

REGIMENTAL DOCUMENTS

NAME **CAIRNS, PETER JAMES Pte** REGT. NO. **401239** UNIT _____ H. Q. FILE NO. _____

Made 14.19

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505 REFERENCE

NON EFFECTIVE BY

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)

1 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)

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2 LAST PAY CERTIFICATE (M.F.W. 44)

1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

1 PARTICULARS OF CHARACTER (A.F.W. 3225)

1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

1 *m. f. w. 192*

2 *R406045*

1 *20059*

1 *9.30.22*

1 *27.11.22*

1 *28.11.22*

99



00776

DEATH

Category

DISCHARGE

Category

MED UNFIT

DESERTION



War Service Badge

War Service Badge

This space to be for numbers.

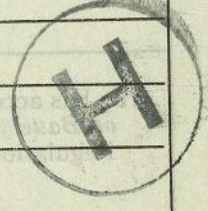
Class **A** No. **82078** Issued

Class **B** No. **52173** Issued

Proceedings on Discharge.

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

No.	401239
Rank	PRIVATE
Surname	CAIRNS,
Christian name	Peter James
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	33rd BATTALION, C.O.M.F.
Date of discharge	FEB 15 1919 <i>G.C. No. 2, 14. 2. 19.</i>
Place of discharge	LONDON, ONT.



1. DESCRIPTION AT THE TIME OF DISCHARGE.

	Descriptive marks
Age..... 25years.....months.	
Height..... 5feet..... 4inches.	
Complexion DARK	TATOO BOTH FOREARMS SCAR
Eyes BLUE	LEFT CHEST. 2 BACK OF RIGHT
Hair DARK	HAND AND BACK OF RIGHT THIGH
Trade Machinist Helper	
Intended place of residence (To be given as fully as practicable.)	
162 Wellington St., St. Thomas, Ont.	

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

Authority for discharge.....

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.

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

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.)

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).....

(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) **LONDON, ONT.** *P. J. Cairns* (Signature of Soldier.)

(Date) **FEB 15 1919** *[Signature]* (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) **LONDON, ONT.**

(Date) **FEB 15 1919**

(Signature) *[Signature]*
O. C. Discharge Section, No. 1 D. D.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

W. J. Bains

Reg. Conduct sheet	W. 303
Question Battery Company	B. 303
Field Conduct Sheet	W. 118
Cases of Convictions by C. P.	W. 212
Med. Hist. Sheet	W. 311
Summary Form	W. 31
Medical Report for Invalids	W. 312
Dental History sheet	B. 402
Last Pay Certificate	W. 41
Duplicate Exchange Certificate	W. 104
Form of Will	W. 32
Copy of discharged Medical unit	W. 33
That if man has not been overseas	

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable

Internal Commissioning

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.

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. 133</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.

Smith
R

Number 401239

Rank Pte

B
W

Surname CAIRNS

Christian Name Peter James

Units 4th Bn. C Inf Theatre of War France

Date of Service 29.6.16

Remarks

Latest Address ~~162 Wellington St.~~ 26 Barnes St.
St. Thomas,

Roll no. Ont

200m.-6-21... B. Page 21330

DESP. NOV 29 1922
REG. NO. 6910

To be used for recruits enlisting direct into the Regular Army only.
Army Form B. 178a to be used for Special Reserve recruits and
Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname

Leavis

Christian Name

B. J.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish _____ County _____

Examined ... { on _____ day of _____ 191 .
at _____

Declared Age ... years _____ days.

Trade or Occupation ... _____

Height ... feet, _____ inches.

Weight ... lbs. _____

Chest Measurement { Girth when fully Expanded. _____ inches.
Range of Expansion _____ inches.

Physical Development ... _____

Vaccination Marks { Arm .. Right Left
Number _____

When Vaccinated ... _____

Vision ... { R.E.—V= _____
L.E.—V= _____

(a) Marks indicating congenital peculiarities or previous disease ... { (a) _____

(b) Slight defects but not sufficient to cause rejection ... { (b) _____

Approved by (Signature) _____
(Rank) _____

Medical Officer.

Enlisted ... { at _____
on _____ day of _____ 191 .

Joined on Enlistment ...	Corps	Regtl. No.
	<i>4th Bn</i>	<i>401329</i>
Transferred to ...	CANADIAN TRAINING SCHOOL.	

Became non-effective by _____
on _____ day of _____ 191 .

(Signature) _____
(Rank) _____

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 401239 (Rank) PRIVATE

Name (in full) CAIRNS, Peter James enlisted in
the 33rd BATTALION, C.O.M.F.

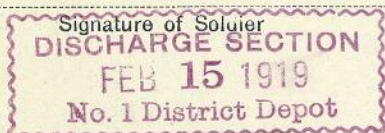
CANADIAN EXPEDITIONARY FORCE at St. Thomas, Ont. on the TWENTIETH
day of JULY, 19 15.

HE served in FRANCE (with 4th Battalion)
and is now discharged from the service by reason of Medically Unfit

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

Age 25
Height 5 - 4
Complexion DARK
Eyes BLUE
Hair DARK

Marks or Scars
TATOO BOTH FOREARMS. SCAR LEFT
CHEST, 2 BACK OF RIGHT HAND
& BACK OF RIGHT THIGH.



H. MacKenzie
for Issuing Officer
for Rank CAPT.

O. C. Discharge Section, No. 1 D. D.

Date of Discharge

Appointment

Signed at LONDON, ONT. this FIFTEENTH day of FEBRUARY, 19 19

in Military District No. ONE

File Reference No. ID-30-C-1227

IDB-10-C-343

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 cer-
tificate will not be com-
pleted.

No. 1927 RANK Pte.
401239 Det. Paylist.

NAME Cairns, P. J.

T. O. S. 20-7-15 UNIT 33rd Infantry. Battalion, C. E. F.
D.O. 182 of 27-7-15

M. D. 1

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 July. 20	1915 Aug. 31	✓		
	Sept:	✓		
	Oct:	✓		
	Nov:	✓		
	Dec:	✓		
1916 Jan:	1916	✓		
	Feb:	✓		
	Mar	✓		

UNIT SAILED
MAR 13 1916

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

Casualty Form—Active Service.

O.Sy. 24758
CERTIFIED CORRECT
 Canadian Forces Office,
 Westminster House,
 7, Millbank, S.W.

401329

Unit, Regiment or Corps 33rd Overseas Battalion.

Regimental No. 401239 Rank Pte. Name Cairns Peter James

JUL 20 1915

Enlisted (a) JUL 20 1915 Terms of Service (a) D of War Service reckons from (a) JUL 20 1915

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				

Embarked Canada March 17th 1916
 Arrived England. March 25th 1916

TRANSFERRED TO Hlt JUN 28 1916 BATTN. C.E.F. *Hd. of Lt. Ince Capt. Kelly*

29-6-16.	D.C.C.B.I.	Reinforcement.	Can. Base Dep.	29-6-16.	Part 11 Orders No. 28,	dated 14-7-16.
10-7-16.	do	Left for Unit.	4th Battalion	10-7-16.	N.R. D.C.R. 338.	
16-7-16.	D.C. 4th In.	Joined Unit.	do	12-7-16.	B. 213. D.C.R. 338.	
17-8-16	<i>b.e. & B.D.</i>	<i>taken on strength 28 & B.D.</i>		27-8-16	N.R.	" 368
28-8-16	do	Classified C. Trans.	England	31-8-16	N.R. Pt 2 O. No. 41 d/-	<i>14/11</i>

J.W. Logan
 Captain,
 For Lt-Col.
 A.A.G. Can. Section

(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, Shooing Smith, etc., etc., also special qualifications in technical Corps duties.

27 SEP 1916

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				
		Taken on strength C.C.A.C. Pt. II	D.O. No.	373.2-9-16	
ATTACHED	TRANSFERRED FROM C.C.A.C. TO			390.5-11-9-16	
				PCMS. 8-9-16	
				PART II D.O. No.	
				and accompanying	
				For use	
				C.C.A.C.	
11. 9. 16	ccac.	On com C.M.S. for P.B. & J. Johnston		8. 9. 16	PTI Do 390
9. 9. 16	C.M.S.	Att for Duty Pay etc.	✓	8. 9. 16	PTI Do 42
2. 5. 17	1st CO B.D.	To 4 from cash basis only com. to CTS	W. Sand.	10. 3. 17	PTI Do 54
21. 5. 17.	1st CO B.D.	Sold to CTS Bexhill	W Sand	15. 6. 17	PTI Do 73. 4 CTS per 63 D/30 5/1
9. 10. '7.	C.T.S.	Granted permission to marry Bexhill			PTI Do 175.

hit
 for Colonel i/c Records, DMFC
 Lieut.

Army Form B. 103.

Original not Available
Casualty Form—Active Service. *Sheet II*

Regiment or Corps *4th Bn* Regimental Number *401239*
 Rank *Pte* Surname *Cavins* Christian Name *P. J.*
 Religion _____ Age on Enlistment _____ years _____ months.
 Enlisted (a) _____ Terms of Service (a) _____ Service reckons from (a) _____
 Date of promotion to present rank _____ Date of appointment to lance rank _____
 Extended { _____ } Re-engaged { _____ } Qualification (b) _____
 or Corps Trade and Rate _____

Signature of Officer i/c Records.

Date	Report From whom received	Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
		Embarked ...			
		Disembarked...			
<i>8.9.16</i>	<i>c.c.a.b.</i>	<i>Attached to taken on strength 6th B.M.S.</i>	<i>Shorncliffe</i>	<i>8.9.16</i>	<i>P/042 p/II 9/9/16</i>
<i>9.12.16</i>	<i>9/B B.M.S.</i>	<i>pay restricted 20% per diem for absence without leave</i>	<i>Do.</i>	<i>6.12.16</i>	<i>P/0115 p/II 9.12.16</i>
<i>20.5.17</i>	<i>9/B C.T.S.</i>	<i>T.O.S. on transfer from 1st B.M.S.</i>	<i>Beathill</i>	<i>15.5.17</i>	<i>P/063 p/II 9/5/17</i>
<i>20.5.17</i>	<i>9/B C.T.S.</i>	<i>Restored to full pay</i>	<i>Beathill</i>	<i>26.5.17</i>	<i>P/063 p/II 30/5/17</i>
<i>9.10.17</i>	<i>9/B C.T.S.</i>	<i>Permission to marry</i>	<i>Beathill</i>	<i>9.10.17</i>	<i>P/0135 p/II</i>
<i>26.11.18</i>	<i>" "</i>	<i>S.O.S. of C.T.S. to Gen. Dep.</i>	<i>"</i>	<i>26.11.18</i>	<i>P/0278</i>

R.D. Byron Capt
 Asst. Adj. Canadian Training School.

(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) Signaller, Shoeing-smith, &c.
 (B99130) W 15012-5156 J. P. & Co., Ltd. Forms/B108/3. **[P.T.O.]**

Date	Report From whom received	Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
24/12/18	Gen Deps	"ON COMMAND" 1st C.D.D. BUXTON.	Witley	23 18/12/18	Do 297 305
					J.P. Edwards.....LIEUT. OFFICER i/c RECORDS,
24.12.18.		Attached C.D.D. Buxton for return to Canada, Part 11 Order No. 304. Ceases to be attached C.D.D. Buxton on embarking for Canada.			Lt. for Lt. Col. Commanding Canadian Discharge Depot.
		<div data-bbox="564 853 946 1001" style="border: 1px dashed red; padding: 5px; display: inline-block;"> DISCHARGE SECTION FEB 15 1919 No. 1 District Depot </div>			<div data-bbox="982 890 1456 979" style="color: red; font-weight: bold; font-size: 1.2em;"> MEDICALLY UNFIT </div>
		Embarked for			<div data-bbox="846 986 1583 1135" style="font-size: 1.5em; font-family: cursive;"> H.C. MacKenzie Lieut </div>
		L. S. Metagama	Liverpool	4/1/19	<div data-bbox="1456 1127 1810 1253" style="font-size: 1.2em; font-family: cursive;"> W. Bargham Capt ady </div>
		Disembarked	St John	16/1/19	<div data-bbox="1456 1253 1810 1357" style="font-size: 1.2em; font-family: cursive;"> Rms Metagama No. 15 racs </div>
4-1-19	J. M. S.	Taken on strength No. 1 District Depot.	<div data-bbox="973 1357 1510 1432" style="font-size: 1.2em; font-family: cursive;"> F.C. Sherman Lieut </div>		
			<div data-bbox="773 1409 955 1476" style="font-size: 1.2em; font-family: cursive;"> A.S.C. </div>		<div data-bbox="991 1417 1310 1461" style="font-weight: bold;"> NO. 1 DISTRICT DEPOT </div>

RVG

Mural

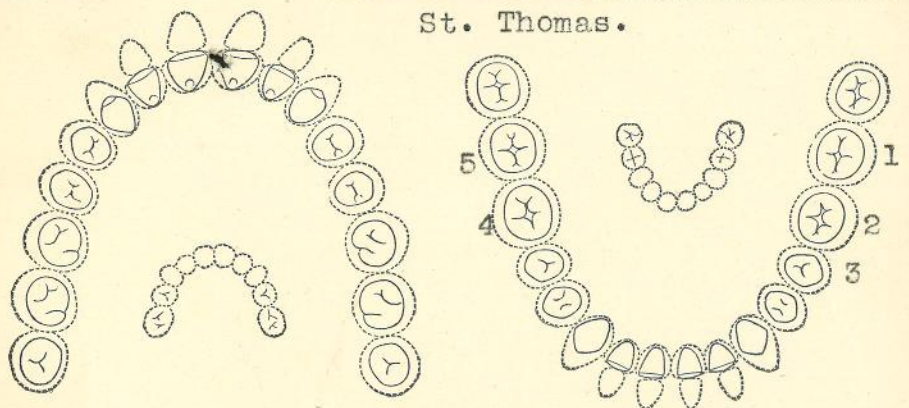
Rank **CAIRNS. Peter James** Reg'l No. **401239**
 Name **CAIRNS. Peter James** If in perm. Corps, }
 Unit **33rd Battn** What Unit? }
 Married or Single **Single**
 Place and Date of Enlistment **St. Thomas, July 20th 1915** Place of Birth **Edinburgh, SCOT**
 Name and Address, Next-of-Kin ~~Mrs A. J. Calder~~
Mrs Annie Cairns, Box 151, Bridgeburgh, Ont
~~240, Wellington Street, St. Thomas, Ont, CAN~~ Relationship **Mother**
 Assigned Pay Monthly \$ Payable to **Mrs Caroline Cairns - wife**
21 Cornwall Road, 8 Albert Rd Relationship **Bechill-ov. Sea**
 Separation Allowance \$ Payable to **(R.L. 29-2 d/29/17) Jones**
 N/E. R.B. No. **4556** Relationship **(R.L. 29/10/17) Jones**
 File R.L. Category **OR. CANADA** Relationship **(R.L. 29/10/17) Jones**
 Discharge, Date and Place Reason Character

25.9

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>St. Lepard</i>	<i>26.3.16</i>	
<i>28.6.16</i>	<i>9c.33rd</i>	<i>Trans to 11th Bn</i>	<i>France</i>	<i>28.6.16</i>	<i>Pt II P.O. 158</i>
<i>14.7.16</i>	<i>" 4th Bn.</i>	<i>Taken on strength</i>	<i>"</i>	<i>29.6.16</i>	<i>Pt II - 28</i>
<i>14.9.16</i>	<i>" "</i>	<i>Class'd + Trans. to C.C. Ab.</i>	<i>"</i>	<i>31.8.16</i>	<i>Pt II - 41 EVC</i>
<i>2-9-16</i>	<i>C.C. Ab.</i>	<i>Taken on strength.</i>		<i>1-9-16</i>	<i>Pt II 0 373</i>
<i>9-9-16</i>	<i>C.C. Ab.</i>	<i>Attached for duty pay etc</i>	<i>Shorncliffe.</i>	<i>8-9-16</i>	<i>Pt II 42</i>
		<i>Taken on strength</i>			
<i>11. 9. 16</i>	<i>C.C. Ab.</i>	<i>for com. C.M.S. for P.B. Det.</i>	<i>Folkestone</i>	<i>8.9.16</i>	<i>Pt II P.O. 390</i>
<i>9.9.16</i>	<i>comd.</i>	<i>Att. for duty. Pay etc.</i>	<i>"</i>	<i>8.9.16</i>	<i>✓ ✓ 47.</i>

Mural

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.				
2.5.17	1st CO RD	S.O.S. from 1st CO RD ^{1st CO RD} W. Sand ^{W. Sand} 10.3.17 ^{10.3.17} P.F. 54 ^{P.F. 54} 1st CO RD	W. Sand	10.3.17	P.F. 54
20.8.17	1st CO RD	T.D.S. 1st CO RD ^{C.M.S.} W. Sand ^{W. Sand} 10.3.17 ^{10.3.17} P.F. 54 ^{P.F. 54} 1st CO RD	W. Sand	10.3.17	P.F. 54
24.4.17	---	Genes to health ^{on command} C.M.S. ^{C.M.S.} Bechill ^{Bechill} 15.4.17 ^{15.4.17} P.F. 46 ^{P.F. 46} 70A/18.5.17	Bechill	15.4.17	P.F. 46
21.5.17	1st CO RD	S.O.S. to C.T.S. Bechill ^{Bechill} W. Sandling ^{W. Sandling} 15.5.17 ^{15.5.17} P.F. 136 ^{P.F. 136} 73+63/30.17 ^{C.T.S.}	W. Sandling	15.5.17	P.F. 136
9.10.17	C.T.Sch	Permission to Army.	Bechill		P.F. 145
26.11.18	C.T.S	S.O.S. to Gen Depot	---	26.11.18	248 Gen Depot 20284/29-1/18
24.12.18	Gen Dep.	On Com to D.D. Buxton ^{Buxton} Witley ^{Witley} 23.12.18 ^{23.12.18} --- ⁻⁻⁻ 305	Witley	23.12.18	305
23.1.19	Gen Dep.	Leaves Com to D.D. vis ^{vis} do ^{do} 4.1.19 ^{4.1.19} --- ⁻⁻⁻ 19.	do	4.1.19	19.
		S.O.S. to Canada (NSE)			

513 Talbot St.,
St. Thomas.

SUGGESTED BY S. H. GUILFORD, A. M., D. D. S.,

DATE NO. HRS. DR. CR.

May	19	1)	Lacking Bridge--					
		2)	Extracted in Army					
		3)						
		4		Amalgam Filling & Treatment.					
		5		Amalgam Filling.					
				Prophylaxis.					

E-2708.

11-2-19.

Reserved for M.H.C.

Regt. No. 401339 Rank Pte Surname CAIRNS Christian Name PETER JAMES
 Unit or Corps—(a) Overseas from United Kingdom 4th BATT (b) in United Kingdom 1 CORP
 Born at—Town Edinburgh County or Province Country Scot
 Date of Birth—Day 16 Month Oct Year 1893 Age 25 yrs. 1 months.
 Joined at St Thomas Ont Date 20-7-1915
 Former trade or occupation Labourer

Permanent Marks or any peculiarity that will serve for future identification:—

Height—feet 5 inches 4 Colour of eyes BLUE
 Signature of Soldier (for identification purposes) Pte Peter James Cairns

Medical Report

Read carefully the instructions on last page of this form.

1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (a)

~~ADHERENT SCAR~~
DEFORMITY, FOOT RIGHT

Disabilities Group (b)

Disabilities Group (c)

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>GREAT TOE AMPUTATED</u> GENERAL <u>INJURY SAND BAG</u>	<u>Canada</u> India	<u>1912</u> <u>Sept</u> <u>1911</u>
(ii.) As to Group (b) above.	<u>na</u>		
(iii.) As to Group (c) above.	<u>na</u>		

3. Is the disability due to disease contracted or injuries received prior to Active Service?

(i.) As to Group (a) above? yes If yes, has Active Service aggravated it? yes
 (ii.) As to Group (b) above? na If yes, has Active Service aggravated it? na
 (iii.) As to Group (c) above? na If yes, has Active Service aggravated it? na

4. Is the disability due to disease contracted or injuries received while on Active Service?

(i.) As to Group (a) above? na N.A.
 (ii.) As to Group (b) above? na
 (iii.) As to Group (c) above? na

J.P.H.

J.P.H.

5. MEDICAL HISTORY.

Enlisted July 20/15 England Mar 25/16 France 29-6-17
Evacuated from France to Base camp ¹¹⁻⁹⁻¹⁶ because of
injury received to amputated stump of great toe left right
from sand bag causing a sore which would
not heal. Did not go to hospital. M.O in C.C.A.C in
Hospitals treated him. On Engineer is fatigue C.T.S
Bestill's.

Granted. ~~Aspirin~~ Brackets June 1917. Done Right foot C...
Cromborough 1917. " " " C...
Jelkstone. Sept 2nd 1916 B...
Bestill Dec 19/17 " " " B...

6. PRESENT CONDITION.

~~Complaints~~ ~~Swollen~~ ~~and~~ of amputation stump
great toe right when walking. Under skin
zone. over amputated stump.

~~Amputation had~~ ~~had~~. By the amputated before
joining army. claims was able to
carry on as A.M.O. keep up with all marches
etc until a sand bag injured stump of toe
by falling sand bag in France while on
working party since that time skin appears
to have ^{contracted} over stump and an open
zone on top of stump which heels and breaks
down again in cold weather.

Exam. shows amputated great toe ~~under~~ ~~phalangeal~~ right
slightly contracted skin and zone over top - an underlying
redness patch of skin on dorsal border stump. at present healed

7. OPERATION. (i) Was one performed? no (ii) If so, state what. no
(iii) Was one advised and declined?

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (i) Is there loss or decay of teeth attributable to Active Service? no
(ii) If so, describe. no

9. DO YOU RECOMMEND:—
(a) Fit for duty? B.I.
(b) Invalid to Canada?
(c) Discharge from the Service }
as permanently unfit?

Date of Report Nov 29 1918 Signed W. H. ...
Station Woolley Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report,
and concur therein ^{except} not in scope (Officer i/c Hospital) Strike out one
of these (S.M.O. Brigade) of these

Dated at Station, on 191.....
*Delete if inapplicable.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the disability fully described in Part I. (1)?
If not, describe it.

yes

11. Is the cause of the disability fully described in Part I. (2)?
If not, describe it.

yes

12. From the medical information now adduced, was the disability caused or aggravated by:—

(a) Negligence of the Soldier

Caused? No
Aggravated? No

(b) Misconduct of the Soldier

Caused? No
Aggravated? No

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 5%, 10%, 15%, 20%, etc.)

five per cent

14. THE DISABILITY DUE TO SERVICE.—(See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)
What part of the entire disability estimated next above (13) is due to causes arising during Active Service?
(Estimate at none, 1/10, 2/10, 3/10, etc., or all.)

five tenths

15. Permanency of the Disability due to Service estimated next above in (14).

(i.) Is it permanent?

No

(ii.) If not permanent, what is its probable minimum duration (in months)?

three months

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

N.A.

17. Can the former trade or occupation be resumed?

Yes.

18. REMARKS:— Auth. O.G. 9083-11-11-18

Man was one month with his Batn, in France. His ^{stump} toe became blistered on the march to the Somme and he was marked Cⁱⁱ and returned to England. In England he has been a Batman

Man says a box dropped on his toe after the Somme march and opened a blister.

19. RECOMMENDATION:—

(a) Fit for duty?
(state category)

Bⁱⁱ

(b) Invalid to Canada?

No

(c) Discharge from Service as permanently unfit?

No

Date of Board

29/11/18

Station

Witley

Signatures of the Board

Whitcomb Noel ^{President.}

Geo. L. Hammond

Approved

Dated at

[Signature]
CAPTAIN,
A.D.M.S.
For A.D.M.S. CANADIAN TROOPS, WITLEY.

Station



No. **401229** Name **Cairns P. J.** Sqn., Batty., } or Company } Corps **4th Bn** Date of enlistment } G.C. } Badges } Service or Proficiency Pay }
 Date of last entry in } No. and date } Period not reckoning towards } Sheet No. } Signature O.C. } Company, etc. }
 Company Conduct Sheet } of last drunk } freedom from extra fine }

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
Berchill	19.4.17	Pl6		Absent from Medical Officers parade	Lt C Bradley	2 days 6. B.	20.4.17.	Capt. J. S. Legge	
Berchill	17.9.17.	"	I	I Drunkenness, II Resisting the escort. III Using obscene language to an N.C.O. in the execution of his duty.	R.S.M. Carpenter Sgt. Bidwell Pl6 Luntis Corp ^r Taylor	14 days F.P. No 2.	19.9.17.	Major F.H.M. Loddrige, M.C.	Forfeits 14 days pay by R. 10.
Berchill-on-Sea	15.11.18	"		Making a false statement.	Documentary by M. Alfie Corp ^r Diggs W. Robinson " M. Lean	7 days F.P. No 2	16.11.18	Lieut Col Luntis D.S.O.	Forfeits 7 days pay under R. 10.

DUPLICATE

Army Form B. 122

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks

DISCHARGED

DISCHARGE SECTION
 FEB 15 1919
 No. 1 District Depot

MEDICALLY UNFIT

H.C. MacKenzie
 for O. C. Discharge Section, No. 1 D. D.

S.S.I. 41 11/1/1919

Amended

LAST PAY CERTIFICATE

Regt. No. 401239 Rank Pte Name Cairns Peter Jas.
Corps C.I.A. who was Discharged
on 15 2/19 to

The following is a statement of the account of the above named
from 1-2-19 to 15 2/19

Bal Dr from mon. of from L.P.C.		Bal. Cr. from mon. of Jan 11 26	
ASSIGNED PAY:	20	Regt. Pay 15 dys. @ \$1.00	15
SEPARATION ALLOWANCE: 5/29	15	F'ld. All. 15 dys. @ \$10	150
OTHER CHARGES:		SEPARATION ALLOWANCE: fr. 12 to 15-2	15
PAYMENTS: 01206	47 76	OTHER CREDITS: Clothing Allowance	35
Bal. Credit (to be pd.)		Subsistence,	
	77 76	Bal. Dr. (to be deducted)	
		(from soldier \$)	
		(from Dependent \$)	77 76

R.P.P.

SEPARATION ALLOWANCE	ASSIGNED PAY	VICTORY BOND
at \$ 30 per month has been Paid to 15 2/19 & closed see R.P.P.	at \$ 20 per month has been Paid to 15 2/19 & closed see R.P.P.	Subscribed \$ Pd. by other \$ Units \$ Pd. by this \$ Unit \$

Dependent or Beneficiary: Mrs P. J. Cairns
Address: 20 North St St Thomas

REMARKS: DC 45 Disch 15 2/19 Med W.

Date of Enlistment 20 7/15
If married and if Separation Allowance card submitted

I have carefully examined this statement of account and find it to be a correct extract from the Paylist of this Unit.

Date:
London, Ontario.

J. D. Patterson Captain.
Paymaster No. 1 District Depot.

MAR 5 1919 London, Ont.

This form must not be used when the Proceedings are for the information of the B.P.C. In such cases, M.F.B.227 is the only form applicable.

FOR ALL RANKS
 PROCEEDINGS OF A MEDICAL BOARD (short form)

Date: _____ Place: _____ Date: _____

Number: _____ Rank: _____ Name: _____

Corps: _____ Age: _____ Height: _____ Weight: _____

Religion: _____ Has he been Overseas: _____

(1) Disease or Injury: _____

(2) Cause: _____

Where incurred: _____ Date: _____

(3) Disability: _____

(4) Present condition (describe fully): _____

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(5) History: _____

(6) Probable duration of Disability: _____

(7) Is officer or other rank fit for Category, A _____ B _____ C _____ D _____
 (answer yes or no).

(8) If for treatment, specify nature of: _____

_____ President.

_____ Member.

Place: _____ Date: _____

Approved: _____ A.D.M.S., M.D.

Place: _____ Date: _____

Name **CAIRNS, Peter James** Rank **Pte.** Regtl. No. **401239**

Fyle Depot **1DD 10-C-343**

Original unit **33rd Bn** Present unit **4th Bn** M. or S. **M** Age **25** Religion **R.C.** Ref. H.Q. **ID 30-C-1227**

Port, ship and date of arrival **St. John Metagama, 16-1-19.**

Next of kin **Wife, Mrs. Caroline Cairns, 8 Albert Rd. Bexhill, England.**

Address on leave **St. Thomas, Ontario.**

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation **Machinist helper** Date and place of enlistment **St. Thomas, July 20th, 1915.**

Diagnosis **Loss of right great toe** Date of Medical Boards **London, Ont. Feb. 12th 1919**

Date.	Remarks.	Pt. 2 Order No.
T.O.S.		
4-1-19	No. 1 D.D.	
18-1-19	Posted to Cas. Coy. and granted furlough with subs. to 2-2-19.	20

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

Date

Remarks

Pt. 2 Order No.

15-2-19

Discharged from H.M.S. Medically unfit (P.D.P)

45

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Folkestone Sept 2nd 1916.

No. 401239A Rank Pte. Name Cairns P.J.

Local Unit 35 Bn Overseas Unit 4th Bn Age 23

Examination held at 2.2.9.16

DISABILITY
Overseas—Local.
(scratch one out)

See Report form

In France
3 mos

PRESENT CONDITION.

He was result of accident previous to enlistment
He can't keep up marching

BOARD RECOMMENDS:—

- 1. Fit for Duty.....
- 2. Fit for duty after.....weeks' physical training.
- 3. Fit for Temporary Base Duty.....weeks.
- 4. Fit for Permanent Base Duty.....
- 5. Discharge.....

APPROVED
 CAPTAIN, C.A.M.C. FOR D. OF R. & O.; FOR
 BRIGADIER GENERAL
 COMMANDING
 CANADIAN TRAINING DIVISION.

Signatures:—

Members { Col. Hanning M.P.President.
D. J. M. Tutty Capt

APPROVED

Dated at Sept. 5th 1916. D. J. M. Tutty Capt
For A.D.M.S.

Original
ATTESTATION PAPER.

No. 1927

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... Peter James Cairns
 2. In what Town, Township or Parish, and in what Country were you born?..... Edinburgh Scotland
 3. What is the name of your next-of-kin?..... Mr & Mrs Annie Cairns
 4. What is the address of your next-of-kin?..... 240 Wellington St. Highway
 5. What is the date of your birth?..... Oct 16 - 1893
 6. What is your Trade or Calling?..... Machinist Helper Canada
 7. Are you married?..... No
 8. Are you willing to be vaccinated or re-vaccinated?..... Yes
 9. Do you now belong to the Active Militia?..... 2 yrs 25th Regt
 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
- Peter J Cairns (Signature of Man).
 Wm J Yorket Hardy (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date July 20 1915 .. Peter J Cairns (Signature of Recruit)
 .. Wm J Yorket Hardy (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Peter James Cairns, 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.

Date July 20 1915 .. Peter J Cairns (Signature of Recruit)
 .. Wm J Yorket Hardy (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 St Thomas this 20th day of July 1915.

..... Wm J Yorket Hardy (Signature of Justice)
 Police Magistrate

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

..... Wm J Yorket Hardy (Approving Officer)

M/K. Mrs A. J. Calder, Box 152, Bridgeburg, Ontario

Description of Peter James Cairns on Enlistment.

Apparent Age 21 years 9 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height 5 ft. 4 ins.

Chest measurement { Girth when fully expanded 36 ins.
 Range of expansion 3 ins.

Complexion Dark

Eyes Blue

Hair Dark

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

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 July 21 1915

Place Sigonora

J. Roberts
 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.

Peter J. Cairns.....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.

Alex. Wilson.....(Signature of Officer)
 Lt. Col.

Date OCT 13 1915 1915 O. C. 33rd Overseas Battalion.

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION London, Ont. DATE Feb. 12/19.

1. 1 (a) Unit 1 D.D. (b) Regimental No. 401239 (c) Rank Pte.
 (d) Surname CAIRNS (e) Christian name Peter James
 (f) Home address 162 Wellington St., St. Thomas, Ont.

(g) Next of Kin Mrs. Caroling Cairns. (h) Relationship Wife

(i) Address of Next of Kin 162 Wellington St., St. Thomas, Ont.

2. Age last birthday 25 Date of birth Oct. 16? 1893.

3. Enlistment, or Appointment (if an Officer) (a) Place St. Thomas, Ont. (b) Date July 20/15.

4. Personal description:

(a) Height 5' 4" (b) Weight 132½ (c) Complexion Dark
(stripped)

(d) Colour of hair Dark (e) Colour of eyes Blue (f) Identification marks, Scars, etc. 2. Vaccination

left arm, Tattoos both forearms, scar lower left chest, 2 scars back right hand, 5 scars neck, 2 scars back right thigh.

5. Former trade or occupation Machinist's Helper.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3	207

	PERIODS	
	From	To
Canada	July 20, 1915	Mar. 17/16.
England	Mar. 17/16.	June 28/16
	Aug. 31/16	Jan. 4/19.
France or other theatres of War	June 28/16	Aug. 31/16.
	Canada Jan. 4/19.	To date.

7. Original disease, or injury Loss of right great toe.

(a) Date of origin Prior to enlistment. (b) Place of origin Canada.

(c) Cause Traumatic amputation.

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

Difficulty in walking due to pain in stump of amputated toe from rubbing of shoe.

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

OBJECTIVE Loss of right great toe at metatarso-phalangeal articulation. End of metatarsal hypertrophied and irregular in outline and covered with a very thin pad of skin and sub-cutaneous tissue. Overlying skin reddened and irritated looking, with two small callosities on plantar aspect. Stump apparently tender to pressure.

SUBJECTIVE Cannot walk at all in ordinary shoes without throwing weight onto outer surface of foot. Even in this position stump of toe becomes very sore and painful after a walk of 2 miles.

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

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

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

About 7 years ago while working for Michigan Central Railroad in St. Thomas Ont. Suffered a crushing accident of right great toe necessitating amputation. Enlisted in 1915 and served without trouble until the Battle of the Somme when his shoe rubbed so much on the stump that it became sore and he had to be returned to England and given light duty. Has always had to wear a special shoe.

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

None.

(c) (Here give a description of wounds, scars, and deformities. **Tattoos both forearms, Sear lower left chest 2 scars back right hand, 5 scars neck, 2 scars back right thigh.**

11.—(a) Did the disabling condition have its origin before enlistment? **Yes.**

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

Yes, has been made sore by rubbing of shoe.

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

The regimental documents will be referred to.

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

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

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

None.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? **No.**
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? **Yes, after being fitted with orthopaedic shoe.**
(If not, briefly state why)

17. Recommendations.

B"1" and fitting with orthopaedic shoe. See Specialist's Report attached.

C. M. Stafford Capt
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

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

I complain in addition of.....

P. J. Cairns *Pte* Rank.
Signature of invalid examined.
I.T.

OPINION OF THE MEDICAL BOARD

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

The board agrees, disability at present is slight, there has been only slight aggravation due to Service Sect. 17. Category B"II".

Arrangements have been made with Soldier's Civil Re-establishment for proper boot.

19. Is the invalid fit for,

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

20. It is certified that the invalid

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

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

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

placed in Category B"II".

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

PLACE London, Ont.

DATE 12-2-19.

Handwritten signatures: J. H. ... Major General, President. C. ... Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

PLACE

DATE

APPROVED BY

APPROVED BY

Handwritten signature: J. F. ... Assistant Director of Medical Services. DATE 13. 2. 19

Director-General of Medical Services.

DATE

DEPARTMENT OF SOLDIERS' CIVIL RE-ESTABLISHMENT

M.O's. Number

P. O. No.

ORTHOPAEDIC AND SURGICAL APPLIANCES BRANCH

To be left blank.

PRESCRIPTION FORM

For Major and Minor Orthopaedic and Surgical Appliances.

To be sent in duplicate (a) to the Superintendent, O. and S. A. Branch, Dept. S.C.R., Keens Building, 185 Spadina Ave., Toronto, or (b) in Districts other than M.D. 2 (D. Unit, Dept. S.C.R.) to the Unit Assistant Director, Dept. S.C.R.

Major Appliances for amputation cases.

- Artificial Leg complete.
- “ Arm “
- “ Foot “
- “ Hand “
- Harness as detailed.
- Accessories as detailed.
- Stump socks.
- Gloves for arm amputation.
- Boots, standard (see paragraph 5 Method of requisitioning).

Minor Appliances.

- Arches and Whitman plates.
- Bandages and stockings, elastic belts, supports and trusses.
- X Boots specially built or orthopaedic.
- Braces not for artificial limb.
- Cages and splices.
- Crutches.
- Eyes, artificial.
- Knee and skull caps.
- Padded frames and shields.
- Rubber and Thomas heels.
- Spectacles.
- Splints.
- Suspensories.

N.B.—Prescription for the first issue of a Minor Appliance for each man must be accompanied by Form 144 in triplicate.

Date Feb 12 19 19

Please supply (name and Reg. No. of man) # 401239

PT Cairns P. J.

with the appliance against which an x has been placed in marginal list which is rendered necessary by a disability traceable to service. Where a special appliance is required a detailed prescription with a sketch, if possible, should be given showing the anatomical details to be kept in view.

1 pr orthopaedic boots, blocked to take pressure off stump of amputated right great toe.

To be sent to Toronto for measurements.

[Signature] Capt

Address to which appliance is to be sent 162 Wellington St
St Thomas Ontario

Date Prescription received by O. and S. A. Br. 19

Production order made out or Requisition on purchasing Br. O. and S. A. 19

Corps *Canadian Training School*

PARTICULARS of Marriages, Births and Baptisms, to be forwarded to the Officer i/c Records :—

(1) For insertion in the soldier's attestation and (2) for insertion in Army Book 358. †

No. * *401239 Pte Peter James Cairns*

* Here insert Regimental Number, Rank, and Names at full length.

MARRIAGE

Nationality † of the Soldier ... *Scotch*
(specifying whether Bachelor or Widower)

Christian Name, Surname and Nationality † of the } *Bachelor*
Woman ... } *M^{rs} Caroline Dutton*
(specifying whether Spinster or Widow) *Spinster*

Place of marriage, specifying Parish, County, &c. ... *Battle Sussex England*

Date of marriage ... *Oct 16 - 1917*

Names of two witnesses present at the ceremony { *Pte William Henry Tomlin*
M^{rs} Mary Ann Dismore
Signature of the Officiating Minister or Registrar, } *Thomas James Nash Registrar*
by whom the marriage was solemnized ... }

BIRTHS AND BAPTISMS.

Christian Names	Date and Place of Birth	Date and Place of Baptism and Name of Officiating Minister
<i>None</i>		

Mrs. C. Cairns. (Wife) 8, Albert Road, Bexhill.

Station *Deville-on-Sea*
Date *Oct 26th 1917*

Certified true Extracts.
J. B. Patchere
Adjutant.
.....Capt. Asst. Adjt.

† English, Scotch, Irish, &c., &c., as the case may be.
‡ In Army Book 358 the following entries only are required :—
Full name of woman to whom married, giving nationality, place and date of marriage, and name and date of birth of each child (if any).

The birth of each child should be reported to the Officer i/c Records on this form by Officers Commanding Units without delay, as soon as it occurs. The particulars in regard to baptisms should be forwarded to Officers i/c Records for entry in 4th page of attestation on another copy as soon as they are received from Officer Commanding Units.

38

91554

- 20 -

Perforated sheet for Will from Pay Book of Reg.

No. 401239

Name Cairns P. J. Pte

Unit 4 Batt

C. C. A. C. attached C. M. S.

Military Will.

in the event of my death I give the whole of my property and effects to my sister

Mrs A J Calder
Box 152 Bredbury
and Leam

Signature Pte P. J. Cairns

Rank and Regt. 4 Batt

Date 26/1/1917

167 Wellington St.,
St Thomas,
Ont

167

July 24 1915

ORIGINAL

401239
1927

MEDICAL HISTORY SHEET

Gen. Dyer

Surname Cairns

Christian Name Peter James

Examined on 20th day of July 1915
at St. Thomas

Approved by J. Roberts
Rank Capt M.O.

Birthplace { City or Town Edinburgh, Scotland
County _____

Apparent age 21

Trade or occupation Machinist's helper

Height 5 Feet 4 Inches

Weight 147 Lbs.

Chest measurement { Minimum 36 inches

{ Maximum expansion 39 inches

Physical development Good

Small-Pox Marks none

Vaccination Marks { Arm Right Left yes

{ Number 2

When Vaccinated last ten yrs

(a) Marks indicating congenital peculiarities or previous

disease none

(b) Slight defects but not sufficient to cause rejection

loss of left big toe

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS.
<u>1916</u>		<u>Jas Moore</u> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>July 1915</u>		<u>Jas Moore</u> M.O.
<u>July 1915</u>		<u>Jas Moore</u> M.O.
		M.O.

Enlisted on 20 day of July 1915 at St Thomas

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment				
Transferred to..	<u>33rd Bn</u> <u>4th Battalion</u>	<u>401239</u>		<u>July 20/1915</u>

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 Service, on the man becoming non-effective; the date and cause being stated on next page.

CANADIAN

MONTH	PAY AND F. A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BA						
	NO. OF DAYS	RATE	AMOUNT		\$	C.	\$	C.	CCL. NO. 1		CCL. NO. 2		CCL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3		\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$
			NO.	DATE					NO.	DATE	NO.	DATE	\$	C.	\$	C.	\$	C.	\$	C.													
			\$	C.	\$	C.	\$	C.																									

20, 10 21 10 22 10 23 10 24 10 25 10 26 10 27 10 28 10 29 10 30 10 31 10

2

30

2

SEPARATION ALLOWANCE

Name *Annie Cairns* Name of Soldier *Cairns P. J.*
 Address *8-4th Ave.* Regtl. No. *1927*
St Thomas Rank *Pte*
Ont. Corps *'B' Coy 33 Btn*
 Relation to Soldier } *W.M.* To what Corps belonging }
 wife, child or mother } when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.		<i>K6150</i>	<i>47</i>	
Oct.		<i>L4312</i>	<i>20</i>	
Nov.		<i>O8774</i>	<i>20</i>	
Dec.		<i>919008</i>	<i>20</i>	
Jan.	1916	<i>V15656</i>	<i>20</i>	
Feb.		<i>N21086</i>	<i>20</i>	
March		<i>O24882</i>	<i>20</i>	

ACCOUNT CLOSED
 DATE..... PER.....
W

Make int by
1 3/20

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Annie Cairns

Name of Soldier

Cairns P.J.

Sheet No. 2.

PAYMENTS. 1927
W.M.

L. L. Job 310.—Req. 6374.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	N 723	20	
May		95236	20	95236 Cancelled
June		H 9082	20	H 9085 Cancelled.
July		X	X	X
Aug.		X	X	X Deserter 8/3/16 PMX 18/4/16.
Sept.		X	X	X This acct cancelled in error
Oct.		X	X	X P.M. L. 10/11/16 Reopen without
Nov.		L 25039	140	L 25039 of time - Lt Gordon 23 1/2.
Dec.		25702	20	L 25039 Cancelled 27-12-16 20 Lt Gordon 23 1/2
Jan.	1917	X X X X	X X X X X X	No 25702 cancelled 4/12/16
Feb.				close Sp acct. Ben. decreased
March				Lieut. Gordon 24/11/16.
April				P.C.K. 4/12/16
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

ACCOUNT CLOSED
DATE..... PER..... W

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

20/4/15

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name *Amie Cairns* Name of Soldier *Cairns Peter J.*
 Address ~~240 Wellington St~~ Regtl. No. *1924*
St Thomas Rank *Pte*
8-4th Ave. *Ontario* Corps *B. Coy. 33 Battalion*
 Relation to Soldier } *Widowed* To what Corps belonging }
 wife, child or mother } *Mother* when called out }

PAYMENTS

42229 M. CO.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.		<i>166150</i>	<i>47</i>	<i>47</i>
Oct.		<i>24312</i>	<i>20</i>	<i>20</i>
Nov.		<i>08774</i>	<i>20</i>	<i>20</i>
Dec.		<i>919008</i>	<i>20</i>	<i>20</i>
Jan.	1916	<i>115656</i>	<i>20</i>	<i>20</i>
Feb.		<i>1121086</i>	<i>20</i>	<i>20</i>
March		<i>024882</i>	<i>20</i>	<i>20</i>

Destroy

ACCOUNT CLOSED
DATE JUN 15 1916 PER *W*

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Mrs. J. Cairns.

PAYMENTS.

Name of Soldier

Cairns, Peter J.
Pte

#1927

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	N 123	20	20
May		G. 5236	20	20 H 9082 Cancelled
June		A 9182	20	20 Discri 8/2/16 Amho 18/4/16
July			45	Recall 54 ⁰⁰ overpd pay 14/6/16
Aug.				G 5236 \$ 20 cancelled 10/7/16
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

ACCOUNT CLOSED

DATE.....15.....1916 PER.....W.....
JUN 15 1916

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
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.				

Ottawa Pd 15.00 from 1/3/16 to 30/4/16 = 30.00

" " 15.00 " 1/6/16 to 30/8/17 = 225.00

" 20.00 ded in Eng 1/9/17 to 30/11/18 =

255.00

300

555.00

Eng deducted 15. from 1/7/16 to 31/10/17 = 285.00

" " 20 1/11/17 to 30/11/18 = 260.00

545.00

60.00

605.00

30.00

credit.

575.00

MILITIA AND DEFENCE
ASSIGNED PAY.

To whom *Mrs C Cairns*
Address *21 Cornwall Rd.*
Bexhill
ASSIGNED PAY SEPARATION ALLOWANCE

By whom assigned *Cairns D. J.*
Regtl. No. *401239*
Rank *Pte*
Corps, &c. *C.T.S*

Rate *20⁰⁰ 30⁰⁰*
Date to commence *1-12-18*

ASSIGNED PAY AND SEPARATION ALLOWANCE
BEING PAID IN ENGLAND UNDER SERVICE
FROM OTTAWA ON DISCHARGE OF SOLDIER
NAMED HEREIN.

PAYMENTS.

Month.	Year.	Cheque No.	Amt. ASSIGNED PAY	Pay Sheet Deduction SEPARATION ALLOWANCE	REMARKS.
Jan.	191 ⁸				DISCHARGED TO CANADA.
Feb.					
Mar.					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.		<i>E46057</i>	<i>20</i>	<i>30</i>	
Jan (Dec Sup)	1919	<i>E75604</i>	<i>20</i>	<i>30</i>	
Feb.					
Mar.					<i>Sailed to Canada</i> <i>4/1/19</i>
April					
May					
June					
July					
Aug.					

ASSIGNED PAY.

By whom assigned

Regtl. No.

Month.	Year.	Cheque No.	Amount.	Pay Sheet.	REMARKS.
Sept.	1917				
Oct.					
Nov					
Dec.					
Jan	1918				
Feb.					
Mar.					
April					
May					
June					
July					
Aug.					
Sept					
Oct.					
Nov.					
Dec.					
Jan	1919				
Feb.					
Mar.					

C. G. S. Bexhill

duplicate

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12.
 25m.-10-17.
 H. Q. 1772-39-819.

To Whom *Mrs Caroline Cairns* By Whom Assigned *Cairns P. J.*
 Address *8 Albert Rd* Regtl. No. *401239*
Bexhill-on-Sea Sussex Rank *Pte*
 Rate *20⁰⁰ Nov 1st/17* Corps *33rd Bn*

OK

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>2 m 13/11/17 add 14/12/17</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

OK

ASSIGNED PAY.
MILITIA AND DEFENCE

M. F. W. 11a.
50m.-6-16.
1772-39-818.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Mrs Caroline Cairns

Name of Soldier

Cairns P.J.

PAYMENTS.

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

#401239 Pte 33rd Bu

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	<i>M 130</i>	<i>30</i>	<i>20.00 Novist 7 Mar & apr.</i>
May				
June				
July				
Aug.				
Sept.		<i>Z 15884</i>	<i>60</i>	<i>Paid in Canada to Mrs A.J. Calder P.O. Box 152 Bridgeburg Ont</i>
Oct.		<i>W 21646</i>	<i>15</i>	
Nov.		<i>N 24034</i>	<i>15</i>	
Dec.		<i>H 30316</i>	<i>15</i>	
Jan.	1917	<i>Y 37659</i>	<i>15</i>	
Feb.		<i>U 42944</i>	<i>15</i>	
March		<i>B 49997</i>	<i>15</i>	
April		<i>V 354</i>	<i>15</i>	
May		<i>P 10263</i>	<i>15</i>	
June		<i>J 16830</i>	<i>15</i>	
July		<i>Y 20376</i>	<i>15</i>	
Aug.		<i>D 27779</i>	<i>15</i>	
Sept				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

C. J. Calder

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
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.				

Canadian Pay Office.
 Received by Pay II.
 JAN 30 1918
 and Passed for Action to
 Sub-Div. Date

A.		Accts.	
B.		Bank	
C.		Disch.	
D.		Invest	
E.		Obs.	
F.		P. Bks.	
G.		P. H. S.S.	
H.		Sep/O	
K.			
L.	✓ 1-2-18		
M.			
P.			

Mrs Caroline Cairns MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

2nd Contingent

Mrs. A. J. Calder (sister)
Box 152
St. Thomas, Ont.

~~Mrs M^{rs} A. J. Calder~~
20-4th Ave, St. Thomas, Ont.
To Whom Annie Cairns
Address 240 Wellington St.
St. Thomas, Ont.
Box 152
Bot 152 Bridgeland, Ont.

By Whom Assigned Cairns P. J.

Regtl. No. 401739


Rank pte

Corps 3rd Battalion

Rate 15⁰⁰ MAR 12 1916 23⁰⁰/₁₀₀ D.G.B.

20⁰⁰ Modiatly June 1st 16

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			 <p>8 Albert St Beach Hill-on-sea Sussex Eng</p> <p>① 2 m. 12/11/17 app 14/12/17</p> <p>Dep. sent to Eng</p> <p>ENGLISH</p> <p>DEC 21 1917</p>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

Mrs Caroline Calder

MILITIA AND DEFENCE

M. F. W. 12a.
60m.-12-15.
1772-39-819.

~~am. A. J. Calder~~

ASSIGNED PAY

2nd. Contingent

~~Mrs Annie Cairns~~

OVERSEAS CONTINGENTS

Sheet No. 2.

PAYMENTS.

Name of Soldier Cairns P. J.
Pte 33rd Batta.

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

Month.	Year.	Cheque No.	Amt.	Remarks.
April	15 1916	2130	30	Mar & Apr. 20 ⁰⁰ Nov. 1st 17
May	15	2926	15	704206 cancelled
June	15			now O.K. new assignee
July	15			acct. closed.
Aug.	15			assignee deceased.
Sept.	15	Z 15884	60	15/6/16 J. J.
Oct.	15	W 21646	15	← Sept. Cq. 60 ⁰⁰ to Adj. Sp. Reg 5-9-16.
Nov.	15	M 24034	15	← on future
Dec.	15	H 30316	15	
Jan.	15 1917	437659	15	
Feb.	15	742944	15	15 R
March	15	749997	15	15 E.
April	15	V 354	15	15 E.
May	15	V 7276	15	V 7276 Can Hols
June	15	F 10263	15	S
July	15	X 20326	15	255 ⁰⁰
Aug.	15	D 27779	15	270
Sept.	15	A 34756	15	W.D. 34756 } Retd. & cancelled 14/11/17
Oct.	15	A 25332	15	A-25332
Nov.	15	L 54653	15	L 54653 Cancelled
Dec.	15			Suspended pending advice from
Jan.	15 1918			CPM. deceased file 2658-P. 1/1/17
Feb.				
March				
April				
May				
June				
July				

ENGLISH
DEC 21 1917

16/9/15

dis WFE

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

OVERSEAS CONTINGENTS

Jun 1/16.

RATE OF SEPARATION ALLOWANCE

--	--	--	--

#

15.	20 ^{1/4} / ₁₇		
-----	-----------------------------------	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. *401239*

Rank *pte* Promoted Reverted Discharge

Soldier's Name *P. J. Cairns*

Battalion *33rd Batta "B" Co.*

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Mrs. Caroline Cairns (sister)

Name ~~*Mrs. A. J. Calder*~~

Address ~~*Box 152, Bridgebury*~~

Change of Address ~~*Chert*~~

1 *8 Albert Rd. Benhill-on-Sea, Sussex, Eng*

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total
<i>1917</i>			<i>255</i>	<i>255</i>
<i>Dec 31</i>				

2658 P.1.

REMARKS

Last a.p. cheque Aug 1917
Suspended pending advice from G.P.M. - Assignee
deceased. File 2658-P.1. Last cheque 31/8/17
A.P. paid 15⁰⁰ from 1³/₁₆ to 1⁵/₁₆; no cheque for May 1916
15⁰⁰ / ⁶/₁₆ to 31⁵/₁₇ 2m 23⁶/₁₆.

Transferred to England.
2m. 13/11/17 a.p.d. 14/12/17

A/c Closed
 Ret'd per. *METAGAMA*
 Date *16-1-19* M.F.W. 187 *20-1-19* M.D. 1.
 Clerk *W. BENNET.*

ENGLISH
DEC 21 1917

M. F. W. 128
 4005-637-1772-39-141
 L. L. 23320-M. & D. 1493.

3

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE:- 1-11-17		EFFECTIVE DATE:- 1-12-17	
AMOUNT:- 27 ⁰⁰		AMOUNT:- 25 ⁰⁰	

NAME:- CAIRNS . Peter Ja
NUMBER:- 401239

NAME, ADDRESS, RELATIONSHIP & AUTHORITY	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
Mrs. Carolina Cairns (Wife) 21 Cornwall Rd. Beakhill Sea			
Stopped & to 11/12/18			
J.P.B. Bal \$ 20 ¹³ Led Sheet " \$ 35 ¹³			

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
15/11/18	3514	BTS	2100				11 87
25/11/18	3708	"	10/-				2 43
16/11/18		7 day Pay DO 270	16/11/18				7 70

PARTICULARS OF RENDERING NON-EFFECTIVE:- Discharged to Canada 1/12/18. *Lucy N.R.*

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4
March	Balance Forward							
April	P. Pay	33		AR 86 10/4/18 BTS	48 67		20	
					118 67		20	
May	P. Pay	34 10		AR 116 15/6/18 BTS	24 33		20	
				" 60 29/6/18	9 73			
		34 10			34 06		20	
June	P. Pay	33		AR 811 26/6/18 B.T.S.	61		20	
				" 778	4 87			
				" 1121 26/6/18	9 73			
		33			15 21		20	
July	P. Pay	34 10		AR 1355 15/7/18 C.T.S.	9 73		20	
				1495 29/7/18	9 73			
		34 10			19 46		20	
Aug	P. Pay	34 10		AR 1815 14/8	4 87		20	
				2014 29/8	9 73			
		34 10			14 60		20	
Sept	P. P	33		AR 2539 17/9/18 B.T.S.	4 87		20	
				2880 27/9/18	9 73			
				2943 27/9/18	42			
		33 00			15 02		20 00	

* Strike out whichever inapplicable.

ASSIGNED PAY: ENGLAND or CANADA	SEPARATION ALLOWANCE: ENGLAND or CANADA	NAME: CAIRNS . Peter James.																																
EFFECTIVE DATE: 1-11-17	EFFECTIVE DATE: 1-12-17	NUMBER: 401239																																
AMOUNT: 20 ⁰⁰	AMOUNT: 25 ⁰⁰	PARTICULARS OF RANK OR APPOINTMENT																																
NAME, ADDRESS, RELATIONSHIP & AUTHORITY { 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																															
Mrs. Carolina Cairns (Wife) 21 Cornwall Rd. Beachhill-on-Sea <i>Stopped off 1/12/18</i>																																		
L.P.B. Bal \$ 20 ¹³ Led sheet " \$ 35 ¹³		UNIT AND TRANSFERS																																
		ORIGINAL UNIT: 33 ⁰⁰ B'n DATE ACCOUNT FIRST OPENED: 1-11-16																																
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK		AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T'S D UNIT TRANSFERRED TO																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>DATE OF PAYMENT</th> <th>NUMBER OF A.R.</th> <th>UNIT PAID BY</th> <th>AMOUNT</th> <th>DATE OF PAYMENT</th> <th>NUMBER OF A.R.</th> <th>UNIT PAID BY</th> <th>AMOUNT</th> </tr> </thead> <tbody> <tr> <td>15/11/18</td> <td>3514</td> <td>BTS £10-0</td> <td>11 87</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>25/11/18</td> <td>5708</td> <td>" 10/-</td> <td>2 43</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>16/1/18</td> <td></td> <td>7 day Pay DO 270 16/1/18</td> <td>7 70</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	15/11/18	3514	BTS £10-0	11 87					25/11/18	5708	" 10/-	2 43					16/1/18		7 day Pay DO 270 16/1/18	7 70					DAILY RATES OF PAY AND ALLOWANCES
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT																											
15/11/18	3514	BTS £10-0	11 87																															
25/11/18	5708	" 10/-	2 43																															
16/1/18		7 day Pay DO 270 16/1/18	7 70																															
		AUTHORITY PAY F.A. P.F.A. SUBS CE ALL'CE																																
		1 00 10																																

PARTICULARS OF RENDERING NON-EFFECTIVE: - Discharged to Canada 1/12/18. Index N.R. 26/570.

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
March	Balance Forward								88 35		
April	P. Pay	33		AR 827 10/1/18 BTS	48 67		20		52 68		25
				AR 116 12/6/18 BTS	24 33		20				25
May	P. Pay	34 10		60 29/3/18	9 73				32 72		25
				AR 811 17/6/18 BTS	61		20				25
June	P. Pay	33		" 778	14 87				30 51		25
				" 1121 26/6/18	9 73		20				25
July	P. Pay	34 10		C 6831			20				25
				AR 1355 15/7/18 C.T.S.	9 73						25
				1495 29/7/18	9 73				25 15		25
Aug	P. Pay	34 10		19 16	19 16		20				25
				AR 1815 14/8	4 87				24 65		25
				20 14 29/8	9 73		20				25
Sept	P. P	33		B 29430			20				25
				2539 13/9/18 B.T.S.	4 87						25
				2880 27/9/18	9 73						25
				2943 29/9/18	42						25
					15 02		20 00		22 63		25 00

P.T.O.

NUMBER 401239 RANK

NAME CAIRNS P. J.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
Oct.	P.P	34	10	Forward					22 63	Nil.	
				D57064. 29.4.11.			20		36 73		25
				(17) 3107 15.10.18 b.T.S.	4	87			31 86		
				(29) 3291 29.10.18 "	9	73			22 13		
		34	10		4	60	20				25
				D99266			20		22 13		40
Nov	P.P	33							35 13		
				7 days FPH2 DO 270 16/11/18 b.T.S.		7	70		27 43		
				(15) 3708 25.11.18 b.T.S.	2	43			25 00		
				(1) 3514 15.11.18 b.T.S.	4	87			20 13		
		33			7	30	70	20			40

S.O.S. to Canada Effec: 4/1/19. DO. 19. Gen. Dep. 23-1-19.

MARRIED OR SINGLE *S*

PLACE OF BIRTH *Edinburgh Scot*

NAME AND ADDRESS OF NEXT OF KIN *Mr & Mrs Calder*

Box 152, Bridgeburg, Ontario

RELATIONSHIP OF NEXT OF KIN *mother*

NAME AND ADDRESS OF NEXT OF KIN *Same as Allegance*

Box 152, Bridgeburg Ont Canada

RELATIONSHIP OF NEXT OF KIN *\$10.00*

SEPARATION ALLOWANCE MONTHLY \$ *20.00*

dist no 38
EFFECTIVE (DATE) *16-10-17*

PAYABLE TO *Mrs Caroline Cairns,*

20 Cornwall St Albert Road, Boxhill on Sea, Sussex.

RELATIONSHIP OF DEPENDANT *wife*

PARTICULARS	EFFECTIVE DATE	AU
Restricted Pay	6/12/16	20115
Restored to full pay	26/5/17	20115

ADMISSIONS TO HOSPITAL, &c.			
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS					
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1		2		3	
			\$	C.			\$	C.			\$	C.				NO.	DATE	NO.	DATE	NO.	DATE
1916																					
Apr 1-30	30	1 ⁰⁰	30		30	10	3						14 10	33							
May 1-31	31	1 ⁰⁰	31		31	10	3 10							34 10	14	15 ⁵	72	29 ⁵			
June 1-28	28	1 ⁰⁰	28		28	10	2 80							30 80	89	15 ⁶	109	23 ⁶			
June 29-July 31	33	"	33		33	"	3 30							36 30							
Aug 1	31	"	31		31	"	3 10							34 10	1082	25/7/16	1119	8/8/16			
Sept 1	12	"	12		12	"	1 20							13 20	1185	17/8/16			4365		
Sept 13-30	18	"	18		18	"	1 80							19 80					592 16.9		
Oct	31		31		31		3 10							34 10					611 29.1		
Nov	30		30		30		3 -							33					28 16.10		
Dec 1917	31		31		31		3 10							34 10					5678 278		
Jan 1918	31		34 10				27 50														
Feb	28	1 ¹⁰	30 80																		
Mch	21		34 10																		
			29 50																		
														14 10		41 5 60					

Checked *F. L. Jameson*

Checked *H. Rodger*

592 16.9
611 29.1
28 16.10
5678 278
760 31/1
1082 15.1
906 30.1
840 15.1
1147 15.1
1082 22.7
1302 28
1209 20

IS, &c.
 AUTHORITY
 20115 9.12.16
 00 63 30/5/17
 School

REG'L NO. 401239 RANK Private NAME Cairns Peter James
 IF IN PERM. CORPS UNIT 33rd Batta TRANSFERRED TO 4th Batta DATE June 28 AUTHORITY D.O. 158
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO ccac. DATE 13.9.16 AUTHORITY BO. 41
 PLACE OF ATTESTATION St Thomas bnt. TRANSFERRED TO Brk. Hos. DATE 31/5/17 AUTHORITY
 DATE OF ATTESTATION July 26th 1915. TRANSFERRED TO C.T.S. Bexhill DATE 11/7/17 AUTHORITY
 ASSIGNED PAY MONTHLY \$15⁰⁰ DATE EFFECTIVE May 1st 1916.
 PAYABLE TO ~~Mrs Cairns Cairns 240 Wellington St. St Thomas bnt Canada~~ RELATIONSHIP
 ASSIGNED PAY MONTHLY \$15⁰⁰ 20⁰⁰ DATE EFFECTIVE ~~1-11-17~~ 1-11-17 ²⁵⁻¹⁰⁻¹⁷ RELATIONSHIP wife
 PAYABLE TO Mrs Carolina Cairns, ~~28 Legnwaace Rd~~ Bexhill on Sea #307. 23/1/18.
 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)

DISTANCE ROLLS					CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
DATE	No.	DATE	No.	DATE	1	2	3	4				CREDIT	DEBIT			
8/4/16					9 73	126 16			15		36 89	14 10				Real food from Canada
29					4 87	9 73			15		29 60	14 71				
23					4 30	4 87			15		24 14	18 34				
									15		56 77	39 64				
8/8/16					261.	261.			15		20 22	53 52				
	4365	20/7/16	London cash	23-9-16	348.		436	2433	15		47.17	19 55				Trans to ccac BO 41.
			Comd.			4 87			15		4 87	34 48				
			611 29.16 cms			9 73			15		36 58	32 00				
			28 16.10.16 "			4 87			15	1 10	29 97	44 03	60	hid		AWL 1 day CMS 90 8/1/16
			5678 27.8.16 "			6 98			15		32 03	46 10				
			- CMS			4 87			15		19 86	60 34				
			760 31/10			2 43			15		14 43	43 71				
			1012 12.12 cms			4 87			15		19 87	87 94				
			904 30/11			9 73			15							
			840 15-11 "			2 43			15							
			1141 15.1. cms			2 43			15							
			1082 22.12			2 43			15							
			cms			2 43			15							
			1300 28/12			2 44			15							
			1209 20/12						15							
					27 99	29 37	64 87	44 33	180	1 10	329 66					

401239 Pk Larno Pj.

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	4	1	2	3					
			\$	c.						\$	c.	NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE				
1917																							
			401	50				14	10	415	60					27	99	29	37	64	87		
April	30		33	00						33											7	30	
May	30		33							33													
	31	1	1	10						1	10												
June	30		33							33													
July	10		11							11													
1-10																							
11-31	21		23	10						23	10												
Aug	1-31	31	34	10						34	10												
Sept	1-30	30	33							33													
			2	80				14	10	616	90												
			602	80				14	10	616	90												

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. PAY	S. P. ALICE ENG.	MONTH	PARTICULARS
	Bal ford								137			March	
Oct	PP		34	10					15				P.P. 34-10
				6010									
				CTBAR 45-30-8	9	44							
				✓ 29-16-8	9	43							
				✓ 60-14-9	4	87							
				✓ 225-31-5	4	99							34-10
				S. a. 16-10-17 to 21-10-17									
				Ch B 16103									
Nov		34	10		29	33							
				B 24428			20	15	124	15	10.32		
				AR 89008 15/10	9	73			67	13	10.32		
				✓ 99 " 15/10	4	87			194	25	20		
Nov	PP	33		" 105 " 29/10	4	87			61	90			
				B 80628			20				25		
Dec				DW 150 - 15/5	2	43			132	35			
1918				12-6-7	2	11	40		64	10			
Jan				C 46829 Special Jan 20			60		196	45	25		
				AR 122008 15-11	4	87			84	34			
				✓ 137 - 29-11	4	87							
				AR 150 C.T.S. 3-12-17	14	60			112	11			
				C 98498			60		3	80	25		
				AR 285008 15-1-18	9	73					25		
				✓ 351 - 29-1-18	4	87							
					14	60			108	31	25		
							20						

PAYMENTS		ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
3	4				CREDIT	DEBIT			
6487	2433	180	110	327 66	87 94				
730		15		22 30	98 64				
		15		15	116 64			Yd. Buit. Ho. 31/5/17	
					117 74			Yd. B.T.S. Bexhill 11.7.17	
		15		15	135 74				
		15		15	131 74			Yd B.T.S Bexhill 11/7/17	
					154 84				
		15		29 42	159 22				
243		15	15 40	54 84	137 38				
255			16 50	49 52				14 days 31/12 180 159 19-9-17	
77 15	24 33	270	16 50	49 52					
44 15	24 33	270	16 50	49 52	137 38				

CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. SER. RED. ALLGE. PAY. ENG.
	D69227			20		108 31	25
3410	AR 422 14/2/18 B.T.S.	973 ✓				142 41	
	" 445 26/1/18	487				54 06	
	" 465 13/3/18	973					
	" 481 21/3/18	973 ✓				88 35	
3410		3406		20			