

19901

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Proceedings of Court of Inquiry or on men
reported Missing on Active Service.....

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for
Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

Name BIRD JOHN

Regt. No. 814241 Rank PTE

Corps 139th Bn (#242)

Med Unit

Released
649-13-168-1-14



19-17
34-17
31-17
3

M. F. W. 62.

100m.-6-17.

H. Q. 1772-39-935.

Q7W3997-1

Q7B122-1

M7W192-1

2000 card

1m 2W 67

18122

18122

8887

9-2

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

EXHIBITION

L.L.

1. No. 814241	
2 Rank. Pte.	
3. Name. BIRD, John	
4. Unit. 139th. Bn. (#2 D.D.)	
5 Date of Discharge	Dec. 23rd. 1918 Place
6 Reason for Discharge..... HAVING BEEN FOUND MEDICALLY UNFIT FOR SERVICE	
7. Authority. D.O. D.D. #2 Pt. 11 #246	
8. Proposed Residence after Discharge..... 2506 Dundas St., Toronto, Ont.,	
9. CERTIFICATE TO BE SIGNED BY SOLDIER. I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W.?..... John Bird Signature of Soldier.	
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place..... Toronto, Ont.. Date..... Dec. 23rd. 1918 Signature..... For (O. C. Discharging Unit.) O.C. No. 2 District Deputy	

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

8887

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 814241 (Rank) 4th Lt.

Name (in full) BIRD, John enlisted in
the 139th. Bn.

CANADIAN EXPEDITIONARY FORCE at Cobourg, Ont., on the 8th.
day of Feb. 19 16

HE served in England and France

and is now discharged from the service by reason of Having been found medically
unfit for service.

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

Age 38

Height 5' 5½"

Complexion Ruddy

Eyes Brown

Hair Brown

Marks or Scars

Vacc scars left arm

J.S.W. Forehead 18-7-17

John Bird
Signature of Soldier

H. Green

Issuing Officer Captain,

For Lieut. Colonel,

Rank

O.C. No. 2 District Depot

Appointment

Date of Discharge Dec. 23rd. 1918

Signed at Toronto, Ont., this 23rd. day of December 19 18

in Military District No. 42
DEC 23 1918

File Reference No. DISTRICT DEPOT

L.L.

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 Cap

For Lieut.-Col.

O.C. No. 2 Appointment

ATTESTATION PAPER.

No.

814241

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? Bird.
- 1a. What are your Christian names? John.
- 1b. What is your present address? 1271 Dundas Street England. Toronto
2. In what Town, Township or Parish, and in what Country were you born? Leicester City England.
3. What is the name of your next-of-kin? John Bird.
4. What is the address of your next-of-kin? 1271 Dundas Street Toronto. Amb
- 4a. What is the relationship of your next-of-kin? Father.
5. What is the date of your birth? May 8th 1880
6. What is your Trade or Calling? Shoemaker.
7. Are you married? No.
8. Are you willing to be vaccinated or re-vaccinated and inoculated? No.
9. Do you now belong to the Active Militia? No 19th Battaion Militia. StCatherines
10. Have you ever served in any Military Force? Yes 5 Years in the above Reg.
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 } Yes.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date Feb 8th 1916.

John Bird (Signature of Recruit)

F. G. Rogers (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John Bird, 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 Feb 8th 1916.

John Bird (Signature of Recruit)

F. G. Rogers (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 Cobourg, this 8th day of Feb 1916

W. H. Lloyd (Signature of Justice)

Description of John Bird. on Enlistment.

Apparent Age...35.....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
525 ft. 51 ins.

Chest measure-
ment. { Girth when fully ex-
panded.....32 ins.
Range of expansion.....2 ins.

Complexion.....Ruddy.

Eyes.....Brown.

Hair.....Brown.

Religious
denominations { Church of England.....B
Presbyterian.....
Methodist.....
Baptist or Congregationalist.....
Roman Catholic.....
Jewish.....
Other denominations.....
(Denomination to be stated.)

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.....Feb 8.....1916.

Place.....Cobourg Ont.

*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:—

Medical Officer.

CERTIFICATE OF OFFICER COMMANDING UNIT.

.....John Bird.....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.

Date.....Feb 9th.....1916.

O.C. 139th OVERSEAS BATTALION, C.E.F.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? *Bird*
- 1a. What are your Christian names? *John*
- 1b. What is your present address? *127 1/2 Dundas Street - Toronto*
2. In what Town, Township or Parish, and in what Country were you born? *Leicester City - England*
3. What is the name of your next-of-kin? *John Bird*
4. What is the address of your next-of-kin? *127 1/2 Dundas Street - Toronto*
- 4a. What is the relationship of your next-of-kin? *Father*
5. What is the date of your birth? *May 8th 1880 -*
6. What is your Trade or Calling? *Shoemaker*
7. Are you married? *No*
8. Are you willing to be vaccinated or re-vaccinated and inoculated? *Yes*
9. Do you now belong to the Active Militia? *No*
10. Have you ever served in any Military Force? *19th Battalion Militia - St. Catharines - 5 years.*
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? *Yes*
12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *Yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date *Febry 8th 1916.* *John Bird* (Signature of Recruit)
F. G. Rogers (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *John Bird*, 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 *Febry 8th 1916.* *John Bird* (Signature of Recruit)
F. G. Rogers (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 *Corbray* this *8th* day of *Feb* 191*6*.

B. H. Reed (Signature of Justice)

Description of John Bird. on Enlistment.

Apparent Age 35 years 9 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 325 ft. 5 1/2 ins.

Chest measurement { Girth when fully expanded 32 ins.
Range of expansion 2 ins.

Complexion Ruddy.

Eyes Brown.

Hair Brown.

Religious denominations { Church of England B
Presbyterian
Methodist
Baptist or Congregationalist
Roman Catholic
Jewish
Other denominations
(Denomination to be stated.)

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).

Nil

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 Feb 8 1916.

Place Cobourg Ont.

[Signature]
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.

John Bird 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.

Feb 9 1916 W. H. Floyd, M.C. (Signature of Officer)
C.O. 139th OVERSEAS BATTALION, C.E.F.

*Name L. BIRD, John Rank Pte Regtl. No. 814241
 Present unit BCR M. or S. - Age 41 Religion CE Fyle Depot.....
 Port, ship, and date of arrival Aquitania, Quebec, 28-11-18
 Next of kin Father, John Bird, 1271 Dundas St. Toronto
 Address on leave 1271 Dundas St. Toronto
 Address on discharge 2506 Dundas St. Toronto
 Transportation issued Yes ☐ No ☐ Date..... Character on discharge.....
 Previous occupation Shoemaker Date and place of enlistment Cobourg, Feb 8/16
 Diagnosis Neurasthenia Date of Medical Boards 14-12-18

Date.	Remarks	Pt. 2 Order No.
<u>T.O.S.</u>		
<u>22/11/18.</u>	<u>Posted to Cas. Co Ex. Camp 23/11/18.</u>	
	<u>Leave from 2/12/18 to 15/12/18.</u>	<u>230</u>
	<u>Subs from 2/12/18 to 16/12/18.</u>	<u>230</u>

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

(over)

Date.

Remarks.

Pt. 2 Ord

23-12-18 S.O.S. DISCHARGED "MED. UNFIT" (91 days PDP. & clo' all 'ca)

(to take further out-patient treat't with the ILS.C.) 246

8887

Surname **Bird.** Christian Name or Names **J.** Reg. No. **814241.**
Rank **Pte.** Unit **RCR.** Co. **n S. Reg.** Troop **Batty.**

Hospital **1. Can Gen. Etaples.** Date of Admission **10-6-17.**

Transferred **No 6 Conv. Dep. Etaples** Hosp. **15-6-17**

5 Conv. Dep. Etaples Hosp. **27-6-17**

12 Can 3 Amb Hosp. **13-1-18**

186 as Blg Stat Hosp. **19-1-18**

4 G. H. Camiers **21-1-18**

Diagnosis **SW. forehead. slt. R**

(1) **Myalgia Gen**
(2) **Dilatation Heart**
(3) **not**

Additional Diagnosis: if more than one state present **pl a. H. no as**
V.D. H.

DISPOSITION

Disil to Base depot 18.7.17 Date

C.L. 19-6-17. A.414.

" 25-6-17. a 419

REMARKS **Dis. 15.5.18**

- 6-7-17 a 426

" 24.7.18

- 28.7-17 a 441

18-1-18 A 115

24.1.18. A 120

" 29-1-18 A 1240

20.2.18 A 143

2.3.18 B 152

2.4.18 B 176

17.5.18 B 215

A.M.D. 2 DEPT.

7-6-18 C 228

Bch. of D.G.M.S. O.M.F.C. London.

26.7.18 C 269

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EPITOME OF HOSPITAL TREATMENT.

Hospital	Adm.
1. St John's Ambulance Brigade Mil. Heart Colchester. Kings Can. + Conv. Bushy Park. L.C.O. Willey	13. 3. 18. 26. 2. 18. 29. 3. 18. 3-6-18
3.	
4.	
5.	
6.	
7.	

Name BIRD. John.

Rank

Pte.

Reg. No.

8887 814241

Unit R.V.R.

Next of Kin CANADA.

Date	Movement	Place	Casualty	List No.	Notified N/K Q	W.O. List
1917				A	M	
10-6	No. 1 Gen. Hosp. Etaples.	SW. Forehead	Slt.	414	5595	19-6
15-6	No 6 Con Dep Etaples		Do		A 419	
27-6	No 5 Con Dep Cayeux		Do		A 426	
18-7	Disch. to Base Dept.		-do-		A 441	

[illegible]

10 mo
Number *814241*

Rank *PT*

Surname

BIRD

Christian Name

John

Units

R. C. R.

Theatre of War

France

Date of Service

29-12-16.

Remarks

Latest Address

*2506 Dundas St.,
Toronto Ont.*


Roll No.

Page 19078

200m.-6-21.

DESP OCT 23 1922

REGN. NO. 45370

John. 

8887

Name BIRD.

Rank

Pte.

Reg. No. 814241.

Unit ~~R.C.R.~~ N.S.R.D.

Next of Kin

Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
13-1-18.	No. 12 C.F.A. 11937.	Myalgia	Gen	A/15		
17-1-18.	18 C. C. S. 12156.	do	do	A/20		
21-1-18	4 G.N. Carriers 18821-2.	Dilatation Heart Sev		A/124		
13-2	St. Johns Amb Bgde	Staples	DAH	A/143		19740/12
26-2	Phil Heart Hosp.	Colchester		B/132		
29-3	K.C.R.C.H.	Beechey Park		B/176		15197.
15-5	Discharged		do	B/215		5068

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[illegible]

NAME

RANK AND CORPS

CABLE

NO.

DATE

NATURE OF CASUALTY

REG'T'L. NO.

H. Q. FILE NO. 649

FOLLOWS

No.

FOLLOWS

8887

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 414	#1 Can Gen Etaples	10-4-17	SW Forehead slv
A 419	no. 6 Conv. Depot Etaples	15-6-17	S.W. Forehead ¹⁰⁰ L17-7-17
A 426	to no. 5 " Caput	27-6-17	
A 441	No. 6 Conv. Depot	18-7-17	SW Forehead
A 115-1	#12 Can Hd Amb	13-1-18	Myalgia Gen.
A 124	#4 Gen Camiers	21-1-18	(ROR) Dilatation Neur
			22-2-18 sev.
A 120	#18 Cassel Stat	17-1-18	Myalgia Gen
A 143	H Johns Amb Bde	13-2-18	D. A. H.
B 15-2	Mil Heart Calcutta	26-2-18	D. A. H.
B 176	Kings Can Red + Conv Busby Rk	29-3-18	D. A. H.
B 215	Discharged	15-5-18	D. A. H.
C 228	Can Spel Witley	13-6-18	D. O. G.
C. 269.	" " " " " "	24-7-18	" " "

N.S.R.D. Reg. No. <i>8142+1</i> R.C.R.	Rank. <i>PL</i>	Su-name <i>Bird</i>	Category. <i>B2</i>	Dentally <i>1</i>
Christian Names (1) <i>John</i>		(2)	(3)	Date

Place of Enlistment: <i>Coburg.</i>	Date of <i>1/2/16</i>	Taken on from <i>N.S. Regt. Dep't</i>	Religion <i>C.E.</i>	Inoculations <i>29.8.18 - 1.6.18</i>	Company <i>B 18</i>
Province: <i>Ontario</i>	Age on <i>39</i>	Date <i>27-8-18</i>		Vaccination	

On Command	Hospital	Permanent Cadre	Employed as
		Date taken on	
Date Proceeding	Date Admitted <i>2.6.18</i>		

Record of Overseas Service: <i>France Dec 1915 - Sept 1918</i>	Profession or Trade (Civil) <i>Shoe Salesman</i>
Reason for Return: <i>Myalgia. D.A.H.</i>	Transferred or Posted to <i>S. Coy</i> Date <i>24-7-18</i>

Married or Single <i>Single</i>	LEAVE.			
Address of Next of Kin. <i>Mother Mrs Sarah Bird.</i>	No. of Pass Issued. <i>Bank B 190</i>	FROM. <i>15-5-18.</i>	To. <i>27-5-18.</i>	Free Transportation. <i>yes.</i>
<i>2505 Dundas Street</i>				
Country <i>Toronto.</i>				

Part 2 Order Entries.

No.	Date	Ref.
118	18-5-18	A7
130	3-6-18	HA
✓ 194 ✓	25-7-18 ✓	H D Sit
240	26-8-18	A7
323	19-11-18	A7
323	19-11-18	B02

TRAINING.

Weeks of Training.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	Over.
Nature of Training									Date passed test					
Drill														
Musketry														
Bombing														
Rifle Bombing														
Bayonet Training														
Anti-Gas														
Lewis Gun														
Rapid Wiring														
Special Training Courses, etc.														
<i>DCG 27-7-15. Class 4.</i> <i>3-8-18 11 3</i> <i>10-8-18 11 2</i> <i>17-8-18 11 1</i>														

LEAVE THIS

BL

8887

PROGRESS, Notes.

Class (1) Dyspnoea, vertigo and pain, Pulse at rest 84 after exercises 108.

Class (2) Slight dyspnoea, diminis h ing palpitation, pulse after 108.

Class (3) Slight dyspnoea and palpit ation. Pulse after 110.

27-7-18 - adu and e.c.v.

19-8-18 Pulse 128 dispatet Sam

DISPOSITION.

B.2.

A. M. M. M.
Officer i/c Gymnasium.

Capt.

Remedial Treatment Gymnasium,
Canadian Hospitals and

The ^{Command Depots} Canadian Red X Spec
Hospital Bushy Park

LEAVE THIS

BLANK.

Place: -

Regt. No. 814241 Rank Pte. Name Bird, J.

Unit R.C.R. Age 41 (Adm. 28-3-18

Date of (

Division Hut (Disch.

DISABILITY.

D.A.H.

Date.

27-7-18

D.A.H.

CLASS

15 min. exercises) 2 weeks
(1) 2 mile route march

2) 30 min. exer.) 3 weeks
2 mile r March

MACHINES.

3) 30 min, exer) 1 week
4 mile march

Hours of
Attendance,
a.m.

p.m.

REMARKS. Shortness of breath on exertion
No enlargement of heart, Systolic mur-
mur in all areas. After 30 min. exer-
cises shows slight dyspnoea and some
palpitation. After 4 mile route march
shows slight dyspnoea and a little
palpitation. pulse after 110.
Complains of general weakness

R.T.G.r.

P.T.O.

No 814241 RANK *Plt*NAME *Bird John*

T. O. S. 8-2-16.

UNIT

*22nd Battalion. C. C. 7**SD #34. 9-2-16.*

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i> <i>Feb 8</i>	<i>1916</i> <i>Feb 29</i>	<i>✓</i>		
	<i>Mar</i>	<i>✓</i>		
	<i>April</i>	<i>✓</i>		
	<i>May</i>	<i>✓</i>		
	<i>June</i>	<i>✓</i>		
	<i>July</i>	<i>✓</i>		
	<i>Aug</i>	<i>✓</i>		
	<i>Sept</i>	<i>✓</i>		

UNIT SAILED

SEP 25 1916

Casualty Form—Active Service.

Regiment or Corps 139 Pbn.Rank Pl Surname Bird Christian Name ToluReligion Age on Enlistment years months Enlisted (a) 8.2.15 Terms of Service (a) 5y Service reckons from (a) 8.2.15Date of promotion to present rank Date of appointment to lance rank Extended { } Re-engaged { } Qualification (b)
or Corps Trade and Rate Occupation Signature of Officer.

Report		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
Date	From whom received				
<u>6.3.18</u>	<u>WRo</u>	Embarked ... Disembarked ... <u>Tol posted from R.F.R</u>	<u>France/Bt</u>	<u>06/0/18</u>	<u>59</u> <u>9.8.18</u> <u>LIEUT.</u>
<u>18/5/18</u>	<u>WRo</u>	<u>Att 2002</u>	<u>Bt</u>	<u>15/5/18</u>	<u>As 118</u>
<u>26 AUG 1918</u>	<u>OC. 2nd CCD</u>	<u>Ceases to be attached to</u> <u>2nd C. C. D.</u> <u>on return to ... Res Bn.</u>	<u>25 AUG 1918</u>	<u>Pt, 2 D. O. No.</u>	<u>207</u>
<u>26-8-18</u>	<u>NSRo</u>	<u>attached to Btsg. and</u> <u>posted to Sept long.</u>	<u>25.8.18</u>	<u>for OC. 2nd CCD.</u>	<u>Att 208</u>
<u>27-8-18</u>	<u>NSRo</u>	<u>On command 23rd Res Bn.</u>	<u>27.8.18</u>	<u>Att 209</u>	<u>Captain & Adjutant.</u>

(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 to be entered.

(b) Signaller, Shoeing-Smith, &c.

Report

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.30,
or other official
documents

Date	From whom received	The authority to be quoted in each case.	Casualty or other official documents
28-8-18	23rd Coy Res Battalion	Attached to this unit Bksh H for duty	27/8/18 DR40240

19.11.18.	do.	beases to be attached from Nova Scotia Regt Depot for employment & is attached for Quarters & Rations only.	do	18/11/18.	Dr. 11 0383
-----------	-----	---	----	-----------	-------------

[Handwritten signature]

	29/10/18	L. R. L. M. S. K. P. N. K. B. K. K. K. K. K. K. K.	B. S. H. T.
	22-11-18	Embarked cargo for Canada	
	29/11/18	disembarked) Canada	

Quebec Regt'l Depot.

22/4/18	2/c	T.O.S. No.2 District Depot, Part II, D.O. No. 230
---------	-----	---

Dis. #2 D.D. Dec. 23rd. 1918 Ft. 11#246

W. B. Beecher
O. C. Discharge Section
No. 2 District Depot

Client:

For O.C. No. 2 District Depot

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

6884

M. F. W. 54.
150M. 10-15.
H.Q. 1773-39-222.

Casualty Form—Active Service.

139th OVERSEAS BATTALION, C. E. F.

Unit, Regiment or Corps

Regimental No. 814241 Rank Private Name Bird, John

Enlisted (a) Feb 8/16 Terms of Service (a) C. E. F. Service reckons from (a) Feb 8/16

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				
6-10-16	O.C.	Embarked Disembarked 139 Transferred to 36th Bn W Sandling	Halifax Liverpool	27-9-16 6-10-16	3046 P.I. Orders No 266. Bde Order 3rd 6-10-16 CTB 7-10-16 W.D. R. Wilson Major Adjutant 139th Bn CEF
7-10-16	O.C. 36th	Taken on strength	"	6/10/16	Pt 2 D.O. 280
28-12-16	O.C. 36th	Transferred to R.C.R. W Sandling	W Sandling	28-12-16	Part 2 Bn. O. 362 Lt. H. S. Buell O.C. 36th Battalion C. E. F.
29/12/16	O. C. C. B. D.	Landed in France	Taken on strength	Nom. Roll d/	Pt II D.O. 2d/
19-2-17	do.	Left for 3rd Ent Battn	19-2-17	Nom. Roll d/	19-2-17
5.3.17	O.C. Bn.	Arrived	Field	5.3.17	Nom. Roll
10.3.17	O.C. R.C.R.	Left to join unit		6.3.17	B213 HC8169
		Joined unit			

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

[P.T.O.]

CERTIFIED CORRECT.
9 JAN 1917
G.W. RECORDS, LONDON.

8887

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				
9. 6. 17	6 CCS	SW Forehead	6 CCS	9. 6. 17	A36 (4476) Del 206
10. 6. 17	1 Cdn Gen	"	1 Cdn Gen	10. 6. 17	W3034/W 2085
10. 6. 17	10 Cdn	"	6 CDA	9. 6. 17	A36 (4534) Del 207
16. 6. 17	ocumet	Wounded in action	Field	9. 6. 17	B213 Del 208
17. 6. 17	6 CCS	SW. Forehead	2 AT.	10. 6. 17	A36 (4619) Del 209
15. 6. 17	1 Cdn Gen	"	6 Cdn Depot	15. 6. 17	W3034/W 2993
15. 6. 17	6 Cdn Depot	"	6 Cdn Depot	15. 6. 17	W3034/W 3030.
27. 6. 17	"	"	5 Cdn Depot	27. 6. 17	W3034/W 4070.
"	5 Cdn Depot	"	"	27. 6. 17	W3034/W 4008
19. 7. 17	3 CCSB	Taken on strength	3 CCSB	19. 7. 17	N. R.
18. 7. 17	5 Cdn Depot	SW Forehead.	Base Details	18. 7. 17	W3034/W 5677
7. 8. 17	3 CCSB	Left for 3 Cent Bn	Field	7. 8. 17	N. R.
9. 8. 17	3 Cent Bn	Arrived 3 Cent Bn	3 Cent Bn	9. 8. 17	N. R.
11-9-17	3 rd Cent Bn	Left for 3 rd Div. 2 nd feature	Field.	11-9-17	NR
10-10-17	CCCB	Arrived Cam Corps Recpt Camp	"	10. 10. 17	NR (15)
14-11-17	"	Left for Unit	"	14. 11. 17	N. R. 32.
8. 12. 17	1 st R E	Granted 14 days leave.	England	8. 12. 17	B213 P.M. 0123d/ 18-12-17
5. 1. 17	Workshop	Joined unit	Field	27. 12. 17	B213
12. 1. 18	"	On command 3 rd Aust. Gun- Co	"	9. 1. 18	B213
14. 1. 18	8 CDA	acute Rheumatism	12 CDA	13. 1. 18	C8300
13. 1. 18	12 CDA	Myalgia Gen	12 CDA	13. 1. 18	C8364.
17. 1. 18	12 CDA	Myalgia Gen	18 CCS	17. 1. 18	C9030
22. 1. 18	18 CCS	Myalgia Gen	14 A. 2.	21. 1. 18	C9483
21. 1. 18	4 Gen	Dilatation of Heart.	4 Gen	21. 1. 18	C9513
17. 1. 18	18 CCS	Myalgia Gen	18 CCS	19. 1. 18	C9831
13. 2. 18	St John's Amb Bde.	D.A.H.	St John's Amb Bde	13. 2. 18	D2802
13. 2. 18	4 Gen	D.A.H.	St John's Amb Bde	13. 2. 18	D2819
13. 2. 18	St John's Amb Bde	Cardiac Anterquint spotted to Nova Scotia Regt Depot, Branshott.	St John's Amb Bde	23. 2. 18	W3083/1855
			Antwerp pen		W3083/1855

Sgt. Davies

Lieut. for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, P. E.

A.G.R.

Rank

Name

BIRD, John ✓

8887

Reg'l No.

R-122
814241 ✓

Unit

139th Bn.

If in perm. Corps, }
What Unit?

Married or Single

Single ✓

Place and Date of Enlistment

Cobourg, 8th Feb., 1916. ✓

Place of Birth

Leicester City, ✓
England.

Name and Address, Next-of-Kin

John Bird, ✓

1271 Dundas Street, Toronto, Ont. ✓

Relationship

Father. ✓

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E. R.B. No.	5359
F No R.L.	
Category	STR Cam

Discharge, Date and Place

Reason

Character

H. W. & V., Ltd. 7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
		Arrived in England. S.S. Southland. 6-10-16.			
6-10-16	139th Bn.	S.L. on Trans to 36th Bn	S. Sandling	6-10-16	PT 1180 266
7-10-16	36th Bn	Taken on strength.	do	6-10-16	280
28-12-16	do	S. G. S. to R. E. R. i	do	28-12-16	362
11-1-17	R. E. R.	Taken on strength.	In. Field	29-12-16	2
19.6.17	..	Adm. 1 Can Gen Hosp	Wales	10.6.17	C.L.A. 444. SW prehead alt.
18.6.17	✓	706 Conv. Depot.	Etaples	18.6.17	C.L.A. 419 ✓ ✓
6.7.17	✓	no 5: ✓ ✓	Cape	27.6.17	C.L.A. 426.
28.7.17	R.E.R.	Six. S. Race Depot	In. Field	18.7.17	C.L.A. 441 Tel. Prehead.
6.3.18	also	Tot posted from R.E.R. (Hpl)	..	26.2.18	81059 + R.E.R. 100 2 1 2/3 18

A.F.B. 103 CHECKED
5 JAN 1917
W.H.

8887

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.				
14/5/18	NRB	of Comm 2nd Lt C.D.	France	13.5.18	Ref 122 2ccp Rm 115/5/18
26.8.18.	NO.	becomes to be on command 2 C.C.D. Pl	do	25.8.18.	NO. 208. 92 C.C.D. NO. 201 d/26.8.18.
28.8.18.	NO	On command to 23 R. R. " "	-	27.8.18.	NO 210
21.11.18.	NSRD.	becomes to be Offcom to 23 R. R. Pl	B. Shatt	18.11.18.	N.C. 283.
27.11.18.	NO	S.O.S. to C.E.F. Canada -	-	22.11.18.	N.O. 288.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

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

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

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

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

1. Christian names Bird 2. Surname John
3. Rank 4th 4. Original Unit 139 5. Reg. No. 814241
6. Address, in full, to which future payments of gratuity are to be forwarded
2505 Dundas St W
Toronto
7. Date of enlistment in the C.E.F. Feb 7 - 16
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Not applicable
9. Relationship of such dependent Not applicable none
10. Address, in full, of such dependent Not applicable
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? no
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:
139th Cobourg: Feb 7 1916
no
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? no
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service no
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served 7th Feb 1916 - Dec 23rd 1918
joined 139th Cobourg
transferred to R.C.F. in England
or drafted
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department no
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? no

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units.

no

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid

*Have recd on Dec 23rd 18 P.D. Pay 33.00 M.D. 2
Jan 1st 19 Grat 63.40*

20. Have you been issued with a War Service Badge? If so, what class?

Not yet

21. Have you, during the present war, served in the Imperial Forces?

no

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled

no

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

no

- (b) If so, was such reversion in consequence of misconduct or inefficiency?

24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge

Dec 23rd 1918 (b) Reason for discharge *Medical unfit.*

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit

no

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit

*R.C.R. Dec 1916 until discharged
from Dec 1916 - Feb 1918*

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?

yes

- (b) If so, are you in receipt of full pay and allowances from that Department?

no

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

Signature of Applicant:

John Birch

Place of Residence:

2505 Dundas St. W. Toronto

Declared before me at:

Toronto

This

27th day of *February* 19*19*.

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

Geo. C. Wright

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....
.....
.....

Certified Correct.

District Paymaster.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

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

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

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

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

- John Bird*
1. Christian Names *Bird* 2. Surname *John Bird*
 3. Rank *Pte* 4. Original Unit *139* 5. Reg. No. *814241*
 6. Address, in full, to which future payments of gratuity are to be forwarded
2505 Dundas St. W. Toronto
 7. Date of enlistment in the C.E.F. *July 7 1916*
 8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge
 9. Relationship of such dependent
 10. Address, in full, of such dependent *none*
 11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*
 12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:
R.C. R. Dec. 16. Feb. 18
 13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? *No*
 14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service *Not applicable*
 15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served
July 7 1916 - Dec 23 1918
139th - R.C.R.
 16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *No*
 17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *No*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units.....

no

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid

Dec 23rd 1918

\$ 33.00

MD 910-2

20. Have you been issued with a War Service Badge? If so, what class?

not yet
no

21. Have you, during the present war, served in the Imperial Forces?

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

no

(b) If so, was such reversion in consequence of misconduct or inefficiency?

24. Are you now serving in the C.E.F. If not, give:—(a) Date of discharge

Dec 23rd 1918

(b) Reason for discharge

unfit

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit.....

no

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit.....

Dec 1916 - July 1918

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?

yes

(b) If so, are you in receipt of full pay and allowances from that Department?

no

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

Signature of Applicant:

John Bird

Place of Residence:

2505 Dundas St. W. Toronto

Declared before me at:

Toronto

This

24th day of *January* 19*19*

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

[Signature]

POST DISCHARGE PAY.

Date paid

Paid
Soldier

Paid
Dependent

War Service
Gratuity

Net amount
due

Certified Correct.

District Paymaster.

8887

No. 814241. Pte. BIRD, John.

Heart Report.

Present Complaint.

1. Dyspnoea on walking $\frac{1}{2}$ mile at ordinary rate. Sleeps on one pillow.
 2. Strain or excitement during day causes sleeplessness at night.
- No history of respiratory infection other than occasional slight colds. Had measles and whooping cough in childhood. M.F.B. states hospital entries;- Influenza and Otitis Media from 8-2-16 to 16-3-16. Disordered action of heart. V.D.G. with Epidymitis from 2-6-18 to 24-7-18.

This board diagnosis disordered action of heart due to exposure and states the presence of Systolic murmur in all areas but no Cardial enlargement.

Physical Examination.

Systolic blood pressure 116 Dyastolic 78.

	Sitting	Standing	after touching toes 10 times	in one minute lying.
Pulse	88	96	108	88
Respiration	24	24	30	24

Face is florid but states it has always been so and that fathers is same.

No Cardiac enlargement. No murmurs heard to-day.

Heart sounds clear and are improved with above exertion.

No disability due to heart.

(Sgd.) H.C. Macfarland.

Captain.

MEDICAL HISTORY SHEET.

Surname: Bird Christian Name: John

Examined { on 8 day of Feb 1916
at Labourg, Ont
Birthplace { City or Town Leicester
County England
Apparent age 35
Trade or occupation Shoemaker
Height 5 Feet 5 1/2 Inches.
Weight 120 Lbs.
Chest measurement { Minimum 30 inches.
Maximum expansion 32 inches.
Physical development not good
Small-Pox Marks none

Approved by [Signature]
Rank Capt M.O.

Vaccination Marks { Arm Right no Left yes
(i) Number 1
When Vaccinated last Childhood
(a) Marks indicating congenital peculiarities or previous disease none

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		<u>2 - MAR 1918</u>
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection
Diphtheria (Skin disease)

Date.	Result.	VACCINATIONS.
<u>31.7.16</u>		M.O.
		M.O.
		M.O.
Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>4.7.16</u>	<u>+</u>	M.O.
<u>14.7.16</u>	<u>+</u>	M.O.
<u>22.7.16</u>	<u>+</u>	M.O.

Enlisted on 8 day of Feb 1916 at Labourg, Ont.

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>139th Battalion C.E.F.</u>	<u>814241</u>		<u>Feb. 8, 1916</u>
Transferred to	<u>36th Bn C.E.F.</u> <u>R.C.R</u>			<u>OCT - 8 1916</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Bramshott.</u>	<u>19 NOV 1918</u>	<u>V.D.H.</u>	<u>President, MEDICAL BOARD, BRAMSHOTT.</u>

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.

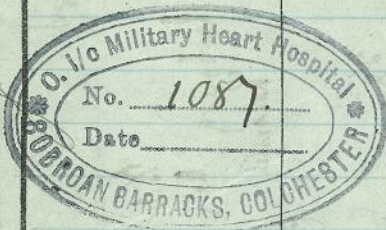
CANADIAN

8887

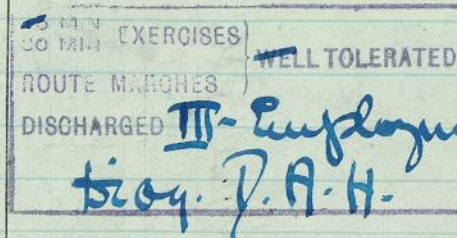
Christian Name

Surname

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
Cobourg	Feb 8/16	29	mar	16	9	Apr	16	influenza c. otitis	11	Quinis, Phensetion furulent dis auditory c. Recovery.	
		26	2	18	28	3	18				
		28	3	18							
		2	6	18	24	7	18	Gonorrhoea Epidermides	53	Apparently cured. Irrigations, mercurial + medicines commenced Stoppages as per dates	



THE KING'S CANADIAN RED CROSS
CONVALESCENT HOSPITAL



W. H. Lawrence

W. H. Lawrence
Capt
W. H. Lawrence Capt

Reserved for M.H.C.

8887

Regt. No. 814241 Rank Plt Surname Bird Christian Name John
Unit or Corps—(a) Overseas from United Kingdom PCR (b) in United Kingdom 234 Res
Born at—Town Leicester County or Province Leicestershire Country England
Date of Birth—Day 8 Month May Year 1877 Age 41 yrs. 6 months.
Joined at Cobdurg Date Feb 8/16
Former trade or occupation.....
Permanent Marks or any peculiarity that will serve for future identification:—
Nil.

Height—feet 5 inches 5 1/2 Colour of eyes Brown

Signature of Soldier (for identification purposes) John Bird

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)

DAH

Disabilities Group (b)

Nil

Disabilities Group (c)

Nil

2. CAUSE OF DISABILITY

	Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>France</u>	<u>Oct 1917</u>
(ii.) As to Group (b) above.	<u>NA</u>	<u>NA</u>
(iii.) As to Group (c) above.	<u>NA</u>	<u>NA</u>

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

(i.) As to Group (a) above? NA

If yes, has Active Service aggravated it? NA

(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

(ii.) As to Group (b) above? NA

(iii.) As to Group (c) above? NA

5. MEDICAL HISTORY.

This man enlisted Feb 8/16. Came to England and proceeded to France Dec 1916. Was in France until Feb 1918. He states that he was in Hopt France (Cameron Hopt & Elips) with D.A.H. & myalgia. Was slightly wounded in neck in the shoulder. He states that myalgia condition cleared up in Hopt but still remains.

In U.S. entries: Casbury Feb 8-16 till 3-16-16. Influenza, C. & D. H.
Military Hopt Hopt Colchester 26-2-18 " 28-3-18. D.A.H.
Hopt Can Red cross 28-3-18
Can General Hopt Whitting 2-6-18 " 24-7-18. Amalgamated epidemic.

6. PRESENT CONDITION.

Subjective symptoms: Shortness of breath on exertion, & general weakness. Occasional pleuritic symptoms especially when exposed to cold. No gain in muscle of left arm & right.

Objective symptoms: WT 117 lbs.

This man is well nourished. Echinosis under right eye. Systolic murmurs in all areas. No enlargement of heart node at. Medical Board of May 11/18. Stole BP 135-80. Heart rate at present at rest is 108 after P.T. shows slight dyspnoea and some palpitation with pulse rate 115.

7. OPERATION. (i.) Was one performed?

No

(ii.) If so, state what.

No

(iii.) Was one advised and declined?

No

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?

Yes

(ii.) If so, describe.

right lower molars all missing which he states were extracted since joining army. Was supplied with a plate for same but plate is broken.

9. DO YOU RECOMMEND:—

(b) Invalid to Canada?

No

(a) Fit for duty?

Yes

(state category)

B II unlikely to be reversed in 6 months

(c) Discharge from the Service as permanently unfit?

No

Date of Report... Nov 17, 1918

Signed...

Lieut. M. R. King C.M.C.

Officer in medical charge of case.

Station...

Bramshott

I have satisfied myself of the general accuracy of the above Report,

and concur therein *except

William Capet
(Officer i/c Hospital) Strike out one S.M.O. Brigade of these

Dated at Bramshott

Station, on 18 NOV 1918

*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.

I, the undersigned, have read the description of my disability and am satisfied (or not satisfied) with it. (If a copy of the statement should be made of it.)

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

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.)

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.)

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)? *Six months.*

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? *No.*

17. Can the former trade or occupation be resumed? *No.*

18. REMARKS:—
So added under authority of Telegram dated 11/11/18.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answer to it, the Medical Officer should state the condition of the Soldier at the time of examination. It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding. Specialists' reports bearing on the PRESENT CONDITION should be attached. In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that they are true copies of the original.

19. RECOMMENDATION:—
(a) Fit for duty? *No.*
(state category)
(b) Invalid to Canada? *No.*
(c) Discharge from Service as permanently unfit? *No.*

Date of Board *18 NOV 1918*
Station *Bramshott.*
Approved *J. A. Bridges*
Dated at *Bramshott, Canadian Trench, Bramshot Camp.*
Signatures of the Board *W. McKenzie aft. c. A.M.C.*
Station *19 NOV 1918*

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned.....*John Ward*.....have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of:—

Signature of Soldier examined

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. (It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions
3 and 4.—NOTE—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

" I have satisfied myself of the general accuracy of this report and concur therewith, except....." (b)

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

[illegible]

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PROCEEDINGS OF A MEDICAL BOARD.

Dated at Bushy Park May 11th 1916.

No. 814241 Rank Pte. Name Bird J.

Local Unit Overseas Unit R O R Age 41

Examination held at Kings Canadian Red Cross Special Hospital
Bushy Park Hampton Hill M'sx.

DISABILITY.
Overseas—Local. D.A.H.
(scratch one out)

PRESENT CONDITION.

Slight S W forehead June 1917.

Subjective—symptoms— Shortness of breath on exertion. Complains of general weakness.

Objective findings— Florid complexion. Weight 117 lbs. Ichthyosis of skin. No enlargement of heart. Systolic murmurs in all areas.

B.P. 135-80.

After 30 minute exercises patient shows some dyspnoea and slight palpitation. After 4 mile route march he has slight dyspnoea and a little palpitation. Pulse taken then 110.

BOARD RECOMMENDS:—

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty B.2. Temporarily in Category D.1.....weeks.
4. Fit for Permanent Base Duty
5. Discharge

Signatures:—

Members

L.M. Murray Major CAMC President.
H.H. Eyres Capt CAMC
L.P. McHaffie Capt CAMC

APPROVED

Dated at 1916.

For A.D.M.S.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

Surname Bird. Christian Name J. Pte.

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

[illegible]

TABLE IV.—Service Table.

[illegible]

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TABLE II.—Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
<div data-bbox="51 259 412 487"> </div>	26	2	18						<div data-bbox="1339 332 1803 568"> <p>5 MIN. EXERCISES WELL TOLERATED ROUTE MARCHES 2 miles DISCHARGED Transferred to Canadian Forces Diag D.A.H.</p> </div>	
The King's Canadian Red Cross Special Hospital				28 15	3 5	18 18	D.A.H.	48	<p>Shortness of breath on exertion. Complains of general weakness. Wt. 117 lbs. Tachycardia of skin. No enlargement of heart. Systolic murmur in all areas. B.P. 135--80. After 30 minute exercises patient shows slight dyspnoea and some palpitation. After 4 mile route march he has slight dyspnoea and a little palpitation. Pulse 110.</p> <p>Due to Corp Rep.</p>	<p>W. S. Lawrence in RCUS 4</p> <p>Captain, C.A.M.C.</p>

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT

NAME OF SOLDIER

Berd John

REGIMENT

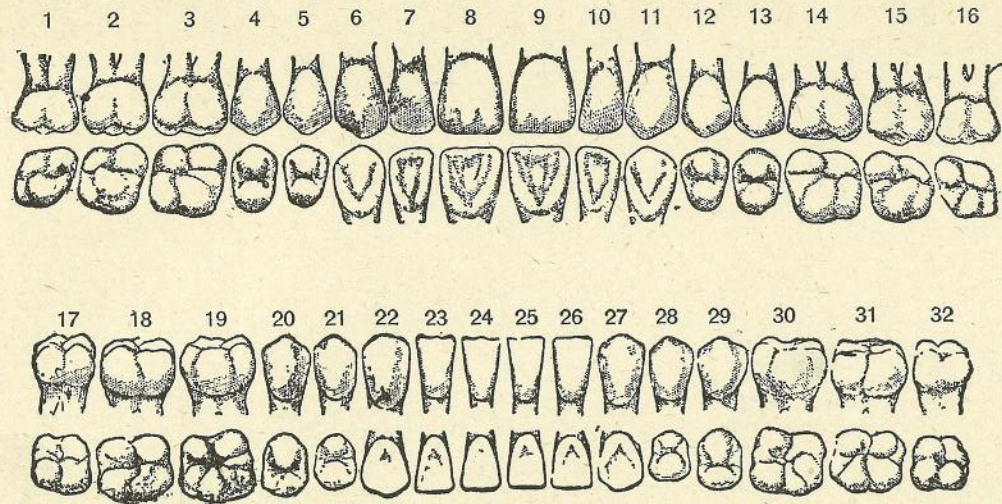
RANK

Pt E

RANK

No.

814241



Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. F. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhea	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
												U	L	P			Gold	Porcelain				
<p>DISCHARGE EXAM.</p> <p><i>Ex Camp</i></p> <p>DATE <i>10/1/18</i></p> <p>CERTIFICATE ISSUED FOR</p> <p><i>P. lower dentures.</i></p> <p><i>Leonard, Capt.</i></p>																						

INSTRUCTIONS

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

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

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

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CANADIAN ARMY DENTAL CORPS.

DENTAL CERTIFICATE.

NOTE:- This form will be attached to the Medical History sheet of each Other Rank being returned to Canada for disposal.

REGTL. No.	* NAME	RANK	UNIT
814241	BIRD, JOHN	P76	23 rd Res.
Date of Examination	19 NOV 1918		
Present Dental Condition	Fair		
In case of loss, or decay of teeth, is the loss due to wounds, injury, or disease, directly attributable to Active Service?	?		
Has he ever declined Dental Treatment?	No		
Recommendation	Dental Board Canada		



Signature of Examining Officer

G. G. Briggs

Capt.
C.A.D.C.

* Name should be entered in block letters.

VENEREAL DISEASE RECORD.

June 1st 1918.

1918

Reg. No. 814241 Rank. Pte. Name. Bird J
 Unit. 17th Res. att: 2nd C.C.D. Area. Bramshott, Hants.
 Diagnosis. V.D.G. Date & Area of Exposure. 25/5/18 London.
 Details of early treatment: Calomel Tubes. Type Before & After.
 Interval after exposure (hours).
 Place.
 Description of alleged infected Prostitute.
 (1) Name. Unknown
 (2) Address. "
 (3) Height. 5'5" (4) Figure. Medium.
 (5) Complexion. Fair. (6) Hair. Fair.
 (7) Eyes. Unknown (8) Dress. Unknown
 (9) Habitant.
 (10) Companion. None.

I certify that I can indentify above
 suspected Prostitute.

Signature of Soldier. *J. Bird*

If on leave, reason for same. Sick Roe hampton
 Date of pass. May 15th to 27th 1918.
 Date of vise stamp. May 15th

REMARKS.

He states.

That he met this girlm on the street and went to some rooms.
 address unknown. Stayed the night with her+ She accepted money. Used tubes
 as per instructions.

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins.....

139th OVERSEAS BATTALION, C. E. F.

(2) Regimental Number..... 814241

(3) Full Name of Soldier..... JOHN BIRD

(4) Place of Birth..... LEICESTER. ENGLAND.

(5) Are you married, or not?..... NO

(6) If married, state,

(a) Full name of your wife.....

(b) Present Postal Address.....

(7) Are you a widower?.....

(8) Have you any children?.....

If so, give number of boys and girls.....

Also their names and ages.....

(9) Is your Father alive?.....YES

If so, state name and address.....JOHN BIRD. 1271 DUNDAS ST.
TORO NTO. ONT.

(10) Is your Mother alive?.....YES

If so, state name and address.....SARAH BIRD. 1271 DUNDAS ST.
TORONTO. ONT.

(11) If your Mother is a widow.....

Are you her sole support, or not?.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

(15) Are you insured?.....YES

If so, in what Company?.....CITY OF TORONTO.

Have you made arrangements for payment of your Insurance premium.....NO PREMIUM

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date.....

July 5/16

[Signature] Lt. Colonel
O.C. 139th OVERSEAS BATTALION C.E.F.
Officer Commanding.

Good

Bird I

[illegible]

M. D. 2 **CANADIAN CONTINGENT EXPEDITIONARY FORCE**

LAST PAY CERTIFICATE

No. 56

B.C.

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. **814241** Rank **Private** Name **J. Bird**

Corps **No. 2 District Depot** who was **Discharged**

On **December 23** 191**8**, to **LSC - Out Patient**
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from **December 1st** 191**8**.
to **Dec. 23** 191**8**, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month. LPC	25	23	Balance Cr. from prev. month.		
Advances } No.			Reg'tl. Pay 23 days at \$ 1 c.	23	
Cheques } No.			Field Allow. 23 days at \$ 10 c.	2	30
Assigned Pay and Sep'n Allee. No.			Separation Allowance* (Monthly)		
Other charges.			emb Allowances 15 Dys. @ 80	12	
Payment on transfer or discharge No 13063	47	07	Other Credits* Clothing	35	
Bal. Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total.	72	30	Total.	72	30

*Give particulars.

A monthly stoppage of \$ **15.00** (†) has (‡) been paid paid on account of Assigned
{ Pay for the month of **December** 191**8** }
{ and Sep'n Allee. for month of 191... } (to) Assignee **Mrs John Bird Sr.**
(Address) **2505 Dundas St. Toronto.**

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Out Allowance of \$ has been paid by Paymaster, Military District No.

REMARKS:—

State (1) date of enlistment
(2) if married and if a Separation Allowance Card has been submitted **No.**
(3) cause of discharge authority **DO. 246**
(4) authority for transfer

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date **December 20-19-18**

Place **Toronto. Ont.**

CAPT.
PAYMASTER, No. 2 Paymaster DEPOT

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster, triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44

H.Q. 1772-39-903.
100M-9-18, D.P. 874.

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 Exhibition Camp, DATE Dec. 14th, 1918.

Toronto.

1. 1 (a) Unit No. 2 District Depot. (b) Regimental No. 814241 (c) Rank Pte.

(d) Surname BIRD. (e) Christian name John.

(f) Home address 2505 Dundas St., Toronto, Ontario.

(g) Next of Kin John Bird. (h) Relationship Father.

(i) Address of Next of Kin 2505 Dundas Street, Toronto, Ontario.

2. Age last birthday 38 Date of birth May 8th, 1880.

3. Enlistment, or Appointment (if an Officer) (a) Place Cobourg. (b) Date Feb. 8th, 1916.

4. Personal description:

(a) Height 5 ft. 5½ in. (b) Weight 107½ (c) Complexion Ruddy.
(stripped)

(d) Colour of hair Brown (e) Colour of eyes Brown (f) Identification marks, Scars, etc. Mole under right eye.

5. Former trade or occupation Shoemaker.

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

2

310

PERIODS

From

To

	From	To
Canada	Feb. 8th, 1916	Oct. 6th, 1916.
England	Oct. 6th, 1916	Dec. 29th, 1916
France or other theatres of War	Dec. 20th, 1916	Nov. 23rd, 1918
<u>England and Canada.</u>	<u>Nov. 23rd, 1918</u>	<u>to date.</u>

7. Original disease, or injury Neuresthenia.

(a) Date of origin Since enlistment (b) Place of origin In France.

(c) Cause Service conditions.

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.)

Partial loss of function of the nervous system.

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:— This soldier is a small light man, with only fair muscular development, but with ruddy complexion. When the hands are outstretched there is a fine tremor of the fingers. Knee jerks are moderately exaggerated, other reflexes are normal. The heart is normal. See special report attached. (On the heart)

Subjective:Symptoms:— Dyspnoea on exertion (See Special report) Insomnia of moderate degree. He is always in bed two or three hours before he gets to sleep. He is very easily irritated. (See special report re. heart).

(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.....Yes..... 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.....Yes.....
Disturbances of Mentality.....No..... Digestive System.....No..... Muscular System.....No.....
Osseous and Joint Systems.....No..... Any other general condition.....No.....

(1) There is a marked ichthyosis over the skin of whole body, worse on legs to bow knees. (2) There are slight external piles present but the do not give him any trouble and do not bleed. No disability.
There is no hernia, no varicocele, no piles, no varicose veins.

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

On enlistment he felt well, there being no dyspnoea on exertion, no irritability, and no insomnia. On enlistment he weighed 120, but he now weight only 107½. He attributes this condition to exposure to dampness and cold in France and to the excitement and shock resulting from shell explosions.

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10.—(o) (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).)

He had slight trouble from illness in France. Good recovery. Since enlistment he had muscular rheumatism in winter of 1917-1918, but he made a good recovery. In March 1916 he had influenza and made a good recovery. He was slightly wounded in forehead - a good recovery. Wounded in June 1917.

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

Scar on forehead between the eyes.

11.—(a) Did the disabling condition have its origin before enlistment? No.

(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.)

Not applicable.

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

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 six months, under conditions of civilian life.

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

Was treated in hospital for D.A. in England with rest and diet, and graduated exercises.

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.
(If not, briefly state why)

17. Recommendations. Category "D"
for treatment under the I.S.C. as an out patient.

Arthur G. Wilson Cyn
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, 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.

John Bird
Signature of invalid examined. Rank. Plt

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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.

We 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.)

Nervous system, Rest, etc, 6 months under the I.S.C. as an out-patient.

- (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.)

Having been found medically unfit for service. For further treatment under the I.S.C. as an out-patient. Category "D"3.

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 Toronto, Ontario.

DATE December 16th, 1918.

[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.

PLACE.....

DATE.....

APPROVED BY

APPROVED BY

[Signature]
Assistant Director of Medical Services.

[Signature]
Director-General of Medical Services.

DATE

DATE

THE CANADIAN PENSION COMMISSION

MEMORANDUM

To.....Deputy Minister,
From.....Department of National Defence,
The Canadian Pension Commission.....
A. G. Branch

OTTAWA, April 29th, 1946.

MAY 7 1946

Nat. Defence Hqrs.
Ottawa, - Canada.

ATTENTION - Director of Records.

~~Canadian Agency,~~
~~Imperial War Graves Commission~~

#814241 - Pte. John Bird.

The RCR -

C.P.C. 68094

The marginally named died

at Toronto, Ont.

on Jan. 9th, 1946.

Cause of Death Myocarditis, Rheumatic disease.
Arteriosclerosis.
In the opinion of the Commission,

death was related to military service.

Next of Kin Mrs. Mary L. Bird, (Widow),
1081 Bloor St., W.,
Toronto, Ont.

VM

Not on strength

E. Lackey
for
Canadian Pension Commission.

THE CANADIAN COMMISSION

REPORT

REPORT OF THE
COMMISSIONER OF THE
CANADIAN COMMISSION

C.P.C. 1910

REPORT OF THE

ST.

ON

CAUSE OF DEATH
IN THE OPINION OF THE COMMISSION

REPORT WAS RELATED TO OFFICIAL SERVICE

MENT OF KIN

1910

1910

1910
CANADIAN COMMISSION

1910
CANADIAN COMMISSION

1910

Name	Bird,	John
Surname		Christian Name

Address (in full) 2506 Dundas Street,

Toronto, Ont.

District where paid M. D. 2.

Date of Discharge 23-12-18

P. D. P. Filing Number

Rates:—Regimental pay \$ per diem; Field Allowance \$ per diem. Separation Allowance \$ per month.

L. L. 22573—M. & D. 8009.

M. F. W. 127.
50M-6 17.
1772 39-1140.

Remarks: Account opened 21-12-18.

File No.

WAR SERVICE GRATUITY.

Register No.

Reg. No.

Dependent

Name

Address

Address

Dec'n No. W. S. G. File No.

Award days at \$ per day \$

S. A. months at \$ per mo. \$

Less P. D. P. Credited

\$

\$

Pay Soldier \$

Less further debit balance

Net due paid as below

Pay Dependent \$

TO SOLDIER TO DEPENDENT

Ag. No.	Ch. No.	Amount	Days	No.	Amount	Rate	Due
1							
2							
3							
4							
5							
6							

Less P.D.P. credited

Less further Dr. Bal.

or overpayment.

Net

Clerk

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR

Posting checked by

.....

Date

Name

Pvt. J. Bird

M. F. W. 41
100M-1-18.
1772-39-889.

Regimental No. 81424/1

Unit N.S.R., R.L.R.

Name and address of next-of-kin

Agiutania 28. 11. 18

Date of enlistment

Place of

Married (yes or no) No.

Date and place discharged

Amount of pay assigned monthly \$15⁰⁰ to 31. 12. 18

Reason for discharge

To whom payable

John Bird, Sr.
2505 Dundas St., Toronto

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.	
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
1918																	
Dec 1	23	23	1-	23	-	23	10	230	12	72	30	13063	47	07	2523	7230	20.8. D.O. 230. Subs. D.O. 230. Disch D.O. 246. ant. pat. 166 clothing
								35		72	30						ST

M. F. W. 41
100M-1-18.
1772-39-889.

Name and address of next-of-kin

Date of enlistment

Place of "

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Character on discharge

M. F. W. 41a.
120m. 1-18
1772-39-1213

Name... Bird, John

Reg'tl No. 814241 Rank Pte File Numbers 0171 25 00

Former Units N. T. P. Original Unit P. L. P.

Date of arrival in Canada 28-11-18 Boat Liguria Port of Disembarkation Salix

Rates of Pay:—Regt'l \$1.00 Field 10¢ Date of arrival in M.D. 2

Separation Allowance. Date paid to Nil Rate Nil If continued by Chief Paymaster, England

Assigned Pay. Date paid to 31-12-18 Rate \$15.00 No. 1
If continued by Chief Paymaster, England

Name and address of Beneficiary

Pay claimed on English L.P.C. to 30-11-18 to be paid by new Unit from 1-12-18

Name of new Unit hol District Depot Date L.P.C. forwarded to new Unit 12/12/18

A.P. charged on Eng. I.P.B. to 30-11-18.

L.L. 34682—M. & D. 8645.

Credit Balance shown on English L.P.C.		OTHER CREDITS DUE		TOTAL CREDITS		Charges to be made on account of advances since English L.P.C. made out <i>A. P.</i> At Cl. Depot On Boat				OTHER CHARGES		TOTAL DEBITS		BALANCE TO NEW UNIT				REMARKS
\$	c.	\$	c.	\$	c.	\$	c.	\$	c.	\$	c.	\$	c.	\$	c.	\$	c.	
34	77			34	77													94-L 7. 9-12-18 10/15/18
						20	00											24-11-18.
						30	00											Due Dec 1-12-18.
								15	00									December 1918
Debit Balance 25 23												65 00						
												65 00						25 23

[illegible]

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12.
 25m-4-17.
 H. Q. 1772-39-819.

To Whom *John Bird Sr.*

Address

*1291 Dundas St
 Toronto
 Ont*

By Whom Assigned *Bird J.*

Regtl. No.

814241

Rank

pte.

Corps

R.E.R.

Rate

\$50.00

SPECIAL REMITTANCE

Sched 418-248-17
 PAYMENTS

ALSO ACCOUNT IN CURRENT LEDGER.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.		<i>A 20438</i>	<i>50</i>	
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12.
 50m.—6-16.
 H. Q. 1772-39-319.

To Whom

Address

Rate

By Whom Assigned

Regtl. No.

Rank

Corps

John Bird "Jr."
~~1277~~ *1271* Dundas St.
 Toronto
 Ont.
 15⁰⁰ Oct 1/16

John Bird "Jr."
814 241
Pte
139 Bw. H. Co.

SEE ALSO ACCOUNT IN SPEC. REM. LEDGER.
PAYMENTS

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



MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

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

Sheet No. 2.

L. L. Job 4593. - Req. 6832.

John Bird Sr.

PAYMENTS.

Name of Soldier

Bird John "Jr."
814241 - Pte - 139/Ber

Month.	Year.	Cheque No.	Amt.	Remarks.
			<i>15</i> OCT <i>1916</i>	
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		<i>2/21783</i>	<i>15</i>	
Nov.		<i>429277</i>	<i>15</i>	
Dec.		<i>F34417</i>	<i>15</i>	
Jan.	<i>1917</i>	<i>32150</i>	<i>15</i>	
Feb.		<i>43372</i>	<i>15</i>	<i>15 R</i>
March		<i>048640</i>	<i>15</i>	<i>15 L</i>
April		<i>0385</i>	<i>15</i>	<i>15 Ch 0385 Remailed 31/7/17 b.L.</i>
May		<i>216498</i>	<i>15</i>	
June		<i>713069</i>	<i>15</i>	<i>15 Ch</i>
July		<i>P 20144</i>	<i>15</i>	<i>S</i>
Aug.		<i>R 27063</i>	<i>15</i>	<i>B</i>
Sept.		<i>Q 33742</i>	<i>15</i>	<i>180 B</i>
Oct.		<i>F 47259</i>	<i>15</i>	<i>195</i>
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

**CANADIAN
ASSIGNED PAY AUDITED**
OK White
AUDIT CLERK
DATE *23-5-19*

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

B

7079

Oct 1st/16.

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15.			
-----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 814241

Rank *Ple* Promoted

Reverted

Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

John Bird "Jr."
139th Battrn. "A" Co.

PARTICULARS OF ASSIGNMENT

Name

Address

*John Bird "Sr."**127 Dundas St. Toronto Ont.**2505*

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total
1917				
Oct 31			195	195
Nov	D 55405		15	15
Dec	F 59081		15	15
Jan	B 60665		15	15
Feb	C 90608		15	15
Mar	A 97909		15	15
Apr	E 1805		15	15
May	2 8494		15	15
June	D 16675		15	15
July	X 30945		15	15
Aug	6 28358		15	15
SEP	B 41091		15	15
OCT	B 46066		15	15
NOV	B 49674		15	15
DEC	C 63887		15	15

01526-f-10

REMARKS

See also a/c in Special Remit Ledger.

M.R.O. 16215-30/9/18 J.L.



M. F. W. 128
 400M.-617-1772-38-1141
 L. L. 22320-M. & D. 7693.

.....A/c Closed 31-12-18
M.A. 2 Ret'd per *Aquitania*
 Date *28-11-18* F.X. *4-12-18*
Clerk *A. J. Spittal*
M.R.O. 24960-4/12/18



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
------	---------------	---------------	---------------	-------	---------

ASSIGNED

PAY.

ENGLAND or

CANADA.

SEPARATION

ALLOWANCE.

ENGLAND or

CANADA.

NAME:-

BIRD John

NUMBER:-

814241

EFFECTIVE

DATE:-

1 Oct 1916

EFFECTIVE

DATE:-

AMOUNT:-

15.00

AMOUNT:-

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY

DATE EFFECTIVE

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.

*Mr John Bird
129 Dundas St Toronto
out can (Father)*

Stopped eff 1.12.18.

UNIT AND TRANSFERS

ORIGINAL UNIT:-

139th Bn.

DATE ACCOUNT FIRST OPENED:-

1.10.16

AUTHORITY

DATE EFFECTIVE

DATE LEDGER SHEET T'S'D

UNIT TRANSFERRED TO

*USRA
Canada*

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

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

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>22/1/17</i>	<i>384</i>	<i>Field S.A. Mason</i>	<i>2.68</i>				
<i>1/11</i>	<i>2014</i>	<i>23 Res.</i>	<i>7.73</i>				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY

PAY

F.A.

P.F.A.

SUBS'CE ALL'CE

100 10

PARTICULARS OF RENDERING NON-EFFECTIVE

Drink to can 1/18

Led Bal. 49.50

L.P.C. 39.77

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>1918</i>											
<i>March</i>	<i>Balance forward</i>								<i>24.83</i>		
<i>April</i>	<i>PA pay</i>	<i>33</i>		<i>Can. Ass Pay</i>				<i>15.-</i>			
				<i>AR. 13. 3/4 Kings Hosp Bushey Park</i>	<i>2.43</i>						
				<i>cy 154 12/4/18</i>	<i>2.43</i>						
				<i>Van BD 100 28/2/18. met dno C. C. C.</i>	<i>- 30</i>						
				<i>cy 402 26/4/18 Bushey Park</i>	<i>4.87</i>				<i>32.80</i>		
<i>May</i>	<i>St. 15/5. to 27.5.8. 20.11.8. 18/5. met C.C.</i>	<i>33</i>		<i>Can. A.P.</i>	<i>10.03</i>			<i>15.-</i>			
	<i>P.P.</i>	<i>34</i>	<i>10</i>	<i>cy 685 10/5/18 CCA B' Park</i>	<i>2.43</i>						
				<i>cy 841 15/5/18 CCA " "</i>	<i>4.86</i>				<i>9.56</i>		
<i>June</i>	<i>P.P.</i>	<i>42</i>	<i>86</i>	<i>Can. A.P.</i>	<i>51.10</i>			<i>15.-</i>			
		<i>33</i>		<i>GR 1096 18/6</i>	<i>2.43</i>						
				<i>JOR 30/5/18</i>	<i>2.59</i>			<i>15.-</i>	<i>77.54</i>		
		<i>33</i>			<i>58.02</i>						
<i>July</i>	<i>✓</i>	<i>34</i>	<i>10</i>	<i>Cap</i>				<i>15.-</i>			
				<i>VB 7/6 24/7/18. St damp. 60.4</i>		<i>31.80</i>					
				<i>Bo 174 25/7. recd.</i>							
				<i>AR 1344 18/7 met. B.P.</i>	<i>2.43</i>						
				<i>3103 27/7 recd.</i>	<i>5.11</i>				<i>2.30</i>		
					<i>7.54</i>	<i>31.80</i>		<i>15.-</i>			

**CANADIAN
ASSIGNED PAY AUDITED**

34.10

ORIGINAL UNIT:- 139th Div.

USRL
Canada

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
22/5/17	384	Field Sta. Mason	2 68				
14/11	2014	23 Res.	7/13 ✓				

100	10				
-----	----	--	--	--	--

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR. 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918											
March	Balance forward.								24 83		
April	Pl pay	33		Can. Ass Pay				15			
				A.R. 13. 3/4 Kings Hosp Bushy Park.	2 43						
				2/6 15/4/18 " " "	2 43						
				Van BD 100 29/3/18 and the Cilecta	- 30						
				2/6 402 26/4/18 Bushy Park	4 87				32 80		
					10 83			15			
May	St. 15/5. to 27.5.8. 20.118.18/5. and CCO	33		Can. A.P.				15			
	PP	34 10		2/6 688 10/5/18 CCA B' Park	2 43						
				2/6 841 15/7/18 CCA " "	4 86				9 56		
					51 10			15			
June	PP	33		Can. A.P.				15			
				A.R. 1096 18/6	2 43						
				JOR 30/5/18	2 59				27 54		
					55 02			15			
Aug		34 10		Cap				15			
				VB 2/6 24/7/18 St. damp. 60 4		31 80					
				Bo 174 27/7. recd.							
				A.R. 1344 18/7 net. B.P.	2 43						
				" 3103 27/7 recd.	5 11				2 30		
					7 54	31 80		15			
AUG		34 10		Cap				15			
				A.P. 3387 15/8/18 2 CCA	2 43						
				" 1655 27/8/18 R.W.G.B.	2 43				16 30		
					5 10			15			
SEP		33		Can. A.P.				15			
				2/6 1393 14/9 23 R.W.G.B.	2 43				31 80		
				1206 27/9 23 R.W.G.B.	14 80				27 00		
					7 30			15			

OK CANADIAN
ASSIGNED PAY AUDITED

AUDIT CLEF K

DATE 25/19

[illegible]

2014

12/11

✓

973

973

15

39 77

✓

33

S o S to Canada

22. 11. 18

Bo 288 27/11/18 7p LRS

REGT. No.

814241

RANK

Plu

NAME (IN FULL)

BIRD J

IP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT	IF IN P.F.	(BLOCK LETTERS, SURNAME FIRST)		
				C.E.F.	WHAT UNIT?			
				139 th Bn.				
				PLACE OF ATTESTATION	TRANSFERRED TO	DATE	AUTHORITY	
				DATE OF ATTESTATION	TRANSFERRED TO	DATE	AUTHORITY	
				ASSIGNED PAY, \$	DATE EFFECTIVE			
				PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS		
				ADDRESS		2505 Dundas St Toronto		
				STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE			
				DISCHARGED	PLACE	DATE	REASON	AUTHORITY
					no 2 DD	Dec. 23-18	med. unlit	IF ENTITLED TO POST DISCHARGE PAY.

ACQUITTANCE ROLLS						CASH PAYMENTS			ASSIGNED PAY W.S.G.	REGI- MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS		
COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3								DEBIT	CREDIT			
C.	NO.	DATE	NO.	DATE	NO.	DATE	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	
00											33 00		33.00				Dr. Received P.L. 964 line 16 A 1821 mailed 28/1/19
													96.40				
													159.80				
													223.20				Ch. No. 26-3-19
													286.60				
													350				
00											317 00		350				W.S.G. PAID IN FULL J. W. W. CAPTAIN FOR PAYMASTER WAR SERVICE GRATUITY

[illegible]

[illegible]

P. 559.
MARRIED OR SINGLE

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS

EFFECTIVE DATE

AUTHOR

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																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
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814241 Pte Bird John. (C/P) \$15⁰⁰

[illegible]

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