Burack. Sydney REGT. NO. 308 40 8 20NIT 15/013. 15/ QR. H. Q. FILE NO. REGIMENTAL DOCUMENTS M. F. W. 2505 CONTENTS DATE FORWARDED DATE RECEIVED TO WHOM FORWARDED NON-EFFECTIVE BY REFERENCE 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) 50469 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120) COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121) MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) DISCHARGE DENTAL HISTORY SHEET (M.F.B. 465) Category 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) DESERTION 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) W 2589 100M-11-18 4772-39-1372

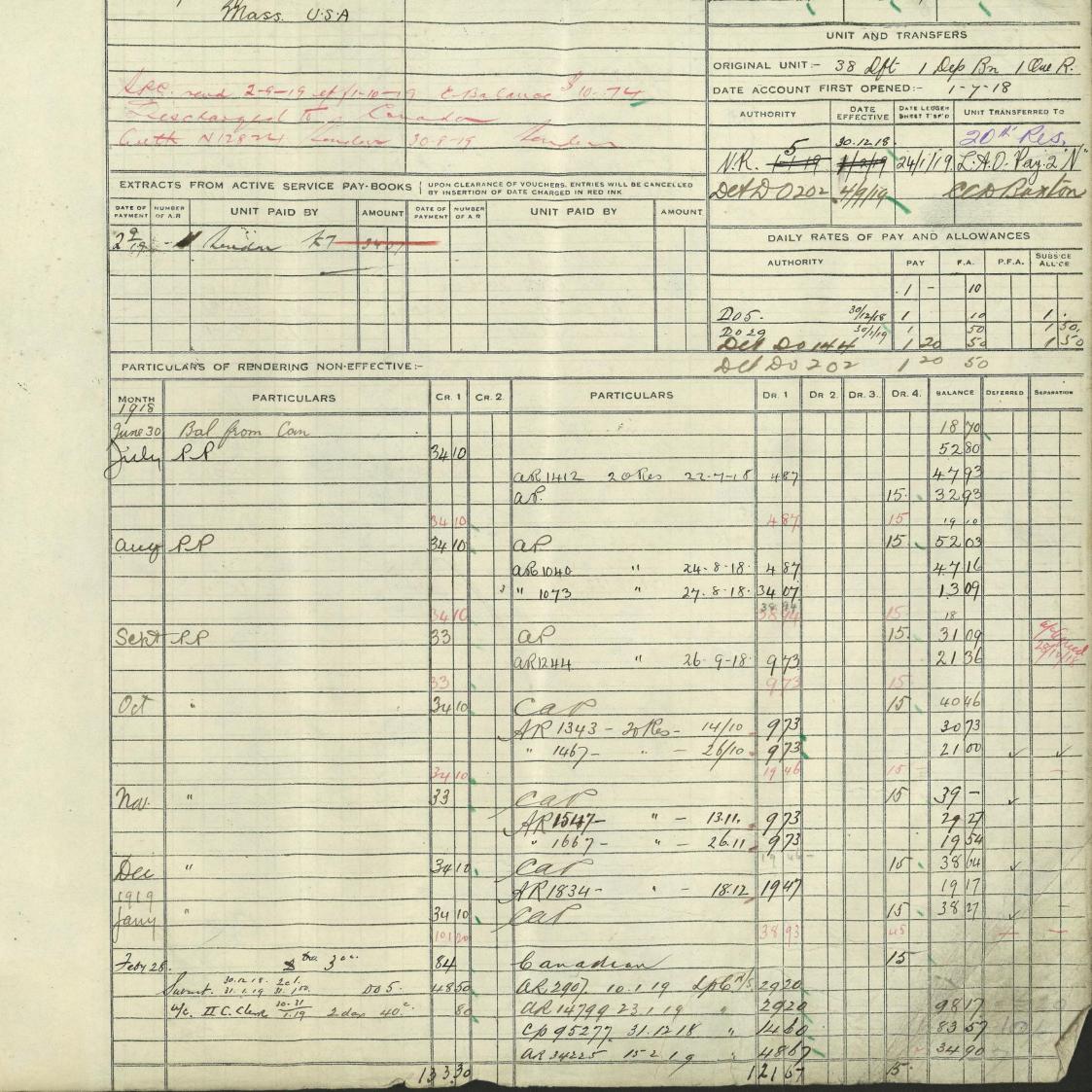
Number 308 4082 Rath Ptc.
Surname BLRACK 648. B. 38172 Christian Name Sydney Units Q. P. Theatre of War ENG Date of Service 15-7-18. Remarks Latest Address 44 - Nebron St. Roll No. 10m.-8-21.M.

- WITHOUT DEPENDANTS:
SHORT FORM.
PROCEEDINGS ON DISCHARGE VEPOT
(Demobilization DERBYSHIRE) father
1. No. 308408Z. FILE 1919
2 Rank. 94
3. Name. Burack, Sichney
4. Unit. Cape. , st 7AW.
5 Date of Discharge SEP 28 1919 Place MONTREAL, QUE.
6 Reason for Discharge EMBARKED L'POOL "
S S REGINA 12/9/19
Student 23
Tief.
7 Authority D.D.#4 R.O. 1420 D.O.Pt.II#272.
11 sb. 44
8. Proposed Residence after Discharge 44- Heffron
Montreal for Springfield
- Chars.
9. CERTIFICATE TO BE SIGNED BY SOLDIER.
I hereby acknowledge that at the undernoted place and date I received my discharge Certificate
M. F. W.? 39.
Signature of Soldier.
10. CONFIRMATION.
The discharge of the above named man is hereby confirmed.
Place Place
Date
All mice de l'éconain
Signature Officer Vo. Discharge Section, District not be (O. C. Discharging Unit.)

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet.	Militia Form W. 178 or A.F.B. 122
Casualty Form	
Last Pay Certificate	
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M, F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

SEPARATION ENGLAND OF ENGLAND OR ASSIGNED * CANADA. NAME: BURACK Sydney GANADA. ALLOWANCE. PAY. EFFECTIVE EFFECTIVE 3084082 1-7-18 NUMBER :-DATE:-DATE:-PARTICULARS OF RANK OR APPOINTMENT Stoffed us AMOUNT :-AMOUNT :-DATE RANK OR APPOINTMENT NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE BAME AS PAYEE OF S.A. THE AUTHORITY Sarah ann Burack I COLER 2029 N.R 44 Hebron St Springfield Mass. U.S.A UNIT AND TRANSFERS 1 Dep Bn 1 Que R. ORIGINAL UNIT: 38 DAGE DATE ACCOUNT FIRST OPENED :-1-7-18 DATE DATE LEGGER SHEET T'SF'D UNIT TRANSFERRED TO AUTHORITY N/2822/ EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK DATE OF NUMBER DATE OF NUMBER UNIT PAID BY AMOUNT UNIT PAID BY AMOUNT DAILY RATES OF PAY AND ALLOWANCES SUBS CE P.F.A. AUTHORITY 10 30/12/18 205. 150, 50 120 50 All Do 202 PARTICULARS OF RENDERING NON-EFFECTIVE :-DR 2. DR. 3. DR. 4: BALANCE DEFERRED PARTICULARS CR. 1 CR. 2 PARTICULARS 18 40 tune 30 3410 20 Res 22-4-18 aR1412 15 any RP 24-8-18. as6 1040 1309 24.8-18.34 11 1073 15. ap 3109 SCHOTERP 26-9-18. aR1244 4046 34/10 30 73 MP 1343 - 2018-2100 39 na. 13.11, 1954 26.11 0 166



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Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE RATE OF ASSIGNMENT Env. Show

No.	PARTICULARS	OF SEPARATION ALLOWA	ANCE Bura	9 Name	PARTICULARS OF ASSIGNM	ENT
Rank	Promoted	Reverted	Discharge	Address		
Soldier's Name	10 10	111	· · · · · ·		Change of Address	
Battalion / 5	Wepl Bin	1 Que Regi	38 Draft	1	MRS.SARAH ANN BURACK.	B17423
Beneficiary				2	44 HEBRON ST., SPRINGFIELD, MASS, U.S. A.15	15.00
Relationship				3	A-C 3084082 PTE SYDNEY BURACK FIFTEEN DOLLARS	
Address				4	TITIBLE DODDING	
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Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

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OCT 11 1919

BALANCE FROM PREVIOUS ACCOUNT

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING M. OR S. DAILY RATE OF PAY AND ALLOWANCES REGT. No. 30844 NEXT OF KIN RELATIONSHI EFFECTIVE DATE PARTICULARS ADDRESS 12/9/19 70212 P-1-B PLACE OF ATTESTATION DATE OF ATTESTATION ASSIGNED PAY \$ IS SEPARATION ALLOWANCE PAID? DATE EFFECTIVE TO WHOM PAID RELATIONSHIP ADDRESS ADDRESS STOP PAYMENT PORM ASSIGNED PAY RENDERED, DATE DISCHARGED PAY AND F.A. ACQUITTANCE ROLLS OTHER TOTAL CASH PAYMENTS REGI-ASSIGNED MONTH CREDITS NO. OF DAYS CREDITS MENTAL AMOUNT COL. NO. 1 COL. NO. 2 COL. NO. 3 COL. NO. 1 COL. NO. 2 COL. NO. 3 PAY CHARGES RATE NO. DATE NO. DATE NO. DATE 1074 V 1074 Bal to 35 ONK 170 10500 BOQ TTBAIN 2268169 481 1 500 War Service Gratuity W. Amir Co 280 1190 23.11.19 70 .. 70 ::

200M-3-19.—L. L. 58788-M. & D. 9985. M. F. W. 2596. 1772-39-1399.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 3084	082 (Rank) Pk
	Burack enlisted in
,0,011	Bn. Ove Regl
CANADIAN EXPEDITIONARY FORCE at	Boston - Mass on the 25 th
day of april 1918	
HE served in Rogland wis	the ball
and is now discharged from the service by reason	on of Medical Unfitness.
	Alculear Gilleriess.
THE DESCRIPTION OF THIS SOLDIER on the	
Age	Marks or Scars//orc
Height 5 ft 10 ins	
Complexion Wark	
Eyes Brown	
Hair Light brown	
lainach.	
Signature of Soldier	
Date of Discharge	ssuing Officer
	Officer i/c Discharge Section. District Popot No. 4.
SEP 2.2 1019	Rank
MONTREAL, OUE.	BED
	Date SEP 23 1919 19

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.

J 1st DEPOT BN. 1st QUEBEC REGIT. OR: GINAL 3084082

3084082 3084032 No.

BCMR B 6107.

ATTESTATION PAPER.

JAK.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

White the same of		
Q	UESTIONS TO BE PU	T BEFORE ATTESTATION. (ANSWERS.)
1. What is your su	rname?	BURACK,
1a. What are your C	Ohristian names?	
1b. What is your pre	esent address?	44 Hebron St. Springfield, Mass. U.S.A
2. In what Town, what Country we	Township or Parish, and in ere you born?	Glasgown, Scotland,
3. What is the nam	e of your next-of kin?	Mr.William Jacob Burack.
4. What is the addr	ress of your next-of-kin?	44 Hebron St. Springfield, Mass. U.S.A.
		Father.
5. What is the date	of your birth?	Dec 30th, 1898.
		Student.
7. Are you married	d ?	Single.
vaccinated and in	g to be vaccinated or re- noculated?	Yea.
10. Have you ever se	erved in any Mintary Force?	110. S. B.
11. Do you understa		Ven
12. Are you willing t	to be attested to serve in the SEAS EXPEDITIONARY FORCE?	You
13. Have you ever bee	en discharged from any Branch Forces as medically unfit?	170
		Not applicable.
Trib Transcoo D T	oroco ana occir rejected	
16. If so, what was	the reason?	Not applicable.
made by me to the a by me now made, as Force, and to be atta existing between Gre after the termination	bove questions and that they and I hereby engage and agree ached to any arm of the service at Britain and Germany shou	are true, and that I am willing to fulfil the engagements to serve in the Canadian Over-Seas Expeditionary to the term of one year, or during the war now ald that war last longer than one year, and for six months a jesty should so long require my services, or until legally
discharged.	S	ydney Buraet (Signature of Recruit)
DateApril25tl	1. 1918 191 . <i>Mu</i>	entin Allegan (Signature of Witness)
OA	ATH TO BE TAKEN E	BY MAN ON ATTESTATION.
in duty bound hones Dignity, against all e	tly and faithfully defend His enemies, and will observe and als and Officers set over me.	
	Char 1-	dney Buraer (Signature of Recruit)
Date APT11 25t	h. 1918191 ///	(Signature of Witness)
	CERTIFICATE	OF MAGISTRATE.
questions he would be The above que	bove-named was cautioned by be liable to be punished as pro- estions were then read to the l	me that if he made any false answer to any of the above vided in the Army Act.
duly entered as repli	ed to, and the said Recruit	has made and signed the declaration and taken the oath
before me, atMon	trool.P.Q. this 25	day of1918191 .
	un	Lewel (Signature of Justice)
M F W 22		

Apparent Ageyears		Distinctive marks, and marks indicating congenital peculiarities or previous disease.
ad.	ions for Army Medical Services,	(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).
Heig	htftgins.	- Commission of the Commission of the Wall
	. The contract of the contract of the contract of	William Countries and Artifaction of the Profit of the Pro
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	Church of England	A comment of the second
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ous	Methodist	we to street preparity and other transfer on the contract.
eligic	Baptist or Congregationalist	R. D. = 10
Religious denominations,	Roman Catholie	L. D. = 3-C
	Jewish	L. EAR
	Other denominations	and to dissent the service of restallances who executions
	CERTIFICATE OF ME	DICAL EXAMINATION.
	I have examined the above-named Recruit a	and find that he does not present any of the causes
of re	jection specified in the Regulations for Army Me	edical Services.
free	use of his joints and limbs, and he declares that	her eye; his heart and lungs are healthy; he has the he is not subject to fits of any description.
	I consider him* for the Ca	anadian Over-Seas Expeditionary Force.
Date	191	Declared FIT by MEDICAL BOARD
Place	S OR 27,191	MOSILIZATION CENTRE, M. D. 84
	*Insert here "fit" or "unfit	MY illiau Modica Millog. 2
been a		he will fill in the foregoing certificate only in the case of those who have
		and where the part of the state
	on the interest of the majority will be stold at	V". Rit. for Gionera), Sean(S).
		A problem
	CERTIFICATE OF OFFICE	ER COMMANDING UNIT.
		The received from which standard they mad anyther re-
	BURACK Sydney.	having been finally approved and
		of Attestation, and every prescribed particular having
been	recorded, I certify that I am satisfied with the	correctness of this Attestation.
		Major(Signature of Officer)
	for Q.C. 1	st Depot Bn. 1st Quebec Regiment,
Date	APT 11 25 th . 1918	

A

Casualty Form—Active Service.

Unit, Regiment or Corps. 1st DEFOT BN. 1st QUEREC REG'T.

	Regimen	tal No30.	83082. RankPrivate Nam	eBURAC	K Sydne	У			
	Enlisted (a) 25-4-18 Terms of Service (a) Service reckons from (a) 25-4-18 Numerical position on \								
		promotion to ent rank		37	···· roll	of N. C. Os.			
	Extended	1		Qualification (b)	Student				
	Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents			
			Embhahed	banada	26.6.18	- Hams.			
•			Sarwest o	Twispool,	15-7.18	Enfordshie	A Mary production		
UL 23	1918	20 Res	T.O.S. from banada	BRAMSHOTT.	75/7/18	20.20ch	Section 1		
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G 15	1918	Dokas	On Frenchem Case.	BRAMSHOTT	13/8/18	20.227	SAN SECTION STATES		
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7- 1 30 . r	- 19	C.A. P. C.I.	Titached from 20" Res. Br. T-0.5. from 23ra Res Br	LONDON	30.12.18				

	<u> </u>			
Report From whom	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army A 36, or in other official documents.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
CAPC.1.	SOS to Can. Disch. Depot,		3.9.19	D.O.Pt.2.202. D.O.Pt.2.202. DO CO CELLER CAPTAIN. CAPTAIN.
TOF				
	S Reginary	hud. VW	www.dian D	Lt. for Lt. Col.
insore	Pools Plos			
0/8	T.O.S. D.D.#4 Disp.Stn." S.O.S. D.D.#4 Demob.	F" Montreal	12-9-19 2 3- 9-19	D.O.Pt.II#272. D.O.Pt.II#272. R.O. 1420.
نميد ل	Officer i/c Discharge 8	Ul Capto ection, District Depot No	in,	
	From whom received CAPC.1. To f Your Bearked S pool Sept	casualtics, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. authority to be quoted in each case CAPC.1. SOS to Can. Disch. Depot, Buxton, for demobilization (Auth.C.O.70.d.4.9.19) C.D.D. Buxton for return to C.D.D. Buxton on processing the service of the s	From whom received Captallies, etc., during active service, and profession of Army Form B. 213, Army	From whom received A 36, or in other official documents. The authority to be quoted in each case. London 3.9.19 London 3.9.19 CAPC.1. SOS to Can. Disch. Depot, Buxton, for demobilization. (Auth. C. 0.70. d. 4.9.19) C.D.D. Buxton for return to Canada, Part, II Order C.D.D. Buxton on proceeding to Canada, Part II Order C.D.D. Buxton on proceeding to Canada, Part II Order C.D.D. Saprial Canada Ca

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LTR

BURACK, Sydney Name Rank t Bn. 1st QUE If in perm. Corps What Unit? Unit

Reg'l No.

3084082

Married or Single

Single.

Place and Date of Enlistment

Montreal. April 25th, 1918. Place of Birth Glasgow Scotland. Mr William Jacob Burack

Name and Address, Next-of-Kin

44 Hebron St. Springfield Mass. USA.

Relationship

Father.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

X261

Relationship

Disc	harge, Date a	and Place	Reason Character				
Repo	rt.	Record of promotions, reductions, transfers	, Place.	Date.	REMARKS		
Date.	From whom received.	casualties, etc., during active service. The authority to be quoted in each case.	Timete.	25400.	Taken from Official Documents.		
		Arrived in England	15-7-18	S/S C	XFORDSHIRE		
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31, 12.18	ц	T.O.S. On Com! Pay Office London		3012.18	- 365 1005 97.119		
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Report.		Record of promotions, reductions, transfers,	DI.		REMARKS	
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DEFARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under

Order-in-Council (P.C. 3165), dated 21st December, 1918.
A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.
On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.
1. Ohristian names 2. Surname 2. Surname
3. Rank 76 4. Original Unit 7. R. 5. Reg. N. 3084082
6. Address, in full, to which future payments of gratuity are to be forwarded
3rd Matinal Bank
1
Joungfuld Mas a-o-a.
7. Date of enlistment in the C.E.F. April 32-1918
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, im-
mediately prior to your discharge 220 4 Applicable
9. Relationship of such dependent
10. Address, in full, of such dependent Tel Diffice and a such des
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account
of another soldier?
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any
time on duty outside of Canada or the United States?
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and
dates of such service
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out

15-7-18 lill |-- | 9.25 | Sub Singland |-- | 9 Lill Denne 6 & P6

Latal Agean, Ly months 2 weeks

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state

Department

particulars of units on whose strength you served 22-4-18 Lill 22-6-18 1-4 RD Carneda

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments,	
and under what regimental numbers and units.	
WAR SERVICE CRATHES	
* 13	
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	
THE SHIP OF PRODUCE AND A SHIP OF THE SHIP	
20. Have you been issued with a War Service Badge? If so what class?	
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	
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival	
in England?	
(b) If so, was such reversion in consequence of misconduct or inefficiency?	
24. Are you now serving in the C.E.F.?	
(b) Reason for discharge	
25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land	
forces? If so, give unit	
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one	
unit in which you served at the front, and dates of such service with that unit	
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?	
(b) If so, are you in receipt of full pay and allowances from that Department?	
And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the	
same force and effect as if made under oath and in virtue of the Canadian Evidence Act.	
Signature of Applicant: SBurack	
Place of Residence: Springfield man U.S	
Declared before me at: Busclon Derly	
This day of 19/9	00
Signature of Barrister of the Supreme Court Stipendiary Magis-	
trate, Notary Public, Justice of the Peace, or Commissioner for the	
Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.	?
POST DISCHARGE PAY.	
Date paid. Paid Paid War Service Net amount Soldier Dependent Gratuity due	
The second of th	
Certified Correct.	

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

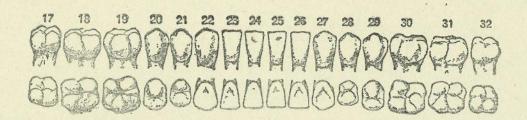
BURACK S.S.

REGIMENT No. 1 Det.C.A.P.C. RANK Pte. No.3084082

Date of Examination in England

Date of Examination in France

10 11 12 13 14 15



DIRECTIONS TO DENTAL OFFICERS

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

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
- (c) In France

Signature of Dental Officer_

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

BURACK S.S.

REGIMENT_

No. 1 Det.C.A.P.C.

RANK

No. 3084082

Date of Examination in England_

12/5/19

Date of Examination in France.

The same of the sa

Pte.

2 3 4 5 6 7 8 9 10 11 12 18 14 15

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Has HE EVER REFUSED DENTAL TREATMENT ? 7

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicably

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

H. B. Fundley Cafe

Signature of Dental Officer_

Reg. No. 3084082	Rank. Pte.	(2)	Names (1) (3)	yeli		Category.	Dentally Unfit.
Place of Enlistment:	nheal	Date of 25.4.18	Taken of	on from	Religion	Inoculati	ions 19. 4.18	
Province:	Duebec	Age on	Date 307	2-18	emon	Vaccinat	ion 15-5-1	P2
On Command			Hospita	al			Permanent Cadre Date	Employed as
······					***************************************		taken on	Glass I
Date Proceeding			Date A	dmitted				
Record of Overseas	Service:	1	il.			Pro	fession or Tra	ade (Civil)
***************************************						Tra	nsferred or P	osted to
Reason for Return:								Date
Married or Single	Du	ile				LEAVE.		
Address of Next of F	4,00	/	No. of Pass Issued	Fron	4	То	Free 7	Transportation
HH Hollen	N. Off	d	K133	A14.4	-197	21.4.1	9 7	es
Spruighiel	& Mas	1.	***********					
Country	USW		*************					

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Part 2 Order Entries.

No.	E/E/E	Ref.	No.	Date	Ref.	
5.7.1.19	30-12-18	Az				
	AMENDED A			-		
9.42.19	30.1.19	7			-	
	14.419		******************	A1111101111111111111		-0004
3.35.19	2.5.19	a Fa				
2.27.6.19	16.5.19	2				
5.30.5.19	30.1.19	51				
4.296.19	1.6.19	D				
					-	
					-	
		**********				*****
**************	***********	**********	***************************************	******************	*********	*****

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.

N	3084082. pt. Surname BURACK
	(Given name in full)
	SYDNEY.
U	nit or Corps P. C. Birthplace Sylancow Sect.
500	(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)
I.	GENERAL DESCRIPTION:
	Physique Good Weight 155 lbs. Height 5 ft 10 in. Colour of Eyes Brown
	Nutrition well mourished
	Pulse . 7.6 . Requiles Identification marks, scars, or deformities. (Give cause and date of origin).
	Condition of arteries Aof. T
	Vision Rt. 20/20 Left 20/20
	Hearing (conversational voice) Rt. M. ft.
	Left 21ft.
Opi	inion as to general health and physical condition
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
	Special Senses Integumentary System Respiratory System 200
	Special Senses
	Disturbance of Mentality Muscular System Lo Digestive System
	Osseous and Joint System Any other general condition
	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 London Eugres)
Date 2.8.19. Signed Dolffactoulf M.O. Capte alle
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.
SEP 22 1919 Signature A Buracl
(If not satisfied, M.F.B. 227 will be completed by Medical Board.)
THIS SECTION FOR USE IN CANADA—
Date SEP 22 1919 Signed Flow Com Common 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 & Bunack
(If not satisfied, M.F.B. 227 will be completed by a Medical Board.)

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

MILITARY SERVICE ACT, 1917. ORIGINAL

MEDICAL HISTORY SHEET.

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

1. Surname Difference Chairling Chairling
1. Surname BURACK Christian name Sydney. 2. Number of report for service or claim for exemption according to Postmaster's
receipt or schedule.
3. Consecutive number on schedule of men reporting for service (it he appears)
4. Address (including street and number, if any) 44 Hebron St. Springfield Mass; U.S.A.
The following are accurate particulars with regard to the above named man as ascertained by the
medical examination on the 27th, day of 1918. 1917, by the
undersigned medical board sitting at Montreal P.Q. P.O.
5. Age as stated 19 Years 4 Months. 6. Apparent age 19 Years 4 Months
7. Height 5 Feet 8 Inches. 8. Weight 1.35 Pounds.
9. Chest measurement Minimum 312 Ins. 10. Complexion Dark
(Maximum 35 Ins. Hair Lt. Brown.
11. Physical development. Smallpox marks.
13. Number of vaccination marks Right arm 14. When vaccinated last 15. Left arm 15.
15. Distinctive marks and marks indicating congenital peculiarities or previous disease
e of
Left arm
The man denies having had { Rheumatism Tuberculosis We find no evidence of past Syphilis Syphilis
(Strike out disease admitted or suspected.)
We have examined the above named man in accordance with the C. E. F. Regulations for A2 (a) Vision. R. L.
medical examinations, and he is placed in Category
Muliams President.
Alkandender CAS 15. 1. ON 1861
Date Result Vaccinations Date Result Anti-Typhoid Inoculations, Etc.
MAY 1 5 101 Oddonom L' 6 APR 8 0 1010 0 1 0
MAY C 1018 MONTH ON MAY C 1018 OF A COM OF
M.O. MAI 0 1918 OH allusm M.O. Leur
M.O. MAY 14 1918 Proalleson Mount
0544
Joined 25th, day of April 1918 191 at Montreal P.Q.
CORPS REGITL NUMBER DATE
Joined on enlistment oth CANADIAN REB. BY O SI4 WOO S. IST STEEL RECT.
Transferred to
EXAMINED OR DISCHARGED BY A MEDICAL BOARD.
STATION DATE DISEASE RESULT
Tologethin JUN 201000 10 Colol
2 1 1918 At Theeseman
ondon Jug 2.8.19. A Whiteathough Capt.
N. B.—This sheet is to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming mea-effective; the date and cause being stated on next page.

DATES OF 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. Date of Arrival Number of Signature of Admission into Hospital Discharge from Hospital. at the DISEASE. STATION. days in Medical Station. Hospital. Officer. Day Month Year Day Month Year Name. Christian Surnam