficiary

2

Relationship

3

Address

4

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

M. F. W. 128.
 400M. 17-1772 39-1141
 L. L. 22320-M. & D. 7893.

14. 3. 16

Duplicate MILITIA AND DEFENCE *Duplicate*
Pay to. SEPARATION ALLOWANCE

Name *Jean D. Lazier*
Address ~~*Lloyds Bank Ltd.*~~
~~*Bromley England*~~
91 Bridge Street
Belleisle - Ont.
Relation to Soldier - wife,
widowed mother or guardian } *Wife*
of child or children

Name of Soldier *Lazier D. B.*
File
Regtl. No. *9-2-262*
Rank *Capt. in*
Corps *No. 1 Field Ambulance C.A.M.C.*
To what Corps belonging }
when called out

PAYMENTS.

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



Carried forward ...

Duplicate

MILITIA AND DEFENCE.

S. 203

Duplicate

SEPARATION ALLOWANCE.

Name of Dependant

John R. Layer

Name of Soldier

Layer D.P.

Relation to Soldier

Wife

Regtl. No.

Platoon Bank Lt.

Rank

*Capt**Granby*

Corps

England.

To what Corps belonging

when called out

Month.	Year.	Cheque No. or Postal Draft Book No.	Amount.		Date.	REMARKS		
			£	s. d.		£	s.	d.
		Brought forward ...						
Apl.	1916	<i>P 838</i>	<i>62</i>					
May		<i>6 3228</i>	<i>40</i>					
June		<i>25 4424</i>	<i>40</i>					
July								
Aug.		<i>6377</i>	<i>80</i>					
Sept.		<i>8402</i>	<i>40</i>					
Oct.		<i>10448</i>	<i>40</i>					
Nov.		<i>12040</i>	<i>40</i>					
Dec.		<i>14301</i>	<i>40</i>					
Jan.	1917	<i>17018</i>	<i>40</i>					
Feb.		<i>20686</i>	<i>40</i>					
Mar.		<i>22437</i>	<i>40</i>					
Apl.		<i>354</i>	<i>40</i>					
May		<i>3072</i>	<i>40</i>					
June								
July								
Aug.								
Sept.								
		Carried forward ...						

50 31