

Ref 216/1755 19855

REGT. NO. 3084356 UNIT bt/1st GP 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)					DEATH Category
1	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)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
3	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE Category <i>med Unfit.</i>
1	DENTAL HISTORY SHEET (M.F.B. 465)					
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
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	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
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1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	MFW 192					

Proceedings on Discharge.

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

No.	3084356
Rank	Pte.
Surname	BIRD,
Christian name	Geo. Herbert.
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	1-1st, Q.R., C.E.F.
Date of discharge	Apr. 11th, 1919.
Place of discharge	Montreal, QUE.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age 22 years 7 months.	Descriptive marks
Height 5 feet 5 inches.	
Complexion Med.	
Eyes Brown	
Hair Brown	
Trade Loose Paper Pressman	
Intended place of residence (To be given as fully as practicable.)	
87 Coursol St., Montreal, QUE.	
2. The above-named man is discharged in consequence of	
R.O. #1420 Medically Unfit.	
Discharged to the I.S.C.	
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.	
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.)	

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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) Montreal, QUE. H. Bird (Signature of Soldier.)

(Date) Apr. 11th, 1919. A. J. Phaffy B. m. a. s. (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) Montreal, QUE.

(Signature) [Signature] Lieutenant,
Officer in Charge Discharge Section, District Depot No. 4.

(Date) Apr. 11th, 1919.

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.)

NO RESERVATIONS.

H Bird

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	Attestation Paper	Militia Form W. 23
Squadron } Battery } Company }	Conduct Sheet, " B. 263a	or Particulars of Recruit	" W. 133
or Field Conduct Sheet	" W. 178	Proceedings on Discharge	" B. 218
Copies of Convictions, by C. P.	in MS.	<p>In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet.</p>	
Med. Hist. Sheet,	Militia form B. 313		
Casualty Form	" W. 54		
Medical Report for Invalid§	" B. 227		
Dental History Sheet	" B. 465		
Last Pay Certificate	" W. 44		
Duplicate Discharge Certificate	" W. 39A		
‡Form of Will	" W. 82		
§Only if discharged "Medically unfit."			
‡Only if man has not been overseas.			

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.*

3084356 Pte. Geo Bird 1/1 Quebec Regt

June 18.1918. Admitted to Barracks Hos Gonorrhoea

✓ July 13th, 1918. Admitted to D.M.C.H. Inf Joints.

✓ Oct 28th, 1918. D.M.C.H. Attending. Patient.

still attend MONTREAL MIL HOSPITAL.

March 10th - 1919

Lechabokapteme

111

NAME.

Bird George
Herbert
1 St. Dpo Bu.

RANK.

Pte.

REC. FILE.

4 d

No.

318 4356 O.

S. May 13 1918

CORPS

1st Que. Regt.

H.Q. FILE.

131

ENLISTMENT, PLACE.

Montreal P. Q.

DATE.

May 13th 1918BIRTH
DISCHARGE.

PLACE,

Canada Montreal P. Q.

DATE.

Nov. 19th 1896

REASON.

Sol Dis 11-4-19
m 4
20102 g 12/4/19
DAN

ADDRESS ON DISCHARGE.

DOCUMENTS.

NEXT OF KIN

Bird, Edward

RELATIONSHIP

Father

ADDRESS

87 Coursal St. Montreal P. Q.

CHARGED OUT

RETURNED

CHARGED OUT

RETURNED

TO

DATE

BY

RECEIVED
BY

DATE

TO

DATE

BY

RECEIVED
BY

DATE

*Name BIRD, George, H. Rank Pte. Regtl. No. 3084356
 Fyle Depot 19-B-982
 Original unit 1st Q.R. Present unit DD 4 M. or S. Age Religion Ref. H.Q.
 Port, ship and date of arrival
 Next of kin
 Address on leave
 Address on discharge
 Transportation issued No Yes Date Character on discharge
 Previous occupation Date and place of enlistment
 Diagnosis Cat A Date of Medical Boards

Date	Remarks	Pt. 2 Order No.
3-3-19.	T.O.S. on transfer from 1st Depot Bn. 1st Q.R. and posted to Cas. Coy. effect. 26-2-19. Auth. D.O. 430	62 Page 6

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

(over)

Date

Remarks

Pt. 2 Order No.

13-2-19. Cas. Coy. to Details Company W/S 26-2-19..... 71 Page 5

9-4-19. S.O.S. Details Coy. to Cas. Coy. S/S. Eff. 8-4-19. Cat. "E" 99-P-4.

12-4-19 SOS Discharged RO 1420 Med. Unfit #101
S. Eff. 11-4-19 ~~Ex~~

M. F. W. 192

5m.-12-18

1772-39-1243

LEDGER No. 1686

SERIAL No.

034214 9REG. No. 3084356 NAME Bird Geo HerbertRANK Pte CORPS 2. L.Q.R. AGE 21 SERVICE 6 1/2.

HOSPITALS

DATE OF ADMISSION

1 m. m. A. Montreal18.6-18.

2

3

DIAGNOSIS R.W.G. & Infl joints

TRANSFERRED TO

DISPOSITION

5-4-18

CATEGORY

M.F.W. 2553.

1126-D.P.-50M-12-18.

1772-39-1332.

P.T.O.

REMARKS:

Blank lined area for writing remarks.

Regtl. No. 3084356

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

343

(Class.....)

1. Surname..... **BIRD.**
2. Christian name..... **George Herbert.**
3. Present address..... **87 Coursol St. Montreal.P.Q.**
4. Military Service Act letter and number..... **114295 30.**
5. Date of birth..... **Nov 1902, 1896.**
6. Place of birth..... **Montreal.P.Q.**
(town, township or county and country)
7. Married, widower or single..... **Single.**
8. Religion..... **Church of England.**
9. Trade or calling..... **Dressman.**
10. Name of next-of-kin..... **Edward Bird.**
11. Relationship of next-of-kin..... **Father.**
12. Address of next-of-kin..... **87 Coursol St. Montreal.P.Q.**
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..... **Montreal.P.Q.** (b) Date..... **May 13th. 1918.** (c) Category..... **"A"**
- FIT
CATEGORY**

DECLARATION OF RECRUIT

I, BIRD George Herbert, do solemnly declare that the
above particulars refer to me, and are true.

to me, and are true.

George Herbert Bord (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age.....21.....yrs.....6.....mths.

Height.....ft.....ins.

Chest) fully expanded.....32.....ins.

measurement } range of expansion 35 ins.

Complexion Fair

Eyes.....

Hair.....

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

3. 20

Eyes. L. 20

3. *ck*

L. *AK*

Major
for O.C. 1st Depot Bn, 1st Quebec Regiment
O. C. Depot Bn.

.....First Quebec.....Regt.

Place.....Montreal, P.Q...... Date.....Aug 15th, 1940.....

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No.

5084356

(Rank)

Private.

Name (in full)

BIRD, George Herbert.

enlisted in

the

1st. Depot Battalion 1st. Quebec Regiment.

CANADIAN EXPEDITIONARY FORCE at

Montreal, Que.

on the

15

day of

May

19

HE served in

CANADA

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

22 Years 7 Months

Height

5 Feet 8 Inches.

Complexion

Medium

Eyes

Dark

Hair

Brown

Marks or Scars

Vaccination mark on left arm.

Signature of Soldier

George Herbert Bird

Issuing Officer

Lieutenant,
Officer i/c Discharge Section, District Depot No. 4.

Rank

Date of Discharge

April 11th, 1919.

Appointment

Signed at

Montreal, Que.

this

11th,

day of

April

19

in Military District No.

4.

File Reference No.

DD4. 19-D-982.

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.

M. F. W. 39a.

250m.—6-18.

H. Q. 1772-39-882.

(GH)

- 1.—That discharge certificate must be carried when wearing uniform.
- 2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and
- 3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

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

CASE HISTORY SHEET.

Montreal Military Hospital. Montreal M.D.4 Station.
 No. 3084356 Rank Pte. Name Bird George Herbert Age 21
 Unit L/L Q.R. Completed years of service Canada 1/12
 Date of admission June 18th, 1918 Date of discharge APR 8 - 1919
 Diagnosis Gonorrhoea & Infl. joints Place of origin Mo. ntreal

CONDITION ON ADMISSION AND PROGRESS OF CASE.

Patient has a urethritis which started Apr. 9th. 1918. Two weeks later
 rhumatism developed. He complains of pains in right wrist, right shoulder
 and hips, right knee and both ankles. Joints are quite painful but there
 is no swelling. Temp. 102. Has a marked urethral discharge, greenish
 yellow in color. Slight burning in passing urine.
 29-6-1918 Swelling right knee tender. Knee at angle of 140 degrees.
 3-7-1918 Considerable effusion about right knee joint. Improvement
 noticed in right wrist, more movement in right arm and fingers
 No reaction or ill effect followed inoculation of gonococcus
 vaccine treatment.
 7-7-1918 Restless malaise after injection of gonococcus Neisser vaccine
 of 6-7-1918 75,000,000 m Pains recurrent in wrist and knee
 joint
 15-7-1918 Heart and lungs negative. Urinalysis trace of albumen.
 27-7-1918 50,000,000 gonococcus vaccine.
 1-8-1918 75,000,000 " "
 8-8-1918 100,000,000 " "
 16-8-1918 125,000,000 " "
 28-8-1918 200,000,000 " "
 4-9-1918 200,000,000 " "
 3-4-1919 Massage-active and passive movements.
 Flexion of right knee joint limited to 1/3 of the normal,
 extension to 2/3 of the normal. Movement of wrist and arm
 practically normal now. Urethral discharge cleared up.
 3-4-1919 227 made out recommending discharge to I.S.C. for
 further treatment. Cat. "E"

FAMILY HISTORY.

(Tuberculosis, mental or nervous diseases.)

Signed: L.A. Chabot Capt. A.M.C.
 for O.C. M.M.H.

TREATMENT.

(Especially any specific or special form.)

CONDITION ON DISCHARGE.

(and disposal made of case.)

Medical Officer i/c case.

234214

(GONORRHOEA)

Medical Officer i/c Case. *C. P. Kitchin Capt*

Date and character of symptoms.....

3,500-4-17.

Casualty Form—Active Service.

Unit, Regiment or Corps. **1st DEPOT BN. 1st QUEBEC REG'T.**Regimental No. **3084356** Rank **Private** Name **BIRD George Herbert**

C. E. F.

Enlisted (a) **13-5-18** Terms of Service (a) **C.E.F.** Service reckons from (a) **13-5-18**

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) **Pressman**

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				
1-3-19	M.D.4	Transferred from 1/1 O. C. R. to District Depot #4 with effect 1-3-19 D.O. 430 of 26-2-19 with effect 1-3-19 M.P. Rubenstein Lieut for O. C. 1st Depot Bn, 1st Quebec Regiment	Montreal	1-3-19	D.O. part II #58
11-4-19	SOS	Demobilization, R.O. 1420 Medically unfit. D.O. 5693	DD4	11-4-19	DO-102

Lieutenant,
Officer i/c Discharge Section, District Depot No. 4.

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

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. Montreal Military Hospital DATE 3-4-19

1. (a) Unit 1/1 Q.R. (b) Regimental No. 3084356 (c) Rank Pte
 (d) Surname BIRD (e) Christian name GEORGE HERBERT
 (f) Home address 87 Coursol Street, Montreal.
 (g) Next of Kin Edward Bird (h) Relationship Father
 (i) Address of Next of Kin 87 Coursol St, Montreal.
2. Age last birthday 22 yrs Date of birth Nov. 19/1896
3. Enlistment, or Appointment (if an Officer) (a) Place Montreal (b) Date May 13/1918.
4. Personal description:
 (a) Height 5'5" (b) Weight 130 (c) Complexion Medium
 (d) Colour of hair Brown (e) Colour of eyes Brown (f) Identification marks, Scars, etc. None, but one vaccination mark left arm.
5. Former trade or occupation Loose paper pressman.

	PERIODS	
	From	To
Canada	May 13th 1918	April 3rd 1919.
England	None	
France or other theatres of War	None	

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).
7. Original disease, or injury Gonorrhoea and inflammation of joints.
 (a) Date of origin June 18th 1918 (b) Place of origin Montreal
 (c) Cause Gonorrheal infection.

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.)

Gonorrheal arthritis right knee.

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.)

Patient has a arthritis which started April 9th 1918. Two weeks later rheumatism developed. He complains of pains in right wrist, right shoulder and hips, right knee and both ankles. Joints are quite painful but there is no swelling, Temp. 102. Has a marked urethral discharge, greenish yellow in color. Slight burning in passing urine.

29-6-18 Swelling right knee tender. Knee at angle of 140 degrees.

3-7-18 Considerable effusion about right knee joint. Improvement noticed in right wrist, more movement in right arm and fingers. No reaction or ill effect followed inoculation of gonococcus vaccine treatment.

7-7-18. Restless malaise after injection of gonococcus Neisser vaccine of

6-7-18. 75,000,000m Pains resurgent in wrist and knee joint.

15-7-18 Heart and lungs negative. Urinalysis trace of albumen.

27-7-18 50,000,000 gonococcus vaccine. 8-8-18 100,000,000 gonococcus vaccine

1-8-18 75,000,000 " " 16-8-18 125,000,000 "

Greatly improved, no fluid in knee.

28-8-18 125,000,000 gonococcus vaccine

4-9-18 200,000,000 " "

Massage - active and passive movements.

3-4-1919 Flexion of right knee joint limited to 1/3 of the normal, Extension to 1/2 of the normal. Movement of wrist and arm

Practically normal now. Urethral discharge cleared up.

3-4-19 227 made out recommending discharge to I. & S. for further treatment

Cat. "E"

- (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).)

Contracted gonorrhoea in Montreal before enlistment in April 1918 in the usual way.

- 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).)

Had Scarlet fever as a young boy.

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

None

- 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.)

No

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment?

Caused by Vice

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?

About 4 months

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

Vaccine treatment - Massage - Passive and active movements

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

(If the answer is "yes" state nature of treatment required and probable duration)

Yes

16. Can the former trade or occupation be resumed?

(If not, briefly state why)

Not at present

17. Recommendations

Discharge to I.S.C. for further treatment recommended

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, C.H. Bird, 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 Nothing

George Herbert Bird

Rank.

Signature of invalid examined.

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.

Concur

19. Is the invalid fit for

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

~~No further treatment under the I.S.G.~~

recommended

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 Montreal

DATE 3-4-19

[Signature] President.

[Signature] 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.

[Signature] President

PLACE.....

DATE.....

APPROVED BY

APPROVED BY

[Signature]
Assistant Director of Medical Services.

[Signature]
Director-General of Medical Services.

DATE 5-4-19

DATE.....

[illegible]

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

171
114795 DC

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

1. Surname Bird Christian name Herbert Geo.
 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 114295 DC
 3. Consecutive number on schedule of men reporting for service (if he appears on it) 259
 4. Address (including street and number, if any) 87-Courcel St. City

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the _____ day of _____ 1917, by the undersigned medical board sitting at _____

5. Age as stated 21 Years 1 Months. 6. Apparent age _____ Years _____ Months

7. Height 5 Feet 5 Inches. 8. Weight 133 Pounds.

9. Chest measurement { Minimum 32 Ins. 10. Complexion Fair { Eyes Grey
 { Maximum 35 Ins. { Hair Brown

11. Physical development Good { Good Fair Poor 12. Smallpox marks None

13. Number of vaccination marks { Right arm _____
 { Left arm 1 14. When vaccinated last Child

15. Distinctive marks and marks indicating congenital peculiarities or previous disease _____

16. Slight defects but not sufficient to cause rejection _____

The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A²

R. D. = 60
 L. D. = 60
 R. EAR OK
 L. EAR OK

Signature of Man George Herbert Bird

Fit for General Service

H. Aubrey President. W. J. Bennett Member. W. J. Bennett Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>Nac</u>		M.O.	<u>TAB</u>		M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 13 day of May 1918 at Montreal

Corps	REG'TL NUMBER	HABITS	DATE
<u>1st DEPOT BN. 1st QUEBEC REG'T.</u>	<u>3084356</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Montreal M.S.B. 4</u>	<u>13/11/18.</u>	<u>Gonorrhoeal arthritis with partial ankylosis right knee joint.</u>	<u>E. H. Williams Major</u>

11-4-19.



DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Orders-in-Council (P.C. 3165), dated 21st December, 1918, as amended by P.C. 285, dated 8th February 1919, and P.C. 1168, dated 23rd June 1919.

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

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

On completion this Declaration is to be returned to THE ASSISTANT DIRECTOR PAY SERVICES OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Reg. No. 3084356 2. Rank Pte. 3. Original C.E.F. Unit 1st Dep't. Bn. 1st Lark.
 4. Christian Names George Herbert 5. Surname Bird
 6. Address, in full, to which future payments of gratuity are to be forwarded 87 Concord St.
Montreal P.Q.

7. Give the following particulars of service with Pay and Allowances for each enlistment which you have had in the Naval or Land Forces of Canada or the British Empire on or since the 4th August, 1914. Answer in the following order in space allotted.

	Regt. No.	Rank on Enlistment.	Unit. (State whether Active Militia, Permanent Force, C.E.F. or Naval. If R.A.F. state Wing.)
1st Enl.	<u>3084356</u>	<u>Pte.</u>	<u>C. E. F.</u>
2nd Enl.			
3rd Enl.			
4th Enl.			
Imp. Enl.			<u>IMPERIAL SERVICE.</u>

	Date of Enlistment.	Date of Discharge.	Rank on Discharge.	Unit from which discharged	Place of Discharge.	Reason for Discharge.
1st Enl.	<u>13-5-18</u>	<u>11-4-19</u> <u>15-10-19</u>	<u>Pte.</u>	<u>CANADIAN SERVICE.</u> <u>(Continuously in service)</u> <u>J. I. C.</u>	<u>Montreal</u>	<u>Demob.</u>
2nd Enl.						
3rd Enl.						
4th Enl.						
Imp. Enl.				<u>IMPERIAL SERVICE.</u>		

8. (a) Did you revert overseas to a rank lower than the temporary substantive rank held by you on your arrival in England? no (b) If so, give date and ranks and state if such reversion was in consequence of misconduct or inefficiency no
9. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit: not applicable
10. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? no
11. Have you been issued with a War Service Badge? If so, give number and class no
12. Are you at present a member of and in receipt of pay and allowances from any Canadian Naval or Land Forces? If so, give unit no
13. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received, from where paid, and on what dates no yet
14. Are you entitled to receive, or have you received any payment in the nature of Post Discharge Gratuity from the Imperial Forces? If so, state amount received, or to which you are entitled no
15. Were you at the time of enlistment a civil employee of the Dominion or a Provincial Government? If so, state what Government, what Department, and whether civil pay was issued on your account while you were on active service no
16. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-Establishment? no
(b) If so, are you in receipt of full pay and allowances from that Department? no
17. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge
18. Relationship of such dependent not applicable
19. Present address, in full, of such dependent not applicable
20. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? If so, give his regimental number, rank, unit and full name no

REMARKS

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

Signature of applicant: George Herbert Bird

Place of Residence: 87 boulevard St montreal

Declared before me at: Montreal

This 21st day of Feb 1919

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

G. G. Hall
Commissioner

NOTICE.—If the dependent has not forwarded a Statutory Declaration to Ottawa, in connection with Separation Allowance, it will be necessary to forward one with this application. These are for wife, M.F.W. 148, mother, M.F.W. 147, and guardian, M.F.W. 149, and may be obtained from the Assistant Directors Pay Service, or the Patriotic Fund. Guardian forms must be completed by the present guardian.

Space below this line to be used only by the Assistant Directors Pay Service.

POST DISCHARGE PAY.

Dates paid.	Amounts paid soldier.	Amount paid dependent.

REMARKS

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.....

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Certified correct.....

Assistant Director Pay Services, Mil. Dist. No.....

Date.....

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

REGT. No. 30845

M. OR S.

NEXT OF KIN

ADDRESS

IS SEPARATION ALLOWANCE PAID

TO WHOM PAID

ADDRESS

RELATIONSHIP

DATE EFFECTIVE

RELATIONSHIP

PARTICULARS

EFFECTIVE
DATE

AUTHORITY

ORIGINAL UNIT
C. E. F.

PLACE OF
ATTESTATION

DATE OF
ATTESTATION

ASSIGNED PAY, \$

PAYABLE TO

ADDRESS

STOP PAYMENT FORM
ASSIGNED PAY
RENDERED, DATE

DISCHARGED

1st. Q. 1

Mon

13-2

1500

Ma Ed

87 Co

Mon

MONTH	PAY AND F. A.			OTHER CREDITS			TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGI-MENTAL CHARGES		
	NO. OF DAYS	RATE	AMOUNT						COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3						
			\$	C.	\$	C.	\$	C.	\$	C.	NO.	DATE	NO.	DATE	NO.	DATE	\$	C.	\$	C.	\$	C.	\$	C.	\$
Balance from previous account from	Mar 1-3-19	31	1 ¹⁰	34	10	27	20	59	00	120	30	286	15	13	28	30	26	50	00	55	30	15	00	286	81
								238	60	238	60	287	89	29				200	00						
April	11	1 ¹⁰	12	10	35	00	8	80	55	90															
								41	480																
								War Service Gratuity														Other Charges			
								70	00	70	00														
12/14/19																									

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

REGT. No. 3084356 RANK Pvt. NAME (IN FULL) _____

NAME (IN FULL)

Bird, Geo. Herbert

SHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C. E. F.	IF IN P. F. WHAT UNIT?	(BLOCK LETTERS, SURNAME FIRST)	
	<i>I.O. S.</i>	<i>26-2-19</i>	<i>Do. 62/2</i>	<i>1st. Q. R.</i>			
	<i>Casualty.</i>	<i>26-2-19</i>	<i>Do. 62/2. 50 430</i>	PLACE OF ATTESTATION <i>Montreal</i>	TRANSFERRED TO	<i>X</i>	DATE AUTHORITY
	<i>Details W.S.</i>	<i>26-2-19</i>	<i>Do 71/5</i>	DATE OF ATTESTATION <i>13-5-18</i>	TRANSFERRED TO		DATE AUTHORITY
	<i>To S. ISC.</i>	<i>12/4/19</i>	<i>lett from I.S.B.</i>	ASSIGNED PAY, \$ <i>15.00</i>	DATE EFFECTIVE <i>1-3-19</i>	<i>Canada only.</i>	
	<i>S.O.S. I.S.B.</i>	<i>18/6/19</i>	<i>lett from I.S.B.</i>	PAYABLE TO <i>Mr Edward Bird.</i>	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS	
				ADDRESS <i>87 Coursol Street Montreal P.Q.</i>			
				STOP PAYMENT FORM ASSIGNED PAY RENDERED. DATE	EFFECTIVE <i>dischg from I.S.B. 18/6/19.</i>		
				DISCHARGED <i>Montreal</i>	DATE <i>11-4-19</i>	REASON <i>DD 4-19.B-082</i>	AUTHORITY <i>DD 4-19.B-082</i>
							IF ENTITLED TO POST DISCHARGE

[illegible]