REGIMENTAL DOCUMENTS

NAME Cairns Lorenzo. LaFayette REGT. NO. Capt UNIT Cam la H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2	ATTESTATION PAPER (M.F.W. 23, 133, or 51)		—	8/20	00771	DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	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)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 179)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category Demob
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
1	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. 394)					
1	Doc-S F-1a					1
1	MFW-71					4-30
						2-30

W. 2589
1000M-11-18
1722-38-1377

1-11-39

CAIRNS, LORENZO LAFAYETTE

CAPT.

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

M. F. W. 54. (A. F. B. [illegible])
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps: a.m.c. Training Depot No 11 C.E.F.

Regimental No. ..... Rank: Captain C. E. F. Name: Cairns Lorenzo Lafayette.

Enlisted (a): 14/6/18 Terms of Service (a): C.E.F. Service reckons from (a): 14/6/18

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): Physician & Surgeon.

Report: Date	Report: 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
14.6.18	AMC #13	T.O.S. a.m.c. T.D. No 11.		14.6.18	Dept II 168 14/6/18
4.2.19		S.O.S. on transfer to Esq.ls.		1.2.19	Dept II 6 6/2/19
4.2.19	" "	T.O.S. Esq.l Hospital	Esquimalt	"	D.O. pt II 41 10/2/19.
28.3.19	A.D.M.S.	On Command Clearing Service Can	Quebec	28.3.19	D.O. pt II 88 29/3/19
14.5.19	C.A.M.C. #66	S.O.S. upon transfer to C.A.M.C. Depot x1	Esquimalt	15.5.19	D.O. pt II 134 14.5.19
— " —	— " —	T.O.S. C.A.M.C. Depot x1	Victoria B.C.	O.C. ESQUIMALT MILITARY HOSPITAL 16.5.19	D.O. pt II 104, 15-5-19.
28-7-19	— " — #831	S.O.S. — do — on demobilization	— " —	31-7-19	— " — #181, 31-7-19.

O.C. A.M.C.

Major
Depot No. 11, C.E.F.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

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				

Original not available

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 1st. Depot. Bn. B.C. Regt.

Regimental No. 2021021 Rank Pte. Name Cairns, Lorenzo Lafayette

Enlisted (a) 14-1-18 Terms of Service (a) C. E. F. Duration of war. Service reckons from (a) 14-1-18.

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

Extended ..... Re-engaged ..... Qualification (b) .....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
23-1-19	11th C.M.R.	SoS "Having enlisted as an officer in the C.A.M.C."	Vancouver B.C.	23-1-19	Pt. I No. 23.
20-3-22	" "	Ph. II O. # 23d/23-1-19 should read:— S.O.S. a/E.	Issued at Ottawa	16-6-18	after Order # 31.

D. Guthrie — Capt.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

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				

MEDICAL CASE-HISTORY SHEET

Hospital Resthaven Section, Vic.Mil. Station Resthaven, B.C.

No. ..... Rank Capt. Name (Given) L.L. (Surname) Cairns, Age 34

Unit C.A.M.C. Service C. 4/12.

Date of Admission 12.10.18. Date of Discharge 25.10.18.

Diagnosis 21 Influenza.

Date of Origin 12.10.18. Place of Origin Victoria

Cause of Illness or Injury:

Military Service.

History of Present Illness or Injury.
(Is Illness or Injury result of Service?)

Patient reported for duty at Resthaven on the night of 11.10.18.
On the morning of the 12th he was not feeling well and went off duty sick.

Condition on Admission.

General Malaise. T.101.4 P.72.
Pains all over. Slight pharyngeal cough- chest nil. Tongue slightly coated- anorexia - bowels normal.

Treatment.

Bed- diaphoretic mixture.
Liquid diet.

Condition on Discharge from Hospital.

Quite well.

E. M. Pearse.
Medical Officer i/c Case.

Date 25.10.18.

M. F. B. 313a.
15M.—8-17.
1772—39-439.

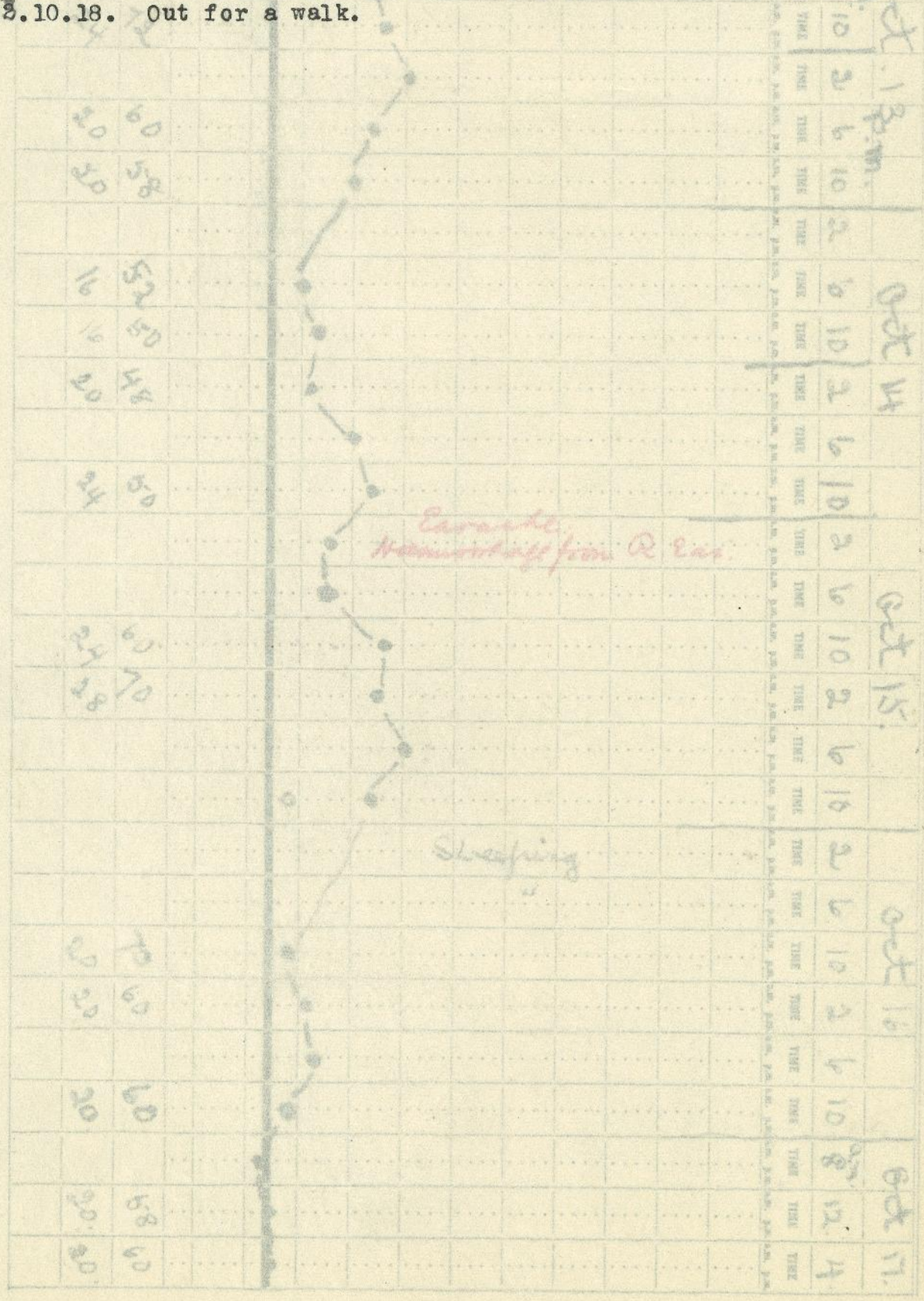
A 12175

CLINICAL CHART

13.10.18. Condition unaltered.
14.10.18. General condition improved- feels better.
15.10.18. Last night patient was much troubled with earache R. Examination this morning shows that there has been a slight haemorrhage from the middle ear. There is still some earache. Temp. is 99.4 pulse 72. Lungs and heart neg.
To have ear syringed twice daily with warm boracic solution.

16.10.18. Patient better, has had a good night, earache only trifling now, no further discharge from ear. Pulse regular, heart and lungs negative.
17.10.18. Feeling much better, though weak. Temp. normal, Chest nil.
18.10.18. Same as yesterday. Ate a good breakfast this morning.

19.10.18. Feeling stronger and better. Tongue cleaning, appetite returning, Temp. normal. No trouble from ear now, chest negative.
20.10.18. Convalescent, allowed up for an hour.
21.10.18. Convalescent, sitting out on balcony.
22.10.18. Out for a walk.



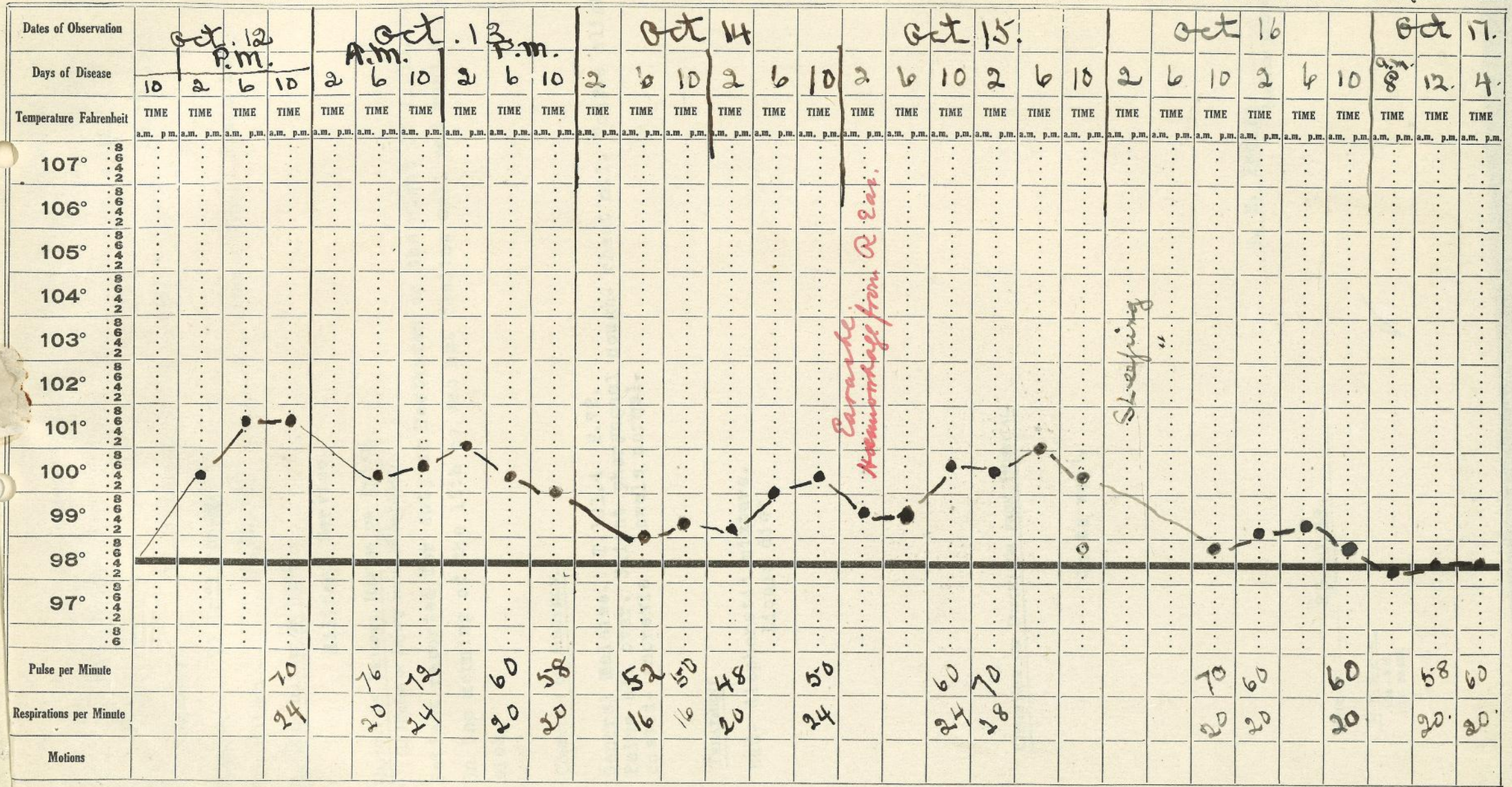
CLINICAL CHART.

CLINICAL CHART.

Corps _____ Hospital Station Restharven.

No. _____ Rank and Name Capt Cairns Age _____ Service _____

Disease _____ Date of Admission _____ Date of Discharge _____ Result _____ Serial No. A. & D. Book _____



M. F. B. 288.
50M—4-18.
I. Q. 1772-39-513.

Signature _____ In charge of case.

LEDGER NO. 57 SERIAL NO. A. 12175

REG. NO. NAME CAIRNS. L.L.

RANK Capt CORPS Can. C. AGE 34 SERVICE 6 4/12

HOSPITALS	DATE OF ADMISSION
1 Resthaven, Victoria	12-10-18
2	
3	

DIAGNOSIS Influenza

TRANSFERRED TO

DISPOSITION Discharged 28-10-18. CATEGORY

M.F.W. 2553.
1126-D.P.-50M-12-18.
1772-39-1332.

P.T.O.

REMARKS:

CANADIAN EXPEDITIONARY FORCE

H.S. 11-37.
H S.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Captain

(Name in full) Lorenzo Lafayette CAINES,

Enlisted in The Canadian Army Medical Corps Training Depot #11,

CANADIAN EXPEDITIONARY FORCE, on the XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

day of XXXXXXXXXXXXXXXX 191 AND WAS APPOINTED to COMMISSIONED RANK

in The Canadian Army Medical Corps Training Depot #11,

CANADIAN EXPEDITIONARY FORCE on the Seventeenth day

of June 191 8.

He SERVED in CANADA, with the Can. Army Medical Corps Training Depot #11, Military Hospital, Esquimalt, Clearing Services Command, Quebec.

and was STRUCK OFF THE STRENGTH on the Thirty-first day

of July 191 8 by reason of General Demobilization.

Dated at Ottawa, this Thirtieth day

of December 191 8.

J.M. Lt.-Col.,
for Director of Personal Services.

M. F. W. 2618a
30m.—4-19.
1772-39-1428.

M F W 71 500m. 5-16.
1772—39—961.

A.M.C. Training Depot No. 11, C.E.F.

NAME Cairns. Lorenzo Lafayette

REGIMENTAL NO. Officer RANK Captain

ENLISTED AT Victoria B.C. PROMOTIONS, &c. AND DATE

DATE 17-6-18

IF SERVED PREVIOUSLY, STATE UNIT, &c. None

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN Mrs Christina Cairns RELATIONSHIP Mother

ADDRESS OF Huntsville. Ontario Canada.

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II, D. O. No.	PART II, D. O. DATE	REMARKS IF IN HOSPITAL, NOTE NAME &c.
T.O.S. from 17-6-18	168	17-6-18	
S.O.S. " 1-2-19	6	6-2-19	Authy: a.M.C. ord #13-4/2/19
T.O.S. EMH 1-2-19	41	10.2.19	AMC ord 13 4/2/19
28/3/19 ON COMMAND QUEBEC	88	29.3.19	C. Dets. S.
S.O.S. upon transfer 15th & Camc Depot x1	134	14.5.19	Camc. # 466.
T.O.S. Camc Depot #x1 16/5/19	104	15.5.19	— " —
Duty at Clearing S. Camc Quebec	— " —	— " —	— " — # 280
S.O.S. on Demobilsn 31/7/19	181	31-7-19	— " — # 831
ceased to be on Comt to Clearing Depot Camc Quebec	181	31-7-19	

original.

Unit A.M.C. Training Depot No,X1 C.E.F. Rank Capt Name L.L.Cairns

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname ? CAIRNS
   (b) What are your Christian Names ? Lorenzo Lafayette
2. (a) Where were you born ? (State place and country) Hollyrood, York Co, Ontario, Canada
   (b) What is your present address ? Terrace, B.C.
3. What is the date of your birth ? April 12th 1884
4. What is (a) the name of your next-of-kin ? Mrs Christina Cairns
   (b) the address of your next-of-kin ? Huntsville, Ontario, Canada
   (c) the relationship of your next-of-kin ? Mother
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 ? C.A.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.

Lorenzo Lafayette Cairns (Signature of Officer.)

Taken on strength (place) Victoria B.C.

(date) June 17th 1918

D. Macpherson (Signature of Commanding Officer.)
for O. C. A. M. C. Training Depot No. 11, C.E.F.

CERTIFICATE OF MEDICAL EXAMINATION

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

I consider him* A2 for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date June 18th 1918 191

Place Victoria B.C.

J. Grant Capt
Medical Officer.

*Insert here "fit" or "unfit"

J K Davies Capt

M. F. W. 51
100m.—4-16.
H. Q. 1772. 39-917

D.O. Pt II No 168
d/ 17/6/18

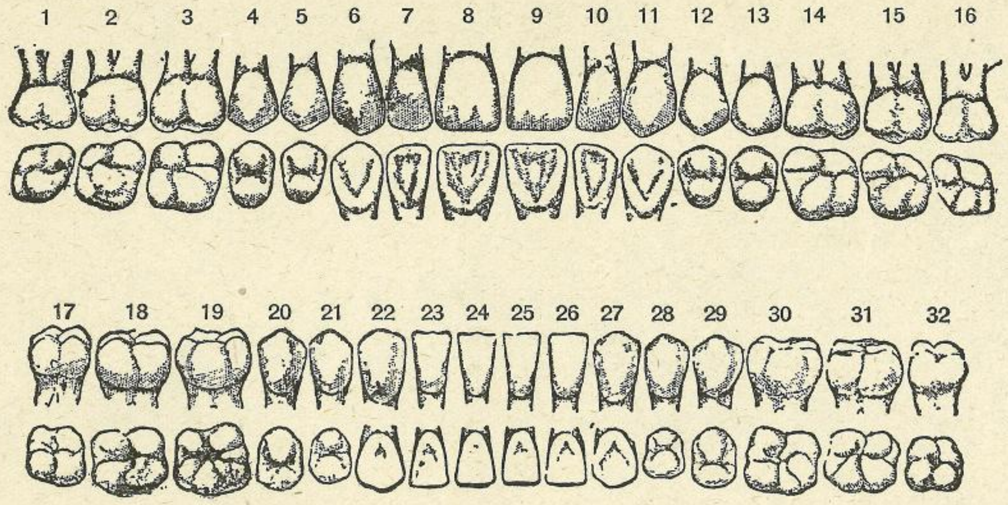
DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT XI

NAME OF SOLDIER Cairns Lorenzo Lafayette No. ....

REGIMENT A.M.C. ~~TRAINING DEPOT No. 11 C.E.F.~~ RANK Captain



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date		Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination																							
																					away on Com. Clearing Co. Quebec		

M.F.B. 465.
200M—6-18.
1772-39-950.

11. CARD NO. 4

S.O.S. Dis. 23/1/19 11
Enl. as off. C.G.M.C.
D.O. 23 23/1/19 11th Bn. C.G.R.
FOLL.

SURNAME. Cairns

CHRISTIAN NAMES Lorenzo Lafayette.

REGL. No. 2021021 RANK Pte.

UNIT B.C. Regt. 1st Dpo. Bn.

FORMER CORPS Nil.

T.O.S. 14-1-18

D.O. Pt. II #15 - 15.1.18

NEXT OF KIN.

NAMES IN FULL Cairns, Mrs. Christine,

RELATIONSHIP TO SOLDIER Mother.

ADDRESS Huntsville, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Toronto Ont. DATE Apr. 12th 1885.

PLACE OF ATTESTATION Vancouver, B.C. DATE Jan. 14th, 1918.

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

H. Q. V

M. D. No. 11

Surname Cairns

Christian names Lorenzo Lafayette

Regtl. No. Rank Capt.

Unit C.A.M.C. (T.D.)

Perm. Cond. Staff. (med off)

T. O. S. June 17th 1918

D. O. Pt. II 168 of 17/6/18.

S. O. S. 31/7/1919

Reason Demobd. 11/8/19

Auth. A.O. 180-181 31/7/19
C.A.M.C. Depot #11

Next of kin Cairns, Mrs. Christina Relationship Mother

Address Huntsville, Ont.

Also notify:

BORN—Place Canada, Hollyrood Ont Date Apr. 12th, 1884.

ATTESTED—Place Victoria, B.C. Date June 17th, 1918

O/S

R/C 27.5.19 336 Capt.
13/6/19 3477 Capt

W. 22—75M-5-18. 1772-39 839

DUPLICATE

11 M. D. 1st Depot Battalion B.C Regiment

Regtl. No. 2021021

born 8-4-18

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname: CAIRNS
2. Christian name: Lorenzo Lafayette
3. Present address: Dunsmuir Hotel, Vancouver B.C
4. Military Service Act letter and number: 146603
5. Date of birth: April 12th 1885
6. Place of birth (town, township or county and country): Holly Park, Toronto Ont.
7. Married, widower or single: single
8. Religion: Presbyterian
9. Trade or calling: Physican and Surgeon
10. Name of next-of-kin: Christine Cairns
11. Relationship of next-of-kin: Mother
12. Address of next-of-kin: Huntsville, Ontario, Canada SUFFICIENT ADDRESS
13. Whether at present a member of the Active Militia: no
14. Particulars of previous military or naval service, if any: none
15. Medical Examination under Military Service Act:—

(a) Place Vancouver B.C (b) Date Oct 31/17 (c) Category A

DECLARATION OF RECRUIT

I, LORENZO LAFAYETTE CAIRNS, do solemnly declare that the above particulars refer to me, and are true.

L. L. Cairns M.D. (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age: 32 yrs. 7 mths.

Height: 5 ft. 9½ ins.

Chest measurement: fully expanded 36 ins.; range of expansion 4 ins.

Complexion: fair

Eyes: blue

Hair: light brown

Distinctive marks, and marks indicating congential peculiarities or previous disease.

small scar 1" left inguinal region. deviated septum

Hff. Markham Lt.Col.

O. C. 1st Depot Btln.

B.C Regt.

Place Vancouver, B.C Date January 14th. 1918.

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

Cadet

MEDICAL HISTORY SHEET

Surname Cairns Christian Name Lorenzo Lafayette

Examined { on 18 day of June 1918
at VICTORIA. B. C.

Birthplace { City or Town Holyrood
County York Ontario, Canada

Apparent age 33

Trade or occupation Physician & surgeon

Height 5 feet 10½ Inches

Weight 154 lbs.

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

Physical development .....

Small-pox Marks none

Vaccination Marks { Arm Right Left
Number 0 0

When Vaccinated last 1904

(a) Marks indicating congential peculiarities or previous disease scar in left inguinal region

(b) Slight defects but not sufficient to cause rejection

20/20 20/20
W. W.

Approved by A2

Rank ..... M.O.

Date	Fit or Unfit	Examined for Re-Engagement	
			M.O.
	A2	MOBILIZATION CENTRE VICTORIA	M.O.
		Pres. J Grantcliff	M.O.
		Member J R Davis Capt	M.O.
		Member	M.O.
		18.6.18	M.O.
			M.O.
			M.O.

Date	Result	Vaccinations	
19/7/18		W R Scott Capt Can M.C.	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
			Capt Can M.C.
Jan 21/18		P. L. Travers	M.O.
28/6/18		P. L. Travers Capt Can M.C.	M.O.
9/7/18		W R Scott Capt Can M.C.	M.O.

Enlisted on ..... day of JUN 17 1918 191 at VICTORIA. B. C.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	A. M. C. TRAINING DEPOT No. 11, C.E.F.	Nurse		JUN 17 1918
Transferred to	C.A.M.C.D.XI.C.E.F.			1/2/19.
Transferred to	Esquimalt Mil	Hospital		1/2/19 (inc)

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Cairns Christian Name Lorenzo Lafayette.

STATION	Date of Arrival at the Station	DATES OF Admission into Hospital Day	Month	Year	Discharge from Hospital Day	Month	Year	DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of Inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer

No. 2021021 RANK Pte NAME Cairns Lorenzo

T. O. S. 14-1-18 UNIT 1st Depot Bn. C. E. J.
D015'-15'-1-18

M. D. 11

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918	1918.			
Jan 14	Jan 31	N	a.w.e.	Jan pay list

M. F. W. 84.
3M.—9-18.
1772 39—993.
L. L. Job 8285.—M. & D. 7106.

Capt L.A. Cairns.

H 6 S124

P.C.S

Date of Dis-embarkation

Place

A/CHIEF CONDUCTING PAYMASTER
CLEARING SERVICES COMMAND.

3

PERIOD From	PERIOD To	PAY Days	PAY Rate	PAY Amount	FIELD Days	FIELD Amount	CREDIT LAST ACCOUNT	SUB-SISTENCE	TOTAL CREDITS	ASSIGNED PAY	OTHER CHARGES	Casual Payments	TOTAL DEBITS	Cheque No.	AMOUNT PAID	REMARKS
1919																
Apr	26		560				Advance Draw £		150 00	a/c by	DR 5427 9/9/19				150 00	
June	12.		227.						48 44	Draw £	21-4-19 - 30-4-19. 10.5.19 - 19.5.19.				48 44	
	20		2429.						161 25	"	28.3.19. 30.4.19.				161 25	
July	17		3453						119 64	"	12-6-19 to 5-7-19				119 64	Dr Bal 150.00
Aug	21.		4360.						7 x 25.		16/7/19 to 26/7/19.				7 x 25.	
									551 58						551 58	

Date of Embarkation .....

Place .....

Ship .....

DEPOT No.	REGT'L No.	RANK	NAME	CONTINGENT CORPS	ENLISTMENT CORPS	DESTINATION	REASON DISCHARGED	ADMITTED TO HOSPITAL	DISCHARGED FROM HOSPITAL	FINDING OF MEDICAL BOARD	DATE OF DISCHARGE

M. OR S.

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

REGT. NO

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No. — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Quebec L.R.c.	a/d	28.7.19.
T.O.S. CAMC Depot Roll	16.5.19	D/o. 104.
S.O.S.	31.7.19	D/o 181

ORIGINAL UNIT C.E.F.: Clearing

PLACE OF ATTESTATION

DATE OF ATTESTATION

ASSIGNED PAY: N

PAYABLE TO

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE

DISCHARGED

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $ C.	OTHER CREDITS $ C.		TOTAL CREDITS $ C.	ACQUITTANCE ROLLS COL. NO. 1 NO. DATE	COL. NO. 2 NO. DATE	COL. NO. 3 NO. DATE	CASH PAYMENTS COL. NO. 1 $ C.	COL. NO. 2 $ C.	COL. NO. 3 $ C.	ASSIGNED PAY $ C.	REGIMENTAL CHARGES $ C.
BALANCE FROM PREVIOUS ACCOUNT 28.7.19.		7.00			203 10	203 10								
July 29 to 31.	3		21.		203 10	224 10		SS72623			224 10			
122 days			854 00			854 00	Aug 27			1142245	427 00	1 & 2nd.		
							Sept 31			1572556	210.	3		
							Oct 31			158263	139 75	7		
						854								

Certified that all payments have been made on this account, or the documents authority has been received. ... Lieut. Paymaster, Demobilization Pay M.D. No. 11

War Service Gratuity

Service 1 years ...... mon

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.

Capt.
Officer i/c War Service Gratuity
M.D. No. 11

200M-3-19.—L. L. 58768-H. & D. 9285.
M. F. W. 2596.
1772-39-1309.

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

AUDITOR	PAYMASTER
Awo	L

REGT. NO.

RANK Capt. NAME (IN FULL) CAIRNS. L. L (BLOCK LETTERS SURNAME FIRST)

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Quebec L.R.	a/d	28.7.19.
T O S Cam C Depot Roll	16.5.19	D/o. 104.
S O S	31.7.19	D/o 181

ORIGINAL UNIT C.E.F. IF IN P.F. WHAT UNIT? Clearing Services Command.

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ Nil — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS: c/ Dr. E. L. Cairns, Cedar Cottage Drug Store, Vancouver B.C.

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED	PLACE	DATE	REASON	AUTHORITY	IF ENTITLED TO POST DISCHARGE PAY
	Victoria	31.7.19	Demobilization	D/o 181	

ACQUITTANCE ROLLS COL. NO. 1 (No. / Date)	COL. NO. 2 (No. / Date)	COL. NO. 3 (No. / Date)	CASH PAYMENTS COL. NO. 1 $ c.	COL. NO. 2 $ c.	COL. NO. 3 $ c.	ASSIGNED PAY $ c.	REGIMENTAL CHARGES $ c.	OTHER CHARGES $ c.	$ c.	TOTAL DEBITS $ c.	BALANCE DEBIT $ c.	BALANCE CREDIT $ c.	PARTICULARS OR REMARKS
												203 10	Quebec credit balance 203.10
	5572623			224 10						224 10			
Aug 29		1142245			427 00	1 & 2nd.				427 00	427 00		
Sept 31		1572556			210.	3				210	217.		
Oct 31		1582683			139 75	7		77 75		217	—		additional debit per amended L.P.C. from C.S.C. 29.76
										854.			

War Service Gratuity

Service 1 years .... months

M. OR S. S

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

REGT. No.

NEXT OF KIN Mrs E Cairns — RELATIONSHIP Mother

ADDRESS Huntsville Ontario

IS SEPARATION ALLOWANCE PAID? Na — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F.

PLACE OF ATTESTATION Victoria BC

DATE OF ATTESTATION 17-6-18

ASSIGNED PAY $

PAYABLE TO

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE

DISCHARGED PLAC

MONTH 1919	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	CASH PAYMENTS COL. NO. 1 C.	CASH PAYMENTS COL. NO. 2 $	CASH PAYMENTS COL. NO. 2 C.	CASH PAYMENTS COL. NO. 3 $	CASH PAYMENTS COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	O CH $
BALANCE FROM PREVIOUS ACCOUNT																											
Jun	28	5-	140						140		2567		3059				70				70						
Jun	31		155						155						4669						155						

Certified that all payments have been made on this account for which covering authority has been received to date.

A. K. Lund Lieut.,
Paymaster, Demobilization Pay
M.D. No. 10

100M-1-19.—L. L. 53962-M & D. 9723.
M. F. W. 2596.
1772-39-139.

AUDITOR	PAYMASTER
M	L

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

REGT. No.

RANK CAPT. NAME (IN FULL) CAIRNS, LORENZO LAYFAYETTE (BLOCK LETTERS SURNAME FIRST)

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F.

IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION Victoria BC

TRANSFERRED TO

DATE

AUTHORITY

DATE OF ATTESTATION 17-6-18

TRANSFERRED TO EMH

DATE 31-1-19

AUTHORITY AMC DOTB. d/4-2-19

ASSIGNED PAY $

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE

EFFECTIVE

DISCHARGED PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3												DEBIT		CREDIT		
NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	
2567		3059				70	..			70	.									140	.	80				
				4669						155	..									155	.	80				Detailed for Duty Clearing Services Command Quebec LOC forwarded. 25.3.19 Auth ADMS MD 11

...ll payments have been made
...or which covering authority
...t to pay
[signature]
Lieut.,
...ymaster, Demobilization Pay
...D. No. 11

M. OR S.

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

REGT. No.

NEXT OF KIN

RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil

DATE EFFECTIVE

TO WHOM PAID

RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Sub. allce of 12¢ per diem		
Sub. Allce $2.55 per diem	4/19	HQ 6301/2
Sub. Allce 12¢	1-6-19	

ORIGINAL UNIT C.E.F.

PLACE OF ATTESTATION Clearing S

DATE OF ATTESTATION

ASSIGNED PAY $ Nil

PAYABLE TO

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE

DISCHARGED Tran

PLA

MONTH 1919	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.
BALANCE FROM PREVIOUS ACCOUNT																										
April	30	5.00	150	00	51	00			201	00	26	26/4/19					201	00								
May	31	5.00	155	00	52	70			207	70	1685	30/5/19					201	30								
					6	40																				
June	30	7.50	225	00	204	35	76	50	512	25	1960	4/6/19	2736	30/6/19			204	35	307	90						
July	28 ~~31~~	7.50	196 ~~232~~	00 ~~50~~	47 ~~49~~	60 ~~05~~			243 ~~311~~	60 ~~55~~																
											4733	9/9/19					77	75								
			726		362	05	76	50	1164	58							684	40	307	90						

L.P.C. Written

L.P.C. 8-9-19

100M-1-19.—L. L. 53962—M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

AUDITOR	PAYMASTER

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

REGT. No. RANK Capt NAME (IN FULL) Cairns L.L.
(BLOCK LETTERS SURNAME FIRST)

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Subs. allce of 1²⁰ per diem		
Sub. Allce $2.55 per diem	4/19	HQ 6 301 Z
Subs Allce 1²⁰	1-6-19	

ORIGINAL UNIT C.E.F.
IF IN P.F. WHAT UNIT? 6 P.C.S.

PLACE OF ATTESTATION
TRANSFERRED TO Clearing Servcies Co mmand. DATE 28-3-19 AUTHORITY D.O. 84

DATE OF ATTESTATION
TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY $ Nil DATE EFFECTIVE

PAYABLE TO RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY
Transferred to M.D. 11. 28-7-19 D.O. 204

A/CHIEF CONDUCTING PAYMASTER CLEARING SERVICES COMMAND.

ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3												DEBIT		CREDIT		
NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	
26	26/4/19					201	00													201	00					
1685	30/5/19					201	30													201	30			6	40	
1960	4/6/19	2736	30/6/19			204	35	307	90											512	25					70⁴⁵ Adj incr pay Apr to May
																40	50			40	50			203	10	40⁵⁰ Refund of Increased F.A & Subs. June
4733	9/9/19					77	75													77	75			125	35	
						684	40	307	90							40	50			1032	80					

L.P.C. Written

Forwarded L.P.C. 8-9-19

MEDICAL BOARD.
Esquimalt Military Hosp.

Capt, L. L. CAIRNS. CAMC.
Clearing Service Command.

This is to certify that no documents accompanied this Officer to this Board.

(Clerk)

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. —— Rank Captain Surname Bairns
(Given name in full) Lorenzo Lafayette

Unit or Corps C.A.M.C. / Clearing Service Command Birthplace Nally Park, Ontario

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

1. **GENERAL DESCRIPTION:**

Physique Good Weight 154 lbs. Height 5 ft. 10½ in. Colour of Eyes Blue

Nutrition Good

Pulse 72

Condition of arteries Soft

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

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

Scar burn left groin 1904

Opinion as to general health and physical condition Very 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 Yes Integumentary System No Respiratory System No

Disturbance of mentality No Muscular System No Digestive System No

Osseous and Joint System No Any other general condition No

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

Deflected Septum - No aggravation by service.

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at ..... (Overseas)

Date ..... Signed .....M.O.

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

Signature .....

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

THIS SECTION FOR USE IN CANADA—

Examined at Edmonton (Canada)

Date July 29/19 Signed A Robertson Lieut 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 Lorenzo L. Cairns Capt. C.A.M.C.

(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]

M.F.W. 129
1033 (D.P. 500M-11-18.)
1772-39-1142.