

REGIMENTAL DOCUMENTS

Maced
14. 4. 19

NAME **BURBRIDGE, WILLIAM JAMES**

DRIVER
REGT. NO. *248616*

UNIT *Div. A.M.M. Col/UNN* H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

50519

DISCHARGE

Category

Desrob.

DESERTION

S

H

- 1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)
- 2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
- 1 TRAINING HISTORY SHEET (M.F.W. 113)
- 1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)
- 1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)
- 1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)
- 2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)
- 1 DENTAL HISTORY SHEET (M.F.B. 465)
- 1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)
- 1 MEDICAL EXAMINATION (M.F.W. 129)
- 1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)
- 1 PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)
- 1 DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)
- 1 LAST PAY CERTIFICATE (M.F.W. 44)
- 2 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)
- 1 PARTICULARS OF CHARACTER (A.F.W. 3226)
- 1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

1 M. F. W. 192
1 D. M. S. 1375
1 C. A. D. C. 5009 A.
2 R 149
2 cas cards
1 R 122
2 95 51231
1 RC

24 - 8
14 - 9
1 9
3

4th

Number 248616 Rank Det

Surname BURBRIDGE

Christian Name William James

Units C. H. A. Theatre of War France

Date of Service 18-3-17

Remarks 366

Latest Address 226 West Young St.
Halifax

Roll No. Page 19164 N.S.

M.D. No.....

NUMBER

RANK

SURNAME

INITIALS

Full postal address.....
(Street) (City or town) (Province)

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

Address.....

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

..... Railway.....

If married, is your wife on board..... Number of children on board.....

Their destination.....

(Sgd.).....

REQD. NO. 7448
DEC. SEP 6 1924

M. F. W. 2502.

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

TO:
À:

DATE 24-6-74

NAME BURBRIDGE WILLIAM JAMES Service No. 248616 ARMY WW1 CPC No. 86398
NOM Matricule No CCP No

WVA No.
AAC No

Information Received from:

Information reçue de: DVA 93 HX DIST

Date of Death 14 APRIL 1974
Date du Décès

Place N/S
Endroit

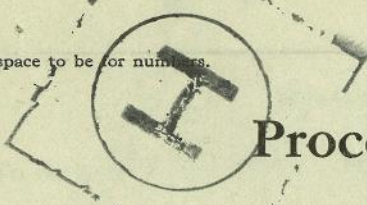
Distribution: WSR-DASG
VI - ASS
~~HO - BC~~
HO - BC

Pour le chef,

for Chief, Central Registry Division.
Dépôt central des dossiers.

2574/39

This space to be for numbers.



War Service Badge Issued
Class. A... No.



Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	248616
Rank	Driver
Surname	Burbridge
Christian name	William James
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority	
Corps (Squadron, Battery or Company)	Div. Amm. Column
Date of discharge	March 25 1919
Place of discharge	Halifax N.S.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	22	years	1	months.	Descriptive marks Wound Scar on Rt. Leg and Arm
Height	5	feet	7	inches.	
Complexion	medium				
Eyes	Blue				
Hair	Brown				
Trade	Carpenter				
Intended place of residence (To be given as fully as practicable.)	Halifax N.S.				

2. The above-named man is discharged in consequence of

Authority for discharge... Demobilization

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

3. Conduct and character while in the service have been, according to the records, etc.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.



5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, (Squadron or Battery, and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Halifax N.S.

(Date)

Commanding

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place) Halifax N.S. W. Burbridge (Signature of Soldier.)

(Date) March 24th 1919. H. Wren (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to..... (the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) Halifax N.S.

(Signature) [Signature] LIEUT. COL.

(Date) March 25, 1919

No. 6 DISTRICT DEPOT.

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a Company } or Field Conduct Sheet " W. 178</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia form B. 313</p> <p>Casualty Form " W. 54</p> <p>Medical Report for Invalid§ " B. 227</p> <p>Dental History Sheet " B. 465</p> <p>Last Pay Certificate " W. 44</p> <p>Duplicate Discharge Certificate " W. 39A</p> <p>‡Form of Will " W. 82</p> <p>§Only if discharged "Medically unfit."</p> <p>‡Only if man has not been overseas.</p>	<p>Attestation Paper Militia Form W 23 or Particulars of Recruit " W. 13</p> <p>Proceedings on Discharge " B. 218</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="text-align: center;">(a) Proceedings on Discharge</p> <p style="text-align: center;">(b) Attestation.</p> <p style="text-align: center;">(c) Medical History Sheet.</p>
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Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? *Burbridge*
- 1a. What are your Christian names? *William James*
- 1b. What is your present address? *226 West Young St Halifax N.S.*
- 2. In what Town, Township or Parish, and in what Country were you born? *Halifax N.S.*
- 3. What is the name of your next-of-kin? *Lillian Burbridge*
- 4. What is the address of your next-of-kin? *226 West Young St Halifax N.S.*
- 4a. What is the relationship of your next-of-kin? *Mother*
- 5. What is the date of your birth? *Feb 12* 1897*
- 6. What is your Trade or Calling? *Carpenter*
- 7. Are you married? *No*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated? *Yes*
- 9. Do you now belong to the Active Militia? *No*
- 10. Have you ever served in any Military Force? *No*
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement? *Yes*
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *Yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *William Jas Burbridge*, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

W. J. Burbridge (Signature of Recruit)

Date *Nov 18* 191*6* *G. Hodgson. Cpl* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *William Jas Burbridge*, 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.

W. J. Burbridge (Signature of Recruit)

Date *Nov 18* 191*6* *G. Hodgson. Cpl* (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 N.S.* this *18* day of *Nov* 191*6*.

W. J. Burbridge (Signature of Justice)

Description of William James Burbridge on Enlistment.

<p>Apparent Age <u>19</u> years <u>8</u> months. <small>(To be determined according to the instructions given in the Regulations for Army Medical Services.)</small></p> <p>Height <u>5</u> ft. <u>6</u> ins.</p> <p>Chest measurement { Girth when fully expanded..... <u>35</u> ins. Range of expansion..... <u>3</u> ins.</p> <p>Complexion <u>Med</u></p> <p>Eyes..... <u>Blue</u></p> <p>Hair..... <u>Brown</u></p> <p>Religious denominations { Church of England..... Presbyterian..... Methodist..... <u>Yes</u> Baptist or Congregationalist..... Roman Catholic..... Jewish..... Other denominations..... <small>(Denomination to be stated.)</small></p>	<p>Distinctive marks, and marks indicating congenital peculiarities or previous disease.</p> <p><small>(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.)</small></p> <p style="font-size: 2em; text-align: center;">f Nil</p> <p style="text-align: right; font-size: 1.5em;">Weight <u>125 lbs</u></p>
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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 18th 1916 A. J. Godfrey

Place..... Halifax N.S. Capt A. M. C.
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 James Burbridge 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.

Mustairis Lieut (Signature of Officer)

Date..... Nov. 18th 1916 O. C. Draft Giving P. A. How, Annm. Column.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 248616 (Rank) Driver
Name (in full) William James Burbidge enlisted in
the Div. Amm. Column
CANADIAN EXPEDITIONARY FORCE at Halifax on the 18th
day of November 1916
HE served in France
and is now discharged from the service by reason of

Demobilization

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

Age 22 yrs 1 month
Height 5 ft. 7 inches
Complexion Medium
Eyes Blue
Hair Brown

Marks or Scars
Wound Scar on
Rt. Leg and arm

W. Burbidge
Signature of Soldier

B. W. Macdonald CAPTAIN.
O. C. DISCHARGE SECTION No. 6 DISTRICT DEPOT,

Date of Discharge March 25, 1919

Rank

Signed at Halifax N. S. this 24th day of March 1919
Appointment

in Military District No. Six

File Reference No. _____

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

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

No.(Rank)..... Name.....

Unit.....

Address on Discharge.....

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life.....

Medals and Decorations.....

Remarks.....

Signed at this day of 19.....

.....
Name of Officer

.....
Rank

.....
Appointment

On demobilization the
particulars called for on
the back of this certi-
ficate will not be com-
pleted.

Uniform not to be worn after
Date of Discharge, unless author-
ity has first been obtained from
G. O. C. District.

573

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

3418

OTTAWA, CANADA.

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

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

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

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

1. Christian Names *William James* 2. Surname *Burbridge*
3. Rank *Drum* 4. Original Unit *D. Q. C.* 5. Reg. No. *248616*
6. Address, in full, to which future payments of gratuity are to be forwarded
226 West Young St. Halifax N.S.
7. Date of enlistment in the C.E.F. *18/11/16*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *no*
9. Relationship of such dependent
10. Address, in full, of such dependent
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *no*
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
yes. 24th Bty. C.F.A. from 17/3/17 to 25/11/18
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? *no*
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service *no*
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served *D. Q. C. (Can) 3rd C.F.A. Rese (Eng) 24th Bty C.F.A. (Eng. France) C. Q. R. D. (Eng)*
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *no*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *no*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units.....
no
19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.....
no
20. Have you been issued with a War Service Badge? If so, what class? *A143688*
21. Have you, during the present war, served in the Imperial Forces?.....
no
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.....
no
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?.....
no
 (b) If so, was such reversion in consequence of misconduct or inefficiency?.....
24. Are you now serving in the C.E.F. *no* If not, give:—(a) Date of discharge
25-3-19 (b) Reason for discharge
Demobilization
25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit.....
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit.....
yes
24th Bty. C. F. C. (France) from 17/3/17 to 25/11/18
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?.....
no
 (b) If so, are you in receipt of full pay and allowances from that Department?.....

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

Signature of Applicant: *W. G. Burbridge*

Place of Residence: *Halifax N.S.*

Declared before me at: *Halifax N.S.*

This *24th* day of *March* 19*19*

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

R. L. Christie
 A Commissioner of the Supreme Court in and for the Province of Nova Scotia.

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
<i>of clear</i> MAR 25 1919	<i>70.00</i>	<i>Sanil</i>	<i>153 day</i>	<i>350.00</i>
			<i>Less War G</i>	<i>70.00</i>
				<i>280.00</i>

Certified Correct.

W. W. D. [Signature]
 Paymaster No. 6 District Depot
 District Paymaster.

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12
 50m.—7-16
 H. Q. 1772-39-819

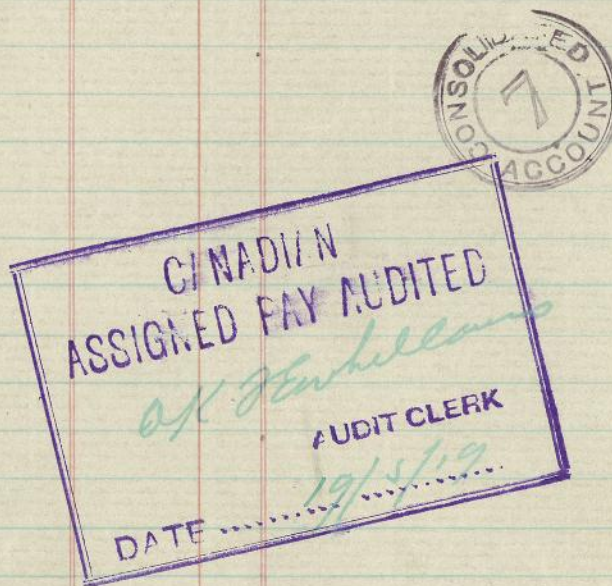
To Whom *Mrs Lillian Burbridge*
 Address *226 West Young St.
 Halifax N.S.*
 Rate *20.⁰⁰*

By Whom Assigned *Burbridge W. J.*
 Regtl. No. *248616*
 Rank *Grvt*
 Corps *Dep. P. A. How. Am. Col.*

FEB 1 1917

PAYMENTS

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



MILITIA AND DEFENCE
ASSIGNED PAY

M. F. W. 12a.
 50m.-6-16.
 1772-39-819.

Sheet No. 2. *Mrs Lillian Burlbridge*

OVERSEAS CONTINGENTS
 PAYMENTS.

Name of Soldier *Burlbridge H. J.*
248616. Pvt 7th Aust Cav.

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

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>20.00</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.		<i>C 48284</i>	<i>20</i>	
March		<i>U 44706</i>	<i>20</i>	<i>20 L</i>
April		<i>P. 442</i>	<i>20</i>	<i>20 WP 44/ Cancelled. P. B.</i>
May		<i>P 6773</i>	<i>20</i>	
June		<i>V 13698</i>	<i>20</i>	<i>20 W</i>
July		<i>S 20867</i>	<i>20</i>	<i>C</i>
Aug.		<i>V. 27154</i>	<i>20</i>	<i>C</i>
Sept.		<i>U 33403</i>	<i>20</i>	<i>C</i>
Oct.		<i>U 48792</i>	<i>20</i>	<i>180 C</i>
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

**CANADIAN
 ASSIGNED PAY AUDIT**
OK [Signature]
 AUDIT CLERK
 DATE *7/19/19*

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				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

15239

Sept 1/1917

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

20			
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B

PARTICULARS OF SEPARATION ALLOWANCE

No. *248616*
 Rank *Gov* Promoted Reverted Discharge
 Soldier's Name *H. J. Burbidge*
 Battalion *Draft. P. A. How. Am. Col.*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Mrs Lillian Burbidge*
 Address *226 West Young St. Halifax N.S.*
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Oct 31. 1917</i>			<i>180</i>	<i>180</i>	
<i>Nov</i>	<i>C 55453</i>		<i>20</i>	<i>20</i>	
<i>Dec.</i>	<i>C 64900</i>		<i>20</i>	<i>20</i>	
<i>Jan/18</i>	<i>T 65289</i>		<i>20</i>	<i>20</i>	
<i>Feb</i>	<i>C 98597</i>		<i>20</i>	<i>20</i>	
<i>Mar</i>	<i>A 105685</i>		<i>20</i>	<i>20</i>	
<i>Apr</i>	<i>A 2884</i>		<i>20</i>	<i>20</i>	
<i>May</i>	<i>H 17561</i>		<i>20</i>	<i>20</i>	
<i>June</i>	<i>E 16554</i>		<i>20</i>	<i>20</i>	
<i>July</i>	<i>V 32159</i>		<i>20</i>	<i>20</i>	
<i>Aug</i>	<i>E 28968</i>		<i>20</i>	<i>20</i>	
<i>Sept</i>	<i>M 1411</i>		<i>20</i>	<i>20</i>	
<i>Oct</i>	<i>F 46735</i>		<i>20</i>	<i>20</i>	
<i>Nov</i>	<i>B 58271</i>		<i>20</i>	<i>20</i>	
<i>DEC</i>	<i>M 62775</i>		<i>20</i>	<i>20</i>	
<i>Jan 19</i>	<i>H 73891</i>		<i>20</i>	<i>20</i>	
<i>Feb</i>	<i>J 77085</i>		<i>20</i>	<i>20</i>	
<i>MAR</i>	<i>F 88821</i>		<i>20</i>	<i>20</i>	

2449-W-17

M

acc closed 31-8-18 Soldier killed in action 21-8-18. C.T. 286 fol 7 of aug 30th 1918. ELP 8/18 M.A.O. 218. Reported in error 30/18 ELP. acc reopened from date closed. a 606095-011442 20th AP to adv Sept 1918 ELP 16th 18

March 18-10-18

CANADIAN
 ASSIGNED PAY AUDITED
OK Jewell
 AUDIT CLERK
 DATE *19/5/19*

M. F. W. 128
 400M-617-1772-58-114
 L. L. 22520-M. & D. 1155.

AUDITED
 Ret'd per *Cassandra*
 Date *3-3-19* F.X. *11-3-19*
 Clerk *Est. Bradley MRO 77632*

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE: 1/2/17		EFFECTIVE DATE: -	
AMOUNT: 20 ⁰⁰		AMOUNT: -	

NAME: BURBRIDGE - Wm James
NUMBER: 248616.

NAME, ADDRESS, RELATIONSHIP & AUTHORITY

Lillian Burbridge
226 West, Young Street
W. O. Cany.

WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Em

UNIT AND TRANSFERS

ORIGINAL UNIT: ~~DPX Hows Ann Col to CRA~~

DATE ACCOUNT FIRST OPENED: 1/2/17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'5'0	UNIT TRANSFERRED TO
S.L.G. 332	28/8/18	20/9/18	8 th Bde 6 th FA
	1-10-18	22/10	Art. B.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
3/12/18	5884	London	973	London D.O. 22. 10 th C.C.D. 10 day Sick			
28/1/19	10723	10 th C.C.D.	730	Furlough Allow. @ 23 rd			730
5/2/19	3824	Widely	1977				

UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

14-3-19 CANADA SECTN.

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS. GR. ALL. CE.
	1 00	10		

L.P.C. 1/3/19 Dischg to Canada Auth. NR. 2708 Widely 12/19 Widely mon 6 London Bal \$ 34⁸¹/₁₀₀

Cancelled Ch. 352 1/20-9-18 Reported from Paris in Even.

Proof of Wounds Cancelled 2/28-8-18

PARTICULARS OF RENDERING NON-EFFECTIVE: -

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARAT
March	Bal. Fwd.								32 84		
Apr.	Jan Pay	33		Cap.				20	45 84		
				21 8 th Bde 10/4	4 46						
				63 " 24/4	3 57				37 81		
		33			8 03			20			
May	Jan Pay	34 10		Cap.				20	51 91		
				128 " 8/5	4 46						
				241 " 24/5	3 57						
		34 10			8 03			20	43 88		
June	Jan Pay	33		Cap.				20	56 88		
				291 - 6/6	3 57						
				321 " 19/6	3 57						
		33			7 14			20	49 74		
July	J. Pay	34 10		Cap.				20			
				412 " 11/7	3 57						
				450 " 23/7	4 46				55 81		
		34 10			8 03			20			
Aug		34 10		Cap.				20	69 91		
				625 " 25/8	7 14				62 77		
		34 10			7 14			20			

CANADIAN ASSIGNED PAY AUDITED

334

J.W. E. Can.

UNIT AND TRANSFERS

ORIGINAL UNIT: *DPX Howd Amm Col to CRA*

DATE ACCOUNT FIRST OPENED: *1/2/17*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F'D	UNIT TRANSFERRED TO
<i>S. L. G. 332</i>	<i>28/8/18</i>	<i>20/9/18</i>	<i>8th Bde 604</i>
	<i>1-10-18</i>	<i>22/10</i>	<i>n. e. j</i>
			<i>Art. B.</i>

14-3-19 CANADA SECTN.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS (UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK)

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>3/2/18</i>	<i>5884</i>	<i>London</i>	<i>973</i>	<i>London D.O. 22. 10 C.C.D. 10 day Sick</i>			
<i>29/1/19</i>	<i>10723</i>	<i>10 C.C.D.</i>	<i>730</i>	<i>Furlough Allow: @ 730</i>			<i>730</i>
<i>5/2/19</i>	<i>3524</i>	<i>Wiley</i>	<i>1947</i>				

L.P.C. 1/3/19 Disch'd Canada, Auth' NR. 2708 Wiley 24/9/18 mon 6 London Bal \$ 34 81/100

Cancelled Ch. 352 of 20-9-18 Reported from Base in Enon

PARTICULARS OF RENDERING NON-EFFECTIVE:

Proof of Wounds Cancelled Ch. 332 of 28-8-18

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATE
<i>March</i>	<i>Bal. fwd. -</i>								<i>32 84</i>		
<i>Apr.</i>	<i>Jun Pay</i>	<i>33 -</i>		<i>Cap.</i>				<i>20</i>	<i>45 84</i>		
				<i>21 8th Bde 10/4</i>	<i>4 46</i>						
				<i>63 " 24/4</i>	<i>3 57</i>				<i>37 81</i>		
		<i>33</i>			<i>8 03</i>			<i>20</i>			
<i>May</i>	<i>Jun Pay</i>	<i>34 10</i>		<i>Cap.</i>				<i>20</i>	<i>51 91</i>		
				<i>128 " 8/5</i>	<i>4 46</i>						
				<i>241 " 24/5</i>	<i>3 57</i>						
		<i>34 10</i>			<i>8 03</i>			<i>20</i>	<i>43 88</i>		
<i>June</i>	<i>Jun Pay</i>	<i>33</i>		<i>Cap.</i>				<i>20</i>	<i>56 88</i>		
				<i>291 - 6/6</i>	<i>3 57</i>						
				<i>321 " 18/6</i>	<i>3 57</i>						
		<i>33</i>			<i>7 14</i>			<i>20</i>	<i>49 74</i>		
<i>July</i>	<i>J. Pay</i>	<i>32 0</i>		<i>Cap.</i>				<i>20</i>			
				<i>412 " 11/7</i>	<i>3 57</i>						
				<i>450 " 23/7</i>	<i>4 46</i>				<i>55 81</i>		
		<i>34 10</i>			<i>8 03</i>			<i>20</i>			
<i>Aug</i>		<i>34 10</i>		<i>Cap.</i>				<i>20</i>	<i>69 91</i>		
				<i>625 " 25/8/</i>	<i>7 14</i>				<i>62 77</i>		
		<i>34 10</i>			<i>7 14</i>			<i>20</i>			
<i>Sep</i>	<i>3 Pay</i>	<i>33 00</i>		<i>Cap.</i>				<i>20</i>			
				<i>SNAR. 673 8 cfa. 10/9/18</i>	<i>3 57</i>						
				<i>EN. AR. 756 " " 25/9/18</i>	<i>3 57</i>				<i>68 63</i>		
		<i>33 00</i>			<i>7 14</i>			<i>20</i>			
<i>Oct</i>	<i>Oct. Pay</i>	<i>34 10</i>		<i>Cap.</i>				<i>20</i>			
				<i>AR 844 9/10/18 8th Bde</i>	<i>3 73</i>						
				<i>" 1083 25/10/18 "</i>	<i>3 73</i>				<i>75 27</i>		
		<i>34 10</i>			<i>7 46</i>			<i>20</i>			

CANADIAN ASSIGNED PAY AUDITED
 DATE *19/1/19*

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Bt forward								75 27		
Nov	Inv p.	33		OR Remit 162330 - 20/1/18 CRA	14 60				41 20		
Dec	" "	34 10		as				20	116 47		
Jan	" "	34 10		as				20			
								20	101 87		
		101 70			14 60			60			
July	Gov Pay	30 80		car.				20	112 67		
				C.P. Gov: 8071.	16/1/19	24 33					
				car 1328. Epsom	15/1/19	24 33			64 01		
				car 10723. 1st C.C.D.	29/1/19	7 30					
				car 3824. CRA	5/2/19	19 47					
	SF 15-1-19 to 25-1-19. 10 days 20 22. 1st CCD	7 30									
				House 1st Remit 57884.	3/12/19	9 73			34 81		
		38 10			85 16			20 -			

SF 64 01
 7 30

 71 31
 Cash 36 50

 34 81

S.O.S to Canada. 22/2/19 Sailing list No. 13. C.A.R.D.

July	Ent Pay	30.80	GAR			20 -	112.67
			C.P. Lon: 8071.	16/1/19	24.33		
			C.P. 1328. Epson	15/1/19	24.33		64.01
			air. 10723. 1st C.C.D.	28/1/19	7.30		
			air 3824. C.R.A.	5/2/19	19.47		
	SF 15-1-19 & 25-1-9. 10 days 20.22.1 st C.C.D.	7.30					
		38.10	Hoop ¹ . Permit 57884	3/12/19	9.73		34.81
					85.16	20 -	

SF
 64.01
 7.30
 71.31
 Cash 36.50
 34.81

S.O.S to Canada. 22/2/19. Sailing list N: 12. G.A.R.D.

P. 559.
MARRIED OR SINGLE

Single.

PLACE OF BIRTH

Halifax N.S.

NAME AND ADDRESS OF NEXT OF KIN

*Lillian Burbridge
226 West Young St. Halifax N.S.
Mother.*

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS.

PARTICULARS

EFFECTIVE DATE

Doftw 21st/18.

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED

DATE DISCHARGED

V. OR A.

NAME OF

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE					
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1		2		No.	
			\$	C.			\$	C.			\$	C.				No.	DATE	No.	DATE		
<i>Feb 28</i>	<i>100</i>	<i>10</i>	<i>30</i>	<i>80</i>									<i>14</i>	<i>10</i>	<i>14</i>	<i>10</i>					
<i>Mar 31</i>			<i>34</i>	<i>10</i>											<i>34</i>	<i>10</i>	<i>458</i>	<i>27/4</i>	<i>4758</i>	<i>14/3</i>	
<i>Apr 30</i>			<i>33</i>	<i>00</i>											<i>33</i>	<i>00</i>					
<i>May 31</i>	<i>00</i>	<i>10</i>	<i>34</i>	<i>10</i>											<i>34</i>	<i>10</i>					
<i>June 30</i>	<i>00</i>	<i>10</i>	<i>33</i>												<i>33</i>					<i>45</i>	
<i>July 10</i>	<i>00</i>	<i>10</i>	<i>11</i>												<i>11</i>					<i>179</i>	
<i>July 21</i>			<i>17</i>	<i>6</i>									<i>14</i>	<i>10</i>	<i>190</i>	<i>10</i>				<i>121</i>	
<i>July 31</i>			<i>23</i>	<i>10</i>											<i>23</i>	<i>10</i>					
<i>Aug 31</i>			<i>34</i>	<i>10</i>											<i>34</i>	<i>10</i>	<i>470</i>	<i>26/6</i>	<i>383</i>	<i>7/6</i>	
<i>Sept 14</i>			<i>11</i>	<i>00</i>											<i>11</i>	<i>00</i>			<i>539</i>	<i>7/7</i>	
<i>" 30</i>	<i>20</i>		<i>22</i>												<i>258</i>	<i>30</i>	<i>351</i>		<i>530</i>		
															<i>22</i>		<i>374</i>		<i>438</i>		
			<i>266</i>	<i>20</i>																	
														<i>14</i>	<i>10</i>	<i>280</i>	<i>30</i>				

AUTHORITY

REG'L. NO. 248616 RANK

NAME

Burbridge Wm James

IF IN PERMT. CORPS
WHAT UNIT

Draft Boat Amm. Co.
UNIT 16 Res. Bde.

TRANSFERRED TO

1st D.A.C.

DATE

11/7/17

AUTHORITY

109 19/5/17

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO

8th Bde

DATE

11/9/17

AUTHORITY

AR's

PLACE OF ATTESTATION

Halifax N.S.

TRANSFERRED TO

DATE

AUTHORITY

DATE OF ATTESTATION

18th Nov. 1916.

TRANSFERRED TO

DATE

AUTHORITY

ASSIGNED PAY MONTHLY \$

20⁰⁰

DATE EFFECTIVE

1/2/17.

PAYABLE TO

Lillian Burbridge 226 West, Young St.

RELATIONSHIP

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

Halifax. N. S. Canada.

PAYABLE TO

RELATIONSHIP

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

EFFECTIVE

REASON

DISCHARGE DATE AND PLACE

REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

CASH ROLLS

CASH PAYMENTS

ASSIGNED PAY

OTHER CHARGES

TOTAL DEBITS

BALANCE

PAY WITHHELD OR DEFERRED

PAY AVAILABLE FOR ISSUE

REMARKS

3 4
NO. DATE NO. DATE

3		4		1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	CREDIT	DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS											
Balance from Canada												14 10														
								20		20	24 90															
				730				20		37 08	21 97															
				487				2000		2000	34 96															
								20		20	49 06															
								20		27 90	54 16															
								20		20	45 16															
				12 17				120		144 94	68 26															
								20		30 70	71 66															
								20		20	62 66															
										195 64																
										10 69	73 97															
								160		286 33	93 87															

45 7/4 Dec
179 7/5 "
121 2/4 "

1000
291 20/5

Told to 1st D.A.C. 11/7/17
Do 109 19/5/17

208th Bde 11/9/17

CANADIAN
ASSIGNED PAY AUDITED
AUDIT CLERK
19/5/19

248616 Em Burbridge Wm James

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS						
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1		2		3		1	2	3
			\$	C.						\$	C.	NO.	DATE	NO.	DATE	NO.	DATE			
			266	20				14	10	280	30									
	MONTH PARTICULARS		CR. 1		CR. 2		PARTICULARS		DR. 1		DR. 2	DR. 3	DR. 4	BALANCE						
Oct 11	Brought For													73 97						
	Em Pay 1/2		34	10			AP						20	88 07						
			34	10									20							
	For 1/2 Pay		33				AP						20							
							Oct. 673 8 Dec 9/10/17		4 46											
							Oct 629 - 249		2 49											
							Oct 629 - 249		2 68											
							Oct 724 - 23/10		3 57											
Dec	Em Pay		34	10			AP						20							
							Oct 553 - 139		2 68					40	101 78					
			67	10			AP		13 39				20							
			34	10																
							Oct 800 8 Dec 8/11		4 46											
							" 869 - 20/11		12 49											
							" 950 - 7/12		4 46											
							" 984 - 21/12		3 57					90 90						
			34	10			AP		24 98				20							
			30	80									20							
							Oct 1057 8 Dec 7/11		4 46											
							1172 - 28/11		3 57											
							1235 - 6/12		4 46					89 21						
			30	80					12 49				20							
			34	10									20							
Nov	Em Pay						Nov 1292 8 Dec 20/12		3 57											
							22826 Dec 13/3		17 84											
							24843 " 10/3		17 84											
							" 1370 8 Dec 11/3		4 46											
							23766 Dec 16/3		17 84											
			34	10			1368 8 Dec 7/3		8 92				20	32 84						
									70 47											

In sheet

Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank DRIVER Name WILLIAM JAMES Surname BURBRIDGE
 Unit or Corps C.A.R.D. (If a soldier) Regtl. No. 248616
 Born at HALIFAX, N.S. on, date FEBY. 12. 1897.
 Signature (for identification) W Burbridge

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

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

Weight 137 lbs.
 Height 5 7 ins.

nil

2. **NUTRITION AND DIATHESIS ?**

good

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

3. **NERVOUS SYSTEM ?**

nil

4. **RESPIRATORY SYSTEM.**

nil

5. **HEART ?**

Abnormal Sounds? no
 Abnormal Size? no
 Pulse Rate? 74

Intermittence or irregularity? no

6. **ARTERIES.**—Any hardening?

nil

7. **DIGESTIVE SYSTEM ?**

no

8. **GENITO-URINARY SYSTEM ?**

nil

Urinalysis—s.g.? 1010 Reaction? acid Albumen? nil Sugar? nil.

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

U RE 6/6
U LE 6/6

skin - neg
Ears & hearing normal

see name
 Capt. C.A.M.C.

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

no



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

good

Examined at Witley Signed..... M.O.
 Date 6/2/19 Signed RBK enred for M.O.

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

Surname	Christian Name or Names	Reg. No.
Burbridge.	W. J.	248616.
Rank	Unit	Co. Troop Batty.
Gnr. 1st. Amn. Col.		
Hospital	SP/CA.	Date of Admission
12. Can Fld. Amb.		6-5-17.
Transferred 7 C.C.S.		Hosp. 12-7-18
11 C. F. Amb.		Hosp. 21-8-18
26 Pere Etaples		Hosp. 14-11-18.
Gen. Mil. Calchater.		Hosp. 25-11-18

Diagnosis

Scabies.

(1) Later Diagnosis (if changed)

- (2)
(3)

P.V.O. aff
S.W. mult. head, legs, Arms, chest
abdomen

Additional Diagnosis: if more than one state present

~~DIED OF WOUNDS 21-8-18~~

P. Str. B. mist^{re.}

DISPOSITION

Date

Dis. to duty. 8-5-17.

Dis 18-7-18

REMARKS

C.L. 8-6-17. A.477.

19-7-18 a 297-2

25-7-18 a 302-3

28-8-18 A332 canceled

10-15-19

10-9-18 a 302-0. Note: Cancel entry on a 332
as this was B & B in error

21-11-18 A405

2-12-18 B414

28-12-18 B435-2

20-1-19 B453-3

A.M.D. 2 DEPT.

Beh. of D.G.M.S. O.M.F.C. Lon

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

Wm C Woodcock *H. Epam* *21.12.18*

2.

3.

4.

5.

6.

7.

William James

RL-25-B-5494

Name BURBRIDGE Rank Dr

Reg. No. 248616

Unit ^{Army} 8th Cavalry *Lillian Burbridge*Next of Kin *Canada 226 West Young St
Hallowell, Me.*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
12-7	7. obs	<i>A</i> <i>Pho</i>	<i>a/294</i>			33301
18-7	<u>Discharged</u>		<i>do</i>	<i>a/307</i>		33614
21-8	11 Can. Hd. ant	SW Mult. Near Leg			<i>048</i>	35452
	DIED OF WOUNDS	arms, chest abdomen				2.332
	Please cancel entry in	a 332				2197
	Report from Berlin				<i>0.352.0554</i>	
14-11	2.6 g. the Copter	G. SW wrist		<i>4405</i>	<i>8</i>	0.108
25-11	1st Mt. the 6th Cavalry			<i>8414</i>	<i>9</i>	1115695-12
21-12	1st Mt. 6th Cavalry			<i>8435</i>		3661
15-1	Discharged			<i>8453</i>		1066
12-15-1	to 25-1-16	63. W. W. -				84580

NAME

Burbridge W J

REGT'L No.

248616

RANK AND CORPS

Gnr 1st Co D A C

H. Q. FILE NO. 649.

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS

No.

FOLLOWS

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

2477	13 Canfld Amb	6-5-17	Scabies
	Disch to	8-5-17	duty
929	#7 Cascl Stat	12-7-18	(SB) Pul
9302	Disch	18-7-18	" " "

248616

NAME

Burbridge William James

REG'T L. No.

H.Q. FILE No. 149

RANK AND CORPS

Dr. 8th Bde C.A.

FOLLOWS Draft No. 1
No. 101. 11. 11. 1918
FOLLOWS 2

CABLE

NO.

DATE

NATURE OF CASUALTY

Q 481 29-8-18
9-3

D. of War 11 3rd Amb. Aug. 21st
1918 Grew ~~Ward~~ legs arms Chest
abdomen ✓

Wife

Mrs. William Burbridge (mother)
226 West Young St. Halifax N.S.
Re. my tel. Aug 24 1918 Q 481 cancelled
D. of War reported from Base in error

Q 554 23-9-18
11-1

adm. 2 C.A. Gen. A. L. Repat No. 14 1918
Grew wrist ✓

Q 756 23-11-18
14-1

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

~~A332 H. Campbell
D of W~~

~~21-8-18~~

~~(B) L^h must head
depar chest -
Abdomen
Glu Chest~~

A405 26 Gen Etapls 14-11-18

opened 9312

B414 Gen Mil Colcheste 25-11-18

B435 Milomb Whit. Hep 21-12-18

B423 Disch 15-1-19

..... R

Name BURBRIDGE Rank Gnr.

Reg. No. 248616.

William James.

Unit 1st Can Div Amm. Column.

Next of Kin Canada.

1917.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
6-5.	No.12.Can Fld. Ambulance.		Scabies.	A477		
8-5.	Discharged.to duty.		do	A477		

FIELD MEDICAL CARD:

A.T. Serum }
Dose and date } 1st

2nd

FIELD AMBULANCE NOTES.

Morphia }
Dose and time }

Date of wound or }
onset of illness }

Religion *RC*

No. *294136* Rank *P6*
Name *Burgoyne J*
Unit *Pan Forest Corps. 30 Coy*

Battle Casualty ~~Accidentally Wounded.~~ "Sick"
(Strike out description which does not apply)

No. of F.A.
Date of admission
F.A. diagnosis

B

Additional F.A. Notes to be written on back of card.

C.C.S. diagnosis (if altered from above)

Base Hospital diagnosis (alterations or additional)

Base Hospital
Diagnosis

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank	Surname.	Christian Name.
Year	Unit	Age	Service.	
1918	C.F.A.		Burbridge W.	
MCA, Epsom Station and Date.	Disease <i>L.S. right forearm flesh w/nt healed daily dressing. FU B. Hardman</i>			
21-12-18				
5-5-19	<i>w healed. no dressing PV for Dr. B. Hardman</i>			
FURLOUGH ADDRESS IN FULL				
<i>Old Waverley Road Edinburgh</i>				
<i>Halifax 19 2</i>				

T.M.B. 3-1-19

A

Station
and Date.

15
MEDICAL CASE SHEET.*

No. in
Admission
and
Discharge
Book.

Regimental No.

Rank.

Surname.

Christian Name.

248616

Ovr

Barbridge

William James

Year

Unit.

Age.

Service.

6 FA. 24/8. Army Brigade.

21

Station
and Date.

Disease Shell W! of Rk. Wrist

25. 11. 18. Bedford Emergency Hospital

14/12/18. St wound clean, healing

H. W. Steer

Whipp's War. 16
Hospital 12/18
Seytonstone

Spwd firearm R.
almost healed.

20/12/18 Transferred to Epsom

D. M. D. M. D.
Capt. Rame

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

Name Burbridge Enl. 18-11-16.

Date of Embarkation for England 25-1-17.

Proceeded to France. 17-3-17 Returned to England. 25-11-18 Wed.

Date returned to Canada. 22-2-19

P.R. 2855.

~~62/Kid
25-4-27~~
(over)

Car. Sheer.

6-5-17 - Leabier - To duty 8-5-17.

12-7-18 - P. U. G. - To duty 19-7-18.

10-11-18 - S. W. R. G. - To duty.

- To Eng. 25-11-18

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

ORIGINAL

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

250M.—1-16.

H. Q. 1772-33-921

WAR SERVICE BADGE.

CLASS "A" No.....

Casualty Form—Active Service.

Unit, Regiment or Corps Draft Giving F. A. How. Amm. Co. Shorncliffe

Regimental No. 248616 Rank Gr. Name Bimbridge William James
C. E. F.

Enlisted (a) 18/11/16 Terms of Service (a) War 46 mos Service reckons from (a) Date of Enlistment

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) Carpenter

CERTIFIED CORRECT
 1 APR 1917
 18 MAR 1917
 RECORDS (LOCAL)

Report 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.
8/2/17		Embarked Canada Disembarked England T.O.S. Res. Arty. C.T.D.	Halifax Liverpool Shorncliffe	25/1/17 6/2/17 7/2/17	B.O. Pt II O "39".
	bc Res. Bde C.T.A.	Embarked for overseas service	SHORNCLIFF		H.Q. C.T.D. B.O. Pt. II 79 #25-2-170 #25-5-171 20/3/17 MAJOR, D.S.O. O.C. COMPOSITE BATTERY RES. ART. C.T.D.
21-3-17.	Landing. Return.	Arr'd from England with Shorncliffe Composite Battery as Reinforcement is attached to 1st C?D.A.C.		21-3-17.	No 7884 Pt 11 89 20-4-17
19-5-17	cas.	Posted to 1st C.D.A.C.	Field	21-3-17	Pt II O no 109 d/19-5-17
12-5-17	Wint	Adm. to Hosp. Sick	do	6-5-17	B213 des no 374 d/19-5-17
do	do	Rejoined Wint	do	8-5-17	do do do
do	1st C.F.A.	Scabies	Duty	6 ⁵ / ₁₇ 8 ⁵ / ₁₇	A36 do 378 d/4-6-17
14-7-17	8th Bde.	Transferred to the 8th Brigade.		7-7-17	B.213 Pt.11 O.136 a/25-7-17
do	do	T. on S. of do do		8-7-17	do do 93 do do
15.3.18	do	Granted 14 days leave to Paris	Paris	12.3.18	B213 des 38 a/23/3/18

(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.

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				
29-3-18	8th A Bde	Rejoined from leave	Field	27-3-18	B213
10/4/18	7 Ccs	P40 adm	7 Ccs	13/7/18	B6 91805
19/7/18	8th A Bde	To Hospital	NS	12/7/18	B213
26/7/18	do	Rejoined Unit	Field	19/7/18	B213
8/8/18	7 Ccs	Discharged To Duty	NS	17/7/18	K9 17/834
20/9/18	11 Cct Lamb	Received in action <i>Defeat of Wounds</i> <i>20.9.18 with Unit</i>	11 Cct Lamb	21/9/18	<i>more 5-7/18 Field</i> <i>19/10/18</i> <i>K9 17/834</i> <i>17/462</i> <i>24/11</i>
<i>above entry entered in error see File K9 17/834</i>					
10-11-18	10 Cct Lamb	JN West R adm	10 Cct Lamb	10-11-18	B36 M 5715
14-11-18	26 Gen	do adm	26 Gen	14-11-18	M 6274
10-11-18	1 Cdn Cpl	do adm	1 Cdn Cpl	10-11-18	M 6358
16-11-18	8th A Bde	To Hospital Wounded	NS	10-11-18	B213
25-11-18	29 Cct Lamb	Invalidated Wounded & posted to CARD	Witley	25-11-18	P20 137 a/j 2-12-18
<p><i>Chas B. Chapwell</i> <i>Lieutenant</i> <i>for Lt.-Col., A. A. G.</i> <i>Canadian Section, G. H. O. 3rd Echelon, B. E. F.</i></p>					
5-12-18	CARE T.O.S	from 8th Cct Lamb	Witley	25-11-18	PHI-339.
<p><i>Chas B. Chapwell</i> <i>Lieut:</i> <i>FOR THE COL. IN CHARGE RECORDS, C.O.M.F.</i></p>					
2/12/19	CARD	of c to Phyl R J e	Witley	2/12/19	pt 11-44.
<p><i>1st</i> <i>for of c CARD.</i></p>					

SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103—1.
Part I.

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

(10) Enlistment (b)	(11) Engagement (c)
(12) Service reckons from (date)	(13) Special conditions (if any) of enlistment (d)
(14) Any subsequent variations (if any) } of conditions of service }	Initials and Rank of an Officer.
(Authority)	(date)

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

(17) Next of Kin	(18) Demobilizer (f)		(Place)	(Signature of Posting Officer
(19) Pivotal-man (f)	(20) Qualifications (g)		(Date)	
			or (21) Corps trade and rate	
(22) Extended {			(23) Re-engaged {	
(24) Miscellaneous entries:—				

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

Army Form B. 103 (II.) to be gummed on here if required.

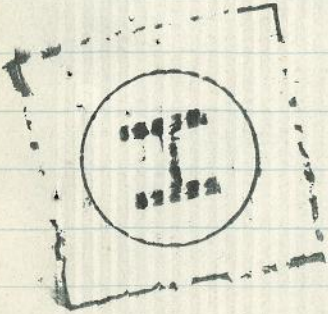
Nothing to be written in this margin.

W1889—PP-1150 IM 5/18 G.W.P.Co (34/90)

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer
	4-2-19		<p>Ceases to be attached on proceeding to CARD D.O. No. 338/4-2-19</p> <p><i>J.P. Ross</i> Lieut Adjutant, Canadian Command Depot,</p> <p>S.O.S. — O.M.F.C. — ON-TRANS. — C.E.F. <i>N.P. Stamp</i></p> <p><i>Reginald Hammond</i> LIEUT. OFFICER I/c RECORDS M.D. 6</p> <p>EMBARKED FEB 22 19 S.S. CASSANDRA</p>			
21 FEB 1919						
22/2/19	<i>JS</i>		<p><i>Yos</i> 4/26 D.D. Posted <i>to</i> <i>for</i> <i>Co.</i></p>	<i>for</i>	4/2/19	<p><i>W. Westmore</i> Major O.C. * 13, T.A.C.S.</p> <p>D.O.B. 9 6/26/19 O/c Records</p>
25/3/19			DISCHARGED at Halifax, N. S.	D.O.B. 3		<p><i>W. Fisher</i> Major O.C. DISCHARGE SECTION No. 6 DISTRICT DEPOT.</p>

Nothing to be written in this margin.

J.P. Rank _____ Name **BURBRIDGE, William James.** Reg'l No. **248616.**
 Unit **Dft Giving Depot F.A.** If in perm. Corps, }
 (How) **Amm Col to Res.Arty.** What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **Halifax.N.S. 18th Nov. 1916.** Place of Birth **Halifax.N.S.**
 Name and Address, Next-of-Kin **Lillian Burbridge.**
226 West Young St. Halifax.N.S. Relationship **Mother.**
 Assigned Pay Monthly \$ _____ Payable to _____
 Separation Allowance \$ _____ Payable to _____
 Discharge, Date and Place _____ Reason _____ Character _____



1917
 N/E. B. N. 3
 File #
 Catgor. *Low*

5630
 File # *25 B 549*
 Category *D. W.*

H. W. & V., Ld.-9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents
Date.	From whom received.				
		<i>Arrived in England.</i>			
<i>8-2-17</i>	<i>4c Reskole</i>	<i>Taken on strength.</i>	<i>S.S. Canada</i>	<i>6-2-17</i>	
<i>20.3.17</i>	<i>"</i>	<i>S.O.S. proceeding seas</i>	<i>S'cliffe</i>	<i>7-2-17</i>	<i>Pt 2. a 39</i>
<i>20.4.17</i>	<i>9c 10ab</i>	<i>Arrived as Reinfor. Attached to 10ab.</i>	<i>Field</i>	<i>21.3.17</i>	<i>" 89</i>
<i>19.5.17</i>	<i>"</i>	<i>Cases to be attach'd posted to Cat.</i>	<i>"</i>	<i>21.3.17</i>	<i>- 109</i>
<i>8.6.17</i>	<i>"</i>	<i>To 12 Can 5th Ambule</i>	<i>"</i>	<i>6.5.17</i>	<i>CRA 477 Scabers</i>
<i>---</i>	<i>"</i>	<i>Discharged to duty</i>	<i>"</i>	<i>8.5.17</i>	<i>"</i>
<i>25.7.17</i>	<i>8th Bde</i>	<i>205 from 10ab</i>	<i>"</i>	<i>8.7.17</i>	<i>Pt 10 93 40ab 136.d. 25.7.17</i>
<i>28.7.17</i>	<i>8th Bde</i>	<i>Now known as 8th Army Pfc c7a</i>	<i>"</i>	<i>8.7.17</i>	<i>- 94</i>
<i>24.8.18</i>	<i>do</i>	<i>DIED of WOUNDS</i>	<i>Field</i>	<i>21.8.18</i>	<i>Pt 77</i>
<i>24.8.18</i>	<i>do</i>	<i>Died of Wounds</i>	<i>"</i>	<i>"</i>	<i>"</i>

A.F.B. 103 CHECKED
3 APR. 1917
[Signature]

act

Cancelled Pt 108
20-9-1918
Cancelled 620.A 352
L. A. 552 0209.18

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.				
21-11-18	8 th Abde	Wounded.	Dev Field	14-11-18	ChA 405
2-12-18	"	S.O.S. to C.A.R. A. Am.	"	23-11-18	— 137 Enls 339 of 5 th 18
21-1-19	C.A.R. A.	on emat 1 st CCS.	"	Borden 15-1-19	.. 21 of BCES 21. 23-1-19
4-2-19 14-2-19	1 st CCS	cases attached	"	Bromsett 4-2-19	.. 33.
14-2-19	MD No 6	T.O.S. from C.A.R. A.	"	Rhyl 12-2-19	.. 45 + C.A.R. A. No 44 13-2-19
9-3-19	Res Bde	Insults of days pay 25-2-19	"		(Entries made in error)
7-3-19	Cordy	and Reg. Cons. for bank 23.5.16.7.19	Borden	15-7-19	" 16
		T.O.S. from Res Bde	"	14-3-19	" 81 of Res Bde 77. 18-3-19
25-2-19	6 MP Wing	R.O. Proc to Canada	"	Rhyl 22-2-19	— 56

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

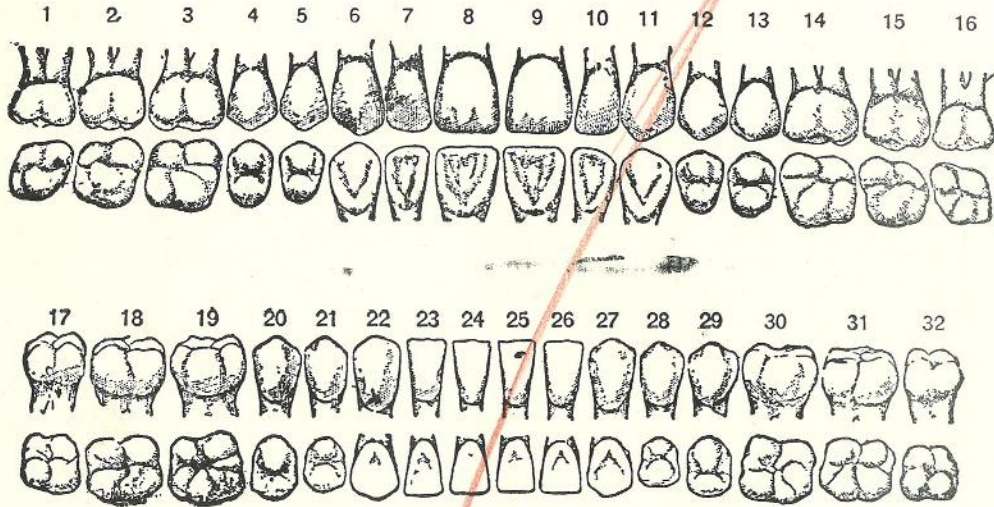
Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) BURBRIDGE W.J.

REGIMENT CARD RANK AV No. 248616

Date of Examination in England 5/2/19 Date of Examination in France _____



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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 4
2. EXTRACTIONS
3. CROWNS
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

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

Signature of Dental Officer

Erasmus J. Man
Capt

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

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

No. 248616 Rank Dr Surname BURBRIDGE
(Give name in full)

WILLIAM J. BURBRIDGE

Unit or Corps D.D.L. Birthplace Halifax N.S.

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

1. GENERAL DESCRIPTION:

Physique good Weight 135 lbs. Height 5 ft. 7 in. Colour of Eyes Blue
 Nutrition good
 Pulse 72
 Condition of arteries N
 Vision Rt. N Left N
 Hearing (conversational voice) Rt. 20 ft.
 Left 20 ft.

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

wound scar on right leg + arm.

Opinion as to general health and physical condition good

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

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

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

Acne 6.5.17
Sh. w. wound R. 25.11.18 No disability
gum disease L. (flesh)

226. West Young St.
Halifax N.S.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date SignedM.O.

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

Signature

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

THIS SECTION FOR USE IN CANADA—

Examined at...*W. Halifax*.....(Canada)

Date ...*22*...*5*...*19*..... Signed ...*P. M. Overleaf*.....M.O.

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

Signature ...*W. W. Burbridge*.....

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

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

[OVER]

SURNAME.

Burbridge

CARD NO.

6

4

CHRISTIAN NAMES

William James.

REGL. No.

248616.

RANK

Sr.

UNIT

Draft Living Depot F. A. How, Amn. Col. (2nd P. Co.)

FORMER CORPS

Nil.

SD 895-3-19
2083724-51
1/4 BAN
 FOLL. 0/18
 Canceled
 Q. 554, 23-9-18

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Burbridge, Mrs. Lillian

RELATIONSHIP TO SOLDIER

Mother.

ADDRESS

226 West Young St., Halifax, N.S.

COUNTRY OF BIRTH

Canada, Halifax, N.S.

DATE

Feb. 12th 1897

PLACE OF ATTESTATION

Halifax, N.S.

DATE

Nov. 18th 1916

1916-3-19 275
29
AVE

MARRIED

SINGLE *yes.*

WIDOWER

TRADE OR CALLING

Carpenter

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

19 YEARS

8 MONTHS

HEIGHT

5' FEET

6. INCHES

CHEST MEASUREMENT

35 INCHES

EXPANSION

3. INCHES

COMPLEXION

Medium

EYES

Blue

HAIR

Brown.

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Halifax, N. S.

DATE

Nov. 18th 1916.

Present Address: - 226 West Young St. Halifax, N.S.

No. 248616 RANK *Pte.*NAME *Burbidge, W. Jax.*T. O. S. *18-11-16**14th Bde.*

UNIT

*Draft, Living Field Artillery, How, Amms, Col.**D.O. 28 of 20-11-16.*M. D. *6*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916 Nov. 18</i>	<i>1916. Nov. 30</i>	<i>✓</i>		
<i>Dec: 1917</i>	<i>1917 Jan 1</i>	<i>✓ ✓</i>		

*Name *Bumbridge Wm James* Rank *Private* Regtl. No. *248616*
 Original unit *1st Bn* Fyle Depot.....
1st Bn *M. S.* Age *21* Religion *Methodist* Ref. H.Q.....
 Port, ship, and date of arrival *St. John N.B. - Cassandria - Arrd. 6/13/19*
 Next of kin *Lillian Bumbridge (Mother)*
 Address on leave *Halifax*
 Address on discharge.....
 Transportation issued Yes No Date..... Character on discharge.....
 Previous occupation *Carpenter* Date and place of enlistment *Halifax 18/11/16*
 Diagnosis..... Date of Medical Boards.....

Date.	Remarks	Pt. 2 Order No.
<i>22/6/19</i>	<i>9.5.1. & D. 6. Posted to Cas Coy 6/13/19</i>	<i>8069</i>
<i>25/3/19</i>	DISCHARGED at Halifax, N. S.	<i>83</i>

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

Date.

Remarks.

Pt. 2 Order No.

M.F.W. 192
150M-6-18.
1772-39-1243.

ORIGINAL MEDICAL HISTORY SHEET

ORIGINAL
B 633

Surname Burbridge Christian Name Williams James

Examined { on 18th day of Nov 1916
 at Halifax N.S.
 Birthplace { City or Town Halifax N.S.
 County Nova Scotia

Approved by H. J. Godfrey
 Rank Capt. R.M.C.

Apparent age 19 years
 Trade or occupation carpenter
 Height 5 feet 6 inches
 Weight 125 lbs.
 Chest measurement { Minimum 32 inches
 Maximum expansion 35 inches
 Physical development Good
 Small-pox Marks None

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
<u>12-19-19</u>	<u>DI</u>	<u>BBM</u> 3 - DEC 1918 M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left
 Number one
 When Vaccinated last childhood 12/1/17
 (a) Marks indicating congenital peculiarities or previous disease

Date	Result	VACCINATIONS
<u>12/1/17</u>	<u>1st</u>	<u>T. W. Burden</u> M.O.
		M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection
TAB 3-1-19. BBM

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>1/12/16</u>	<u>1st</u>	<u>T. W. Burden</u> M.O.
<u>8/12/16</u>	<u>2nd</u>	<u>T. W. Burden</u> M.O.
<u>15/12/16</u>	<u>3rd</u>	<u>T. W. Burden</u> M.O.

Enlisted on 18 day of Nov. 1916 at Halifax N.S.

	CORPS	REG'L NUMBER	HABITS	DATE
Joined on enlistment	<u>Artillery Column</u>	<u>248616</u>	<u>Good</u>	<u>Nov. 18th 1916</u>
Transferred to	<u>Artillery Column</u>			<u>7/2/17</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>1 C Coy</u> <u>Wesley</u>	<u>30-1-19</u> <u>6-2-19</u>	<u>ml</u> <u>not</u>	<u>A full blood</u> <u>examined</u>

CANADIAN

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.

Surname *Burbridge* Christian Name *William James*

STATION	Date of Arrival at the Station	DATES OF						DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
No.12.C.F.A.		6	5	17	8	5	17	Scabies.		Dis to duty	<i>W. J. Burbridge</i>
L.FORD EMERGENCY HOSPITAL		25	11	18	16	12	18	Swd Wrist (R)	22	Wd healed	<i>W. J. Burbridge</i>
WHIPPS CROSS WAR HOSPITAL		16	12	18	20	12	18	Gsw firearm R.	5	Transferred to Epsom Wd healed.	<i>Shrover</i> <i>Capl R. H. M.</i>
LEYTONSTONE.											
M.C.H. Epsom.		20	12	18	15	1	19	S.L.W. R. Arm (flesh)	27	On adm. not healed. Dressings 5-1-19. Wd. healed. no disability Disch to C.C.D. Category DI.	<i>R. H. M.</i> <i>Capt Camm</i>