

S.P. NAME *BERTRAM. BERT.*

REGT. NO. *506247* UNIT *C.F.*

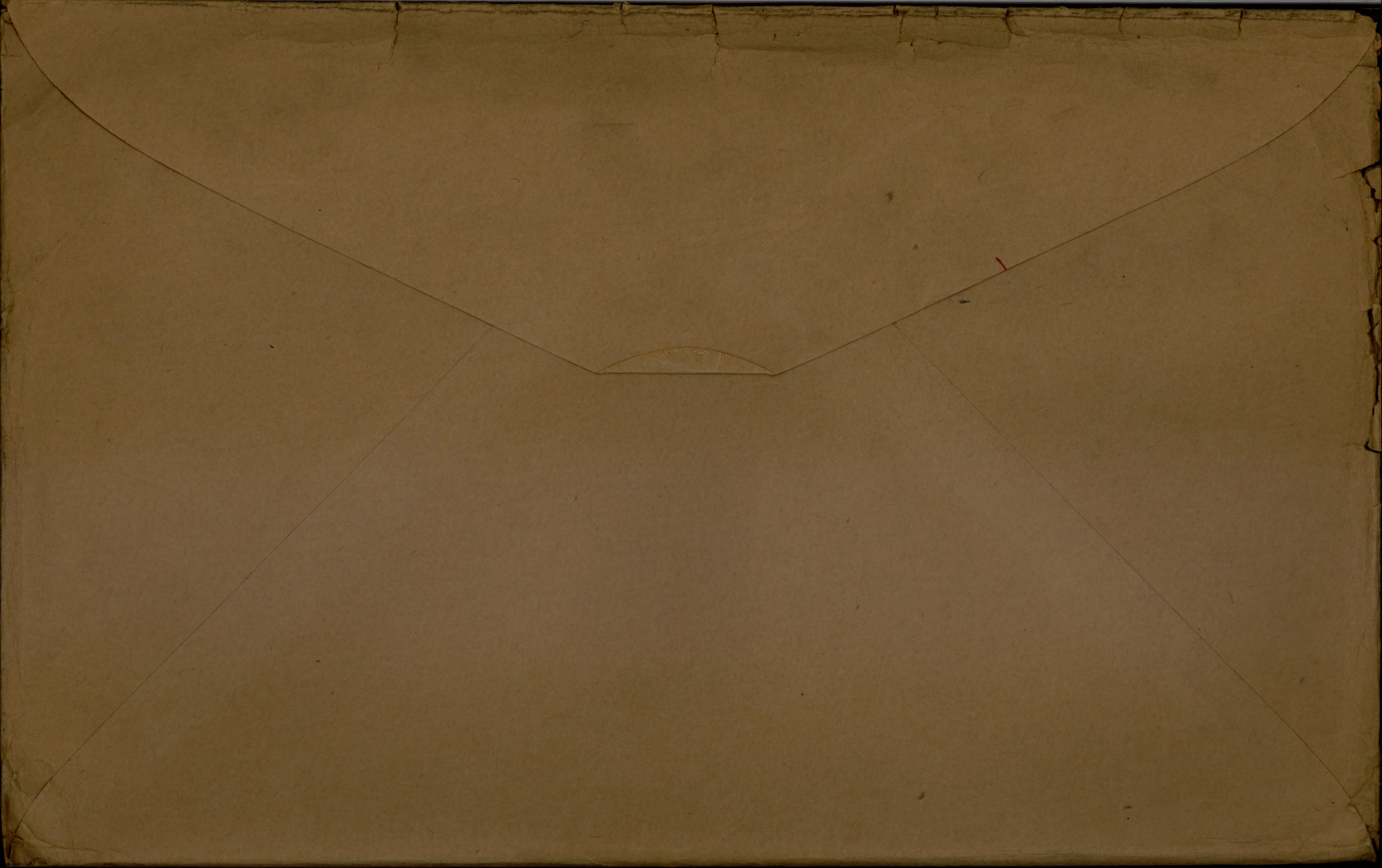
H. Q. FILE NO. *16728*

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2506 REFERENCE	NON-EFFECTIVE BY
1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)		<i>KOD 7/2/50</i>			DEATH <i>H</i>
3 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					
TRAINING HISTORY SHEET (M.F.W. 113)		<i>K. 9-2-30</i>			
2 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					DISCHARGE Category <i>Med Unfit on Demob.</i>
1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					
DENTAL HISTORY SHEET (M.F.B. 465)					
2 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					
LAST PAY CERTIFICATE (M.F.W. 44)					DESERTION
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
3 <i>Misc.</i>					
2 <i>e.f. 3</i>					
1 <i>MFW-67</i>					
<i>1 500A</i>					
<i>1 R 149</i>					
<i>1 149</i>					
					16-14
					24-15
					30-15
					5

*S*

*H*

*Deceased  
27-5-60*



ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Bertram
- 1a. What are your Christian names?..... Bert
- 1b. What is your present address?..... 27 Parent Ave. Windsor, Ont. Canada
- 2. In what Town, Township or Parish, and in what Country were you born?..... Middletown, Ont. Canada.
- 3. What is the name of your next-of kin?..... George Bertram
- 4. What is the address of your next-of-kin?..... 27 Parent Ave. Windsor, Ont. Canada
- 4a. What is the relationship of your next-of-kin?..... Father
- 5. What is the date of your birth?..... June 22nd. 1894.
- 6. What is your Trade or Calling?..... Machinist
- 7. Are you married?..... No.
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
- 9. Do you now belong to the Active Militia?..... No
- 10. Have you ever served in any Military Force?.. No  
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... Yes
- 12. Are you willing to be attested to serve in the } Yes  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Bert Bertram, 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 September 9th. 191 6. Bert Bertram (Signature of Recruit)  
H. F. White (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Bert Bertram, 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 September 9th. 191 6. Bert Bertram (Signature of Recruit)  
H. F. White (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 London, Ont. this 9th day of September 191 6.

Frank P. Shaw Major (Signature of Justice)

Description of Bert Bertram on Enlistment.

Apparent Age.....22.....years .....3.....months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height.....5 ft 5½ ins.

Chest measurement { Girth when fully expanded.....37 ins.  
 Range of expansion.....1½ ins.

Complexion.....Medium

Eyes.....Blue

Hair.....Brown

Religious denominations. { Church of England.....Yes  
 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.....September 8th......1916.....

Place.....Windsor, Ont......

*J. H. Larive*  
*Capt. M.C.*  
 Medical Officer.

\*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

.....Bert Bertram.....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.....September 9th.....1916.....  
*J. H. Larive* (Signature of Officer)  
Capt.

# CANADIAN EXPEDITIONARY FORCE

## DISCHARGE CERTIFICATE

War Service Badge

Class "A" No. ....

THIS IS TO CERTIFY that No. 506247 (Rank) Sapper.

Name (in full) Bert. BERTRAM enlisted in

the Canadian Engineers

CANADIAN EXPEDITIONARY FORCE at Windsor Out on the 8th

day of Sept. 1916.

HE served in England and France in 3rd Bn. C.E.

and is now discharged from the service by reason of Demobilization.  
Medical Unfitness. *On demobilization medically unfit for general service.*

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

Age 34

Height 5 ft. 5 1/2 inches

Complexion Medium

Eyes Blue

Hair Brown

Marks or Scars Little toe on

both feet amputated.

Scar on left knee.

Signature of Soldier

Issuing Officer

Date of Discharge

DISCHARGE SECTION  
MAY 17 1919  
No. 1 District Depot

Rank

for O. C. Dispersal Area Sta. "K."

Date ..... 19.....

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.

To: Officer Commanding: 3<sup>rd</sup> Bth C.E.

The following is a Special EAR Report on the undermentioned. Your M.O's. attention should be called to it, and the case should be paraded with this report in triplicate, the Medical History Sheet, and the Casualty Form, to:-

the DING Board as there is a disability of the EAR.

Name: BERT RAM B. Number 506247 Rank Sps  
 Unit: 3<sup>rd</sup> Bth C.E. Former Occupation: Machinist  
 Original Disease or Injury: Tubal Obstruction  
 Date of Origin: 1 year ago Place of Origin: France  
 Cause: Lymphoid hypertrophy of Pharynx  
 Present Disability: Deafness  
 History of present condition: States hearing was good on Enlistment -

Did the disabling condition have origin before enlistment? No

If so, has it been aggravated by Service?

Has the disability been caused by or aggravated by Intemperance or Improper Conduct, or unreasonable refusal to accept treatment? No

What is the probable duration (in months) of the disability? Progressive

Can the Former Trade or Occupation be resumed? Yes

NCSE:- General Lymphoid hypertrophy of Pharynx  
 Post-nasal adenoids + tonsillas hypertrophy.  
 Chronic Rhinitis

EAR:-  
 RT:- 3 feet Contact - 15/17 Normal retracted  
 LT:- 6 feet 15" X 20/17 Normal retracted  
 Tubal obstruction

Category Recommended: BII  
 Date: 11/4/19

Walter Graham Capt  
 Major, C.A.M.C.  
 Officer in Charge of Ear Department,  
 Medical Board, C.C.C., Branshott

1871

DEPT. OF AGRICULTURE  
WASHINGTON, D. C.

REPORT OF THE  
COMMISSIONER OF THE  
BUREAU OF PLANT INDUSTRY

FOR THE YEAR 1871

IN CONNECTION WITH THE  
EXHIBITION OF 1876

BY  
J. H. COOPER, COMMISSIONER

WASHINGTON: GOVERNMENT PRINTING OFFICE  
1871

Price, 50 cents

Medical Officer: *Lieut W.A. Slocum*

Form I. 1237

Whether U.K. or Expeditionary Force:  
 (If latter, state which).

*Wounded, 12*  
*General*

**FEF MEDICAL CASE SHEET.\***

Ward: *B1*

*Res*

No. in Admission and Discharge Book.  
*F.C. 1829*  
 Year  
*1914.*

Regimental No. *506247.* Rank *Sp.* Surname *Bertram* Christian Name *Bertram*  
 Unit *3 Field Coy 1 Div.* Age *22.* Service *3 yrs 19/12*

Station and Date.  
*Ind. W.S.H. Leq. Square Pendlewick*  
*28-8-17*

Disease *Shell Gas Poisoning*  
 Date of Onset *21.9.17.* *Conjunctivitis & Bronchitis*

Transfer Class.  
*3*  
*5*

*Boice Sal for Eyes. tds.*  
*Mist Ammonia Carb & Sea.*

*1/10-17*

*Transfer Canadian Hospital -*



*Wm. A. Slocum M.C.*  
*Dr. W. A. Slocum*

*9-17-17.*

*Rf must not be coded.*

*22-10-17*

*Improving.*

*29-10-17.*

*Pain in back.*

*Rf must expect & ac acts sal gr v*  
*lod sal gr v.*  
*3 or 4 times*

*5-11-17.*

*Rf Bismuth salicylate gr XV*

*P also code gr XV.*

*7x pulv talis x ii*

*One powder in water before food.*

*12-11-17.*

*Recommend Canadian Depot for convalescent treatment Wm. Johnston Deputy M.O.*

Next of kin:

*Father. (Mr. Bertram)*

*27. Perent Avenue*

*Windsor.*

*16-11-17.*

*Transfd. to Canad. Conv. Hospital Uxbridge.*

Antitetanus Inoc <sup>n</sup> .	
Units.	Date.

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



Station  
and Date.

**MEDICAL CASE SHEET.\***

No. in Admission and Discharge Book.	Regimental No. 506247	Rank. Spr.	Surname. Bertram	Christian Name. B.
Year T. 5614	Unit. Can. Eng.	3 <sup>rd</sup> Fld. Co.	Age. 22	Service. 36/12
Station and Date.	Disease Gas Poisoning (Shell)			
Canadian Convalescent Hospital, Hillingdon House, Uxbridge.				
16. 11. 17.	Passed 22/9/17. Lens. Passed through New England F.A. to 2 <sup>nd</sup> Gen Hospt Steps. Crossed over to Victoria Hospt Stackford. Transferred to Can Conv. Uxbridge.			
27-11-17	Present Condition :- Says he feels quite fit Discharged D. i R. R. Johnston			

\*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.  
(23205) Wt. W 4234 - M 627. 1,000,000. 8/16. C.F.&S. Forms/I. 1237/11. P.T.O.

Station  
and Date.

# ORIGINAL MEDICAL HISTORY SHEET.

original  
506247

Surname Bertram Christian Name Bert.

Examined { on 8th day of Sept. 1916.  
 { at Windsor, Ont.  
 Birthplace { City or Town Middletown,  
 { County Ont.

Approved by J. M. Larue  
 Rank Capt. M.C. M.O.

Apparent age 22  
 Trade or occupation Machinest.  
 Height 5 Feet 5 1/2 Inches.  
 Weight (165) Lbs.  
 Chest measurement { Minimum 35 1/2 inches.  
 { Maximum expansion 1 1/2 inches.  
 Physical development Good  
 Small-Pox Marks None

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
27-1-17	Di	<u>W. F. Johnston</u> <u>1 OCT 1917</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left Yes  
 { Number One  
 When Vaccinated last 1 year.

Date.	Result.	VACCINATIONS.
20-1-17		<u>J. P. Mansfield</u> M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease Little toe on each foot dorsiflexed & adducted

(b) Slight defects but not sufficient to cause rejection

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
20-1-17	C.C.C. Single	<u>J. P. Mansfield</u> M.O.
26-1-17	C.C.C. Single	<u>J. P. Mansfield</u> M.O.
5-2-17	C.C.C. Double	<u>J. P. Mansfield</u> M.O.
9/5/17	TAB	<u>W. F. Johnston</u> M.O.

Enlisted on 8th day of Sept. 1916 at Windsor, Ont.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>Canadian Engineers</u>	<u>506247</u>		<u>8-9-17</u>
Transferred to	<u>Engns Pool</u>			<u>3-8-18</u>

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>St. John's</u>	<u>24 Oct 1916</u>	<u>On Attestation</u>	<u>fit</u>
<u>St. John's</u>	<u>DEC 30 1915</u>	<u>nil</u>	<u>3rd Lt. Mansfield</u>
<u>3rd C.C.V. Seaford</u>	<u>15/3/18</u>	<u>Fit for Duty A III</u>	<u>Capt. Mansfield</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.

M. F. B. 313. Branchett 11-4-19. (A) Def Hearing (B) Amputation Little toes Both feet  
 B II Co. Mills Capt

CANADIAN

Christian Name *Bert*

Surname *Bertram*

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				
<i>London</i>		<i>23</i>	<i>9</i>	<i>16</i>	<i>17</i>	<i>10</i>	<i>16</i>	<i>Hammer Toe</i>	<i>25</i>	<i>Operative recovered.</i>	<i>W. G. Nash</i> <i>at Large</i>
<i>Spain P.O.</i>		<i>1</i>	<i>12</i>	<i>16</i>	<i>2</i>	<i>12</i>	<i>16</i>	<i>Influenza</i>	<i>2</i>	<i>Recovered</i>	<i>N. S. Sabourin</i>
<i>St. Jean P.I.</i>		<i>5</i>	<i>12</i>	<i>16</i>	<i>8</i>	<i>12</i>	<i>16</i>	<i>Rhinitis</i>	<i>4</i>	<i>Recovered</i>	<i>N. S. Sabourin</i>
<b>2nd WESTERN GENERAL HOSPITAL, MANCHESTER.</b>		<i>26</i>	<i>9</i>	<i>14</i>	<i>16</i>	<i>11</i>	<i>14</i>	<i>Sell gas Poisoning</i>	<i>52</i>	<i>Gained 21.9.14. Conjunctivitis Bronchitis</i>	<i>J. M. Stevenson</i>
<b>Canadian Convalescent Hospital, Hillingdon House, Uxbridge.</b>		<i>16</i>	<i>"</i>	<i>17</i>	<i>27</i>	<i>"</i>	<i>17</i>	<i>Do</i>	<i>12</i>	<i>Quite fit. Discharged Di</i>	<b>Ident. M.R.C., U.S.A.</b> <i>R. R. Johnston Lt</i>
<b>NO. 14 CANADIAN GENERAL HOSPITAL</b>		<i>20</i>	<i>4</i>	<i>18</i>	<i>9</i>	<i>5</i>	<i>18</i>	<i>Laryngitis</i>	<i>20</i>	<i>Voice very husky on admission practically nil - voice now good. Fit to return to lines late 4.</i>	<i>J. M. Stevenson</i> <b>MAJOR, C.A.M.C.</b> <b>REGISTRAR.</b>

*Admitted 20-4-18*  
**MEDICAL CASE SHEET.\***

14 CAN HP.  
EASTBOURNE

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	506247	Pte.	Bertan,	B.
Year	Unit.	Age.	Service.	
20-4-18	CETO	1530	32	2 1/2
Station and Date.	Disease <i>Laryngitis</i>			
20-4-18	Complaint			
	Loss of voice			
	Soreness in chest, & cough.			
	Duration - Two weeks			
	- Two weeks.			
	Past Illnesses -			
	Had similar attack two months ago - voice was absent three weeks.			
	Examination -			
	Has partial use of voice - very hoarse - breathes through mouth, seems to have growth or some such obstruction & nasal breathing.			
	Has cough - slight expectoration			
	No dullness found in chest - P.B.			
	Respiratory.			
	Other systems apparently normal.			
27/4/18	R tonsil enlarged. Papilloma on uvula, Larynx inflamed no ulcers or growths. V.C. normal.			
9/5/18	Discharged. To duty Capt @.			
	<i>J. Stretton Capt</i> Carroll			

**DISCHARGED**  
9 MAY 1918  
To Category A

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



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.

Canadian Engineers.

ENGINEER TRAINING DEPOT

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

(2) Regimental Number ..... 506247

(3) Full Name of Soldier..... Bertram Bert

(4) Place of Birth..... Middletown Ont

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

(6) If married, state,  
 (a) Full name of your wife..... Lo

(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 George Bertram 27 Parent Avenue  
Madison

(10) Is your Mother alive? Yes Atlanta

If so, state name and address Jane Bertram  
same address

(11) If your Mother is a widow Yes

Are you her sole support, or not? Yes

(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? No

If so, in what Company? None

Have you made arrangements for payment of your Insurance premium? None

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

Date 4/11/16

H. B. George Capt. U.S.A.  
for O. C. Engineer Training Dept.  
Officer Commanding.

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

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

500M.—9-16

H. Q. 1772-39-9'0.

# Casualty Form—Active Service.

Unit, Regiment or Corps. 22 Dft C Engineer

Regimental No. 506247 Rank Sgt. Name Bertram Bert.  
C. E. F.

Enlisted (a) 9-9-16 Terms of Service (a) 10 yrs Service reckons from (a) 9-9-16

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) machinist

Report		Rec rd 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				
		<p>ToS No. 1 Dist Depot                      Displ. Stn. K. 6-5-19                      SOS Dispersed                      17, 5, 19 D.O. No. 139</p> <p><i>J. C. Dispersal Area Sta. "K."</i></p>			

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

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

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) BERTRAM. B.

REGIMENT 3RD C.E. RANK SPR. No. 506247

Date of Examination in England 28/3/19 Date of Examination in France \_\_\_\_\_

DIRECTIONS TO DENTAL OFFICERS

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

*20-K.*



PRESENT DENTAL REQUIREMENTS

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

**CONTENTS COPIED**  
C A. D. C., M. D. No. 1.

HAS HE EVER REFUSED DENTAL TREATMENT? \_\_\_\_\_

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

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

Signature of Dental Officer *[Signature]*

BRANDT

CONTENTS LISTED  
C.A.D.C. M. 1111

Casualty Form—Active Service.

506247

22 Apr 18  
Regiment or Corps C.E.T.D. ✓

Rank *Sapper* Surname *Burtam* Christian Name *B. L. Bert*

Religion..... Age on Enlistment..... years..... months.....

Enlisted (a) *9/9/16* Terms of Service (a) *D of W.* Service reckons from (a) *9/9/16*

Date of promotion to present rank..... Date of appointment to lance rank.....

Extended { } Re-engaged { } Qualification (b) *Machinist*  
or Corps Trade and Rate.....

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				
			Embarked .....		
			Disembarked.....		
<i>29-11-17</i>	<i>C.E.R.D.</i>	<i>Message from Capt - C. E. G. Mybridge</i>	<i>Seaford</i>	<i>27-11-17</i>	<i>NO. 265</i>
<i>21-3-18</i>	<i>C.E.R.D.</i>	<i>Leases on Command to C.E.R.D.</i>	<i>Seaford</i>	<i>21-3-18</i>	<i>NO. 80</i>
			<i>Warrant</i>		
			<i>Capt. Adj.</i>		
			<i>for O.C. C.E.R.D.</i>		
<i>22 MAR 1918</i>	<i>C.E.T.D.</i>	<i>TOS from C.E.R.D.</i>	<i>Seaford</i>	<i>21-3-18</i>	<i>Part 13 Order No. 69</i>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
(b) Signaller, Shoeing-Smith, &c.

506247

Bertram B.

Report

Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 26, 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. 26, or other official documents

Date

From whom received

CERTIFIED CORRECT.  
CAN. RECORDS LONDON.

25-18	C.E.S.	Posted to 2 C.E.R.B. from C.E.T.D. Seaford	21/5/18	Part II Ord. No 117
25-18	C.E.R.B.	J.O.S. of 2 C.E.R.B. from C.E.T.D. Seaford	21/5/18	Part II Ord. No 117
Aug 5/18	2 C.E.R.B.	S.O.S. of 2nd C.E.R.B. on proceeding to C.E. Pool France	Seaford	3/8/18 Part II Order No 64

Lieut. C.E.

Adjutant,

17-8/18	C.E.R.B.	J.O.S. C.E.R. Pool 6992	5/8/18	NR 717. P 859 16/8/18
14/8/18	C.E.R.B.	left for C.E.R.B.	8/8/18	NR 1339
11. 8/18	C.E.R.B.	Arrived C.E.R.B.	8/8/18	A 1241
5-9-18	do	S.O.S. to 3 Bn. C.E.	5-9-18	NR 1553 & 962/1918
5/9/18	do	J.O.S. 3 C.E.R.B.	6.9.18	B.213. P.20. No 29

6 Camp

PROCEEDED TO ENGLAND

26 MAR 1919	unit	J.O.S. "D" WING C. C. C. BRAMSHOTT		
29 APR 1919	S.O.S.	PROCEEDED TO CANADA		

29 APR 1919

F.I.B. R.M.E. SCOTLAND  
LIVERPOOL MAY 5 1919

W.S.B. Class 4.

3 67

9B

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

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

250M.—1-16.  
H. Q. 1772-39-920.

# Casualty Form—Active Service.

230th No 6 ENGINEER TRAINING DEPOT

Unit, Regiment or Corps

Regimental No. 506247 Rank Sapper Name Bertram Best

Enlisted (a) 9/9/16 Terms of Service (a) 1200 Man Service reckons from (a) Sept 9th 1916

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) Machinist & Sapper

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				
			<u>Embarked Canada</u>	<u>11.4.17</u>	
			<u>Disembarked England</u>	<u>22.4.17</u>	
<u>23 APR. 1917</u>	<u>C.E.T.D.</u>	<u>Taken on strength of S.L.I.D. Canada</u>	<u>CROWBOROUGH</u>	<u>22.4.17</u>	<u>Part II Order No. 96</u>
<u>24 AUG. 1917</u>	<u>C.E.T.D.</u>	<u>Struck off Strength of C.E.T.D. having</u>	<u>Shoreham</u>	<u>23.8.17</u>	<u>Part II Order No. 197</u>
		<u>Proceeded to E. Pool France</u>			<u>Lieut. C.E.</u>
					<u>Adjutant, C.E.</u>
<u>27-8-17.</u>	<u>C.B.D.</u>	<u>Tom Spaul</u>		<u>27-8-17</u>	<u>WR 258 P/63</u>
<u>12-9-17.</u>	<u>1st Lt Br</u>	<u>S. aff. to 37th Co</u>		<u>12-9-17</u>	<u>WR 42 P/68</u>
<u>do</u>	<u>do</u>	<u>Loss do</u>		<u>13/9/17</u>	<u>P/67</u>
<u>15/9/17</u>	<u>do</u>	<u>Injured</u>		<u>12/9/17</u>	<u>B213 Co 482</u>
<u>21/9/17</u>	<u>6 CCS</u>	<u>Shell Gas wd</u>	<u>6. CCS</u>	<u>21/9/17</u>	<u>9194</u>
<u>do</u>	<u>do</u>	<u>Evac W. Shell Gas</u>	<u>fed</u>	<u>do</u>	<u>B513/483</u>
<u>23/9/17</u>	<u>6 CCS</u>	<u>do</u>	<u>AT. G</u>	<u>23/9/17</u>	<u>9897</u>
<u>do</u>	<u>56 Gen</u>	<u>do</u>	<u>56 Gen</u>	<u>-</u>	<u>9877</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 will be entered.  
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]



Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
26/9/17	56 Gen	Shell Gas wd to Army		26/9/17	41740
do	Newham	Wounded & posted to C&P Depot Shoreham	Eng	26/9/17	3083/3987 P/70 246/10/17
		<p><i>A. B. Johnson</i>  Lieut. for Lt.-Col., A. A. G.  Canadian Section, G. H. Q. 3rd Echelon, B. E. F.</p>			
4.10.17	C.E.R.D.	TOS from Oseas & 3 <sup>rd</sup> Twp Co.	Shoreham	26.9.17	ST II O. 2099 OSB
21/3/18	DISCHARGED FROM 3 <sup>RD</sup> C. C. D. <i>Peaford</i>		TO C.E.D. BN.	PART II D. O. NO. <i>68</i> 2113118 <i>J. D. D. D. D.</i> Lieut. For O. 3 <sup>RD</sup> Canadian Command Depo	

J.P. Rank Name BERTRAM, Bert. Reg'l No. 506247. ✓  
 Unit 23rd Dft to C.E.T.D. If in perm. Corps }  
What Unit? } Married or Single Single. ✓  
 Place and Date of Enlistment London, Ont. 9th Sept. 1916. ✓ Place of Birth Middletown, Ont. ✓  
 Name and Address, Next-of-Kin George Bertram. ✓  
 27 ~~Parent~~ Ave. Windsor, Ont. Canada. ✓ Relationship Father. ✓

Assigned Pay Monthly \$ Payable to Relationship  
 Separation Allowance \$ Payable to Relationship

N/E. R.B. No 13101  
File R.L.  
Category CAN. OR

Discharge, Date and Place Reason Character  
 H. W. V., Ld.—9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		ARRIVED IN ENGLAND	22 4 17	S. S. CANADA.	
23-4-17	C.E.T.D.	Taken on strength	Crowboro.	22/4/17	Pl. O 96.
24.8.17	"	S.O.S. Proc. Operas to C.E. Pool	S.P.R. Shoreham	23.8.17	- 197 (T.O.S. Pt # 0.63. C.E.R.P. 24-1-2.17)
18-9-17.	C.E. Pool	S.O.S to 3 Field to C.E.	Field	12-9-17	- 68 (Pt # 0.67 3rd Hdc. dt 24.9.17)
25.9.17	3.7th Co	Adm #6. Cas. Clearing Stab.		21.9.17	A.20. Shell Gas "W"
1.10.17	3.7th Co	2nd Western Gen. Hos. Manchester		26.9.17	B.25 ✓
4-10-17.	C.E.R.D	T.O. Squad to Hosp from 3 Tunn Co.	S-Ham	"	Pt # 209
6-10-17.	3F Co	Inval. Wounded and posted C.E.R.D	Field	"	" 70 ob.
21.11.17	"	Adm. Can. Con. Hos. Hellingdon House		17.11.17	B 69 Shell Gas.
30.11.17	"	Discharged		27.11.17	B-77 ✓

A.B. 103 CHECKED  
28 AUG 1917

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.				
29.11.17	CERD	on board 3 <sup>rd</sup> C.C.D. Seaford	Seaford	27.11.17	PTD. 265 (att. # 240 3. CCD / 1.12.17)
21.3.18	"	because of C. to 3 <sup>rd</sup> C.C.D. S.O.S. to C.C.D.	Seaford	21.3.18	D.O. 80 Y.C.E.T.D/69/22 <sup>3</sup> / <sub>18</sub>
21.5.18	incl. CERB	TOS from CETD Seaford	Seaford	21-5-18	DO, 1 Y.C.E.T.D-DO, 117
5.5.18	2 <sup>nd</sup> Lt R.B.S. Col.	to C. Eng Pool	Seaford	3.5.18	D.O. 64 + D.O. 85 C.C.P. 1/16-9-18
17.9.18	6 <sup>th</sup> Lt P.P.	S.O.S. to 3 <sup>rd</sup> Bn C.C.	"	6.9.18	D.O. 96 3 <sup>rd</sup> Bn C.C. 29/21/18
				59-K	6.5.19
28.3.19	2 <sup>nd</sup> Wing C.C.	T.O.S. from 3 <sup>rd</sup> Bn C.C.	Bramshott	26.3.19	D.O. 10
7.5.19	"	S.O.S. to Canada	"	6.5.19	DO 35

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
6192 207"	#14 Can Sun Easthorne	21-4-18	Laryngitis
	Discharged	9-5-18	Laryngitis

NAME *Bertram B*  
RANK AND CORPS *Pte (6E T.D.) Can Eng*  
CABLE  
NO. DATE  
NATURE OF CASUALTY

REGT'L. No. *586 247*  
H. Q. FILE NO. 649

FOLLOWS No. FOLLOWS
---------------------------

REMARKS.

MAY 1918

MEDICAL HISTORY SHEET.

Requested		Reply	Date
From	Date		
1			
2			
3			
4			

Orig. Dup. Recd. from *C. E. G. H.* *20/11/1918*

Orig. Dup. Sent to */* */19*

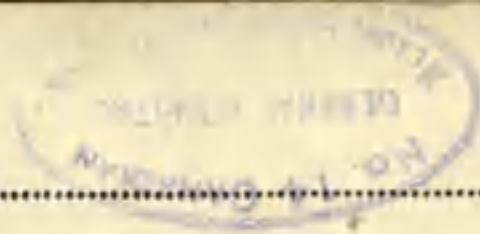
Recd. from Regr. this Orig. Dup. */* */19*

Ward

*Original Recd 9*

*No. 3000000000*

*for*



HOSPITAL.

AT.....

A. & D. No. 1530 PL. OF ACTION.....

RANK Sgt REG. No. 506247 UNIT B. E. T. D. SICK OR WOUNDED

NAME Brittan B AGE 32 RELIGION Pres.

PLACE IN HOSPITAL R.

DIAGNOSIS Laryngitis

ADMITTED..... FROM.....

DISCHARGED 9 MAY 1918 TO B. E. T. D.

TRANSFERRED.....

SERVICE AT HOME 21/12 IN FIELD.....

RESULTS.....

(See Document Card for M.H. Sheet and other Documents.)





*Bert.*

*203*

Name BERTRAM Rank Spr. Reg. No. 506 1247

Unit ~~3rd. Fld. Co. C.E.~~ C.E.T.O.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917						
21-9	In 6. C.C.S.	Shell Gas 'W'	A20	M6111	3662	
26-9	2nd West B Co. Manchester	do	B25		2562	
17-11	C.C.S. Dillingham No. 40	Shell Gas	B69		6255	
2-11	Discharged	do	B77		1635	
21-4-18	14 Cap. St. Bourne	Legionaire	C197		1678.5	
9-5	Discharged	do	<del>C197</del>	C 2074962		

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A. 20	6 Cas. Chr. Str.	21-9-17	Shell. Gas. "W."
B-25	Ind. Western Gen Manchester	26-9-17	" " "
B69	Can Comt H Hillbridge	17-11-17	(370) " " 13-12-17
B77-2	" Discharged "	27-11-17	" " (Can. Eng.) 22/12/17.

NAME

Bentram Bert.

REGT'L No. 506247.

H. Q. FILE No. 649.

RANK AND CORPS

Pte. 3 Fld Co Can Eng. (Form Eng Br Dep.

FOLLOWS

NO.

23rd Div.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

M611<sup>2-7</sup> 26-9-17

Adm 6 Gas. Cl. Station Sept 21st  
1917 Gas shell wound. ✓

**HOSPITALS****DATE****DIAGNOSIS**

M. F. W. 2553.  
50M-6-19.  
1772-39-1332.

Reg. No. 50 6247 Name Bertram, B  
 Rank 8/4 Corps 6 E Age 22 Service \_\_\_\_\_  
 Ledger No. 13095 75 Serial No. \_\_\_\_\_

HOSPITALS	DATE	DIAGNOSIS
<u>Mil Montreal</u>	<u>1-12-16</u>	<u>Influenza</u>
<u>Duty</u>	<u>2-12-16</u>	
<u>Mil Montreal</u>	<u>5-12-16</u>	<u>Rhinitis</u>
<u>Duty</u>	<u>8-12-16</u>	

SURNAME. *Bertram* 649-B-17310.

K-1 CARD NO. *H*

CHRISTIAN NAMES *Bert*

S.O.S. *Herms 17-5-10*

REGL. No. *506247* RANK *Sapper*

FOLL. *Auth. 10.10.1397 145.0*

UNIT *Engineer's Training Depot. (23rd R.D.)*

#1100!

FORMER CORPS *Ail*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Bertram, George*

RELATIONSHIP TO SOLDIER *Father*

ADDRESS *27 Parent Ave., Windsor, Ont.*

COUNTRY OF BIRTH *Canada* Middle Town Line, *Ont.* DATE *June 22<sup>nd</sup> 1894*

PLACE OF ATTESTATION *London, Ont.* DATE *Sept. 9<sup>th</sup> 1916*

*R/6 15-5-19 <sup>321</sup>/<sub>59</sub> Spv*

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Machinist -

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

22

YEARS

3<sup>1</sup>/<sub>2</sub>

MONTHS

HEIGHT

5

FEET

5<sup>1</sup>/<sub>2</sub>

INCHES

CHEST MEASUREMENT

37

INCHES

EXPANSION

1<sup>1</sup>/<sub>2</sub>

INCHES

COMPLEXION

Medium

EYES

Blue

HAIR

Brown

DISTINGUISHING MARKS

Not-stated

MEDICAL EXAMINATION.

PLACE

Windsor, Ont.

DATE

Sept: 8<sup>th</sup> - 1916

Present address 27 Parent Ave., Windsor, Ont.

100



*mj*

Number *506247* Rank *Spr*

Surname *BERTRAM*

Christian Name *Best*

Units *CE* Theatre of War *France*

Date of Service *23-8-17*

Remarks

Latest Address *27 Parent Ave  
Windsor*

Roll No. *B. Page 19654* *Ont.*

200m.-6-21.

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

*Pertram*

*B.*

*506244*

RANK

UNIT

CO.

TROOP

BATTY.

*Ser.*

*b. E.*

*370.*

*CETD.*

HOSPITAL

DATE OF ADMISSION

*6 b. E. Station*

*21. 9. 17*

1.

*2 West Ynt. Manchester*

HOSP.

*26. 9. 17*

*Usbridge Can Co.*

2.

*14 b. E. Eastbourne*

HOSP.

*17. 11. 17.*

*21. 11. 18*

3.

HOSP.

4.

HOSP.

DIAGNOSIS

*Shill Gas w. R.*

1

*Laryngitis a. f.*

2-

3

DISPOSITION

*Ch. 26. 9. 17 A 20*

*2. 10. 17 B 25*

*27. 11. 17 B 69 B.*

*1. 12. 17 B 77 B.*

*24. 4. 18 C 192*

*13- 5- 18 b 207*

*Dis 27. 11. 17.*

DATE

*Dis. 9- 5- 18*

REMARKS

A.M.D. 2 DEPT.

EPITOME OF HOSPITAL TREATMENT.

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

1007K

R.M.S. "SCOTIAN" DATE 13-5-19.

Received from No. 506247.

Rank Sapper

NAME Buttram, B.

Rifle No. 223 M.

BAYONET WITH SCABBARD No. - 17

Sling 185

OIL BOTTLE - 1

Full Through 1

*R. B. Blair*

SER. C. C. TROOPS.

Capt. & adjutant.

MASS  
1881

PROGRY

PROGRY

MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

To Whom *George Bertram*  
Address *27 Parent ave,  
Windsor  
Ont.*

By Whom Assigned *Bertram Bert*  
Regtl. No. *506247*  
Rank *Spr*  
Corps *Tunnelling Co Engrs 23 dft*

Rate *16<sup>00</sup>*

APR 1- 1917

PAYMENTS

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



*[Faint, illegible handwritten text]*

# ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

(Assignee)

George Bertram

Name of Soldier

Bertram Best

PAYMENTS.

No 506247 Spr. Tunnelling Co Engers. 23dft

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
				16.00
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		R 5846	16	
May		<del>N 10300</del>	<del>16</del>	16. ch N. 10300. can stop.
June		F 17171	16	16. \$
July		L 20570	16	up 80.00 WAC
Aug.		O 27572	16	OB
Sept.		N 33856	16	2
Oct.		Y 47686	16	
Nov.				
Dec.				
Jan.	1918			112
Feb.				
March				
April				
May				
June				
July				



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier \_\_\_\_\_

**PAYMENTS.**

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

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch **B**

OVERSEAS CONTINGENTS

*April 1, 1917*

RATE OF SEPARATION ALLOWANCE

--	--	--	--

6275

RATE OF ASSIGNMENT

16.			
-----	--	--	--

*8611322/8  
99*

### PARTICULARS OF SEPARATION ALLOWANCE

No. *506247*  
 Rank *Spr.* Promoted Reverted Discharge  
 Soldier's Name *Bert Bertram*  
 Battalion *Tunnelling Co. Engrs. 23 Dft.*  
 Beneficiary  
 Relationship  
 Address

### PARTICULARS OF ASSIGNMENT

Name *George Bertram*  
 Address *27 Parent Ave. Windsor Ont.*  
 Change of Address  
 1  
 2  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					<i>1421-B-4</i>
<i>Sep</i>			<del>96.80</del>	<del>96.80</del>	
<i>Oct</i>	<i>Y 47686</i>		<i>16</i>	<i>16</i>	
<i>Nov</i>	<i>C 54673</i>		<i>16</i>	<i>16</i>	
<i>Dec</i>	<i>D 59314</i>		<i>16</i>	<i>16</i>	
<i>Jan 18</i>	<i>A 55185</i>		<i>16</i>	<i>16</i>	<i>c</i>
<i>Feb</i>	<i>B 100844</i>		<i>16</i>	<i>16</i>	<i>Pr.</i>
<i>Mar</i>	<i>A 97166</i>		<i>16</i>	<i>16</i>	<i>Pr.</i>
<i>Apr</i>	<i>C 1085</i>		<i>16</i>	<i>16</i>	<i>Pr.</i>
<i>May</i>	<i>E 7725</i>		<i>16</i>	<i>16</i>	<i>Pr.</i>
<i>June</i>	<i>D 15891</i>		<i>16</i>	<i>16</i>	<i>Pr.</i>
<i>July</i>	<i>X 30183</i>		<i>16</i>	<i>16</i>	<i>Pr.</i>
<b>AUG</b>	<i>6 27572</i>		<i>16</i>	<i>16</i>	<i>Pr.</i>
<b>SEP</b>	<i>B 40254</i>		<i>16</i>	<i>16</i>	<i>Pr.</i>
<b>OCT</b>	<i>B 45220</i>		<i>16</i>	<i>16</i>	<i>Pr.</i>
<b>NOV</b>	<i>A 61428</i>		<i>16</i>	<i>16</i>	<i>Pr.</i>
<b>DEC</b>	<i>C 63336</i>		<i>16</i>	<i>16</i>	<i>Pr.</i>
<b>JAN</b>	<i>D 72634</i>		<i>16</i>	<i>16</i>	<i>Pr.</i>
<b>FEB</b>	<i>A 80570</i>		<i>16</i>	<i>16</i>	<i>Pr.</i>
<b>MAR</b>	<i>A 91398</i>		<i>16</i>	<i>16</i>	<i>Pr.</i>
<b>APR</b>	<i>E 2654</i>		<i>16</i>	<i>16</i>	<i>Pr.</i>
<i>May</i>	<i>B 7460</i>		<i>16</i>	<i>16</i>	<i>Pr.</i>
			<b>406</b>	<b>406</b>	

*A/c Closed 31-5-19*  
*Ret'd per... Section*  
*Date 16-5-19 M.F.W. 187 20-5-19 M.D. #1*  
*P. Senelant*  
*M.R.D. 103893 20-5-19 (Des)*

**AUDITED.**

M. F. W. 128  
 400M-617-1772-88-1141  
 L. L. 22320-M. & D. 7383.



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
------	------------	------------	------------	-------	---------

M. F. W. 128  
 400M-6-17-1772-38-1141  
 L. L. 22320-M. & D. 7383.

233

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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)  
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment Statement Q.M.G. Form (D.O.S. 2) and Clothing
12. Last Pay Certificate (P. 851). *And duplicate*
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group..... *B*  
 Checked by No..... *15*  
 Date..... *27/5/19*

War Service Badge  
 Class "A" No.

260716

(Demobilization.)

SHORT FORM

PROCEEDINGS ON DISCHARGE.

D. A. *AK*  
 O. G. *13*

*16-1-40*  
*26.8.46*

1. No.	<i>506247</i>	
2. Rank.	<i>Sapper.</i>	
3. Name.	<i>BERTRAM.</i>	<i>Bert.</i>
4. Unit.	<del>14th Battalion</del>	
5. Date of Discharge	<i>MAY 17 1919</i>	Place <i>London</i> <i>Out.</i>
6. Reason for Discharge	<del>DEMOBILIZATION</del> <i>On demobilization medically unfit for general service.</i>	
7. Authority.		
8. Proposed Residence after Discharge	<i>G.P.O. Windsor Out.</i>	
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. ?  <i>B. Bertram</i> Signature of Soldier.	
10. CONFIRMATION.	The discharge of the above named man is hereby confirmed.  Place <i>London</i> Date <i>MAY 17 1919</i>  <i>27-5-19</i> Signature <i>J. C. Discharging Unit.</i> (O. C. Discharging Unit.)	

*7-8*  
*16.12.*  
*1712-47*  
*13149*

*Handwritten initials and scribbles at the top left of the page.*

**Emp. R.M.S. COLLIAN**  
**Liverpool May 6**

Number 1. to be used as index card for documents in the  
order. When all documents are complete name will be  
added to No. 1. With the exception of Nos. 2 and 3.

- 1. Proceedings on Discharge (1912-13)
- 2. List of certificates pinned to Day Book
- 3. Special Involve (11.260) containing...
- 4. Copy of Discharge Cert. (1912-13)
- 5. Birth, Attestation Paper (1912-13)
- 6. Penalty Book (1912-13)
- 7. Certificate of Discharge (1912-13)
- 8. Proceedings of Discharge (1912-13)
- 9. Dental Certificate (1912-13)
- 10. Dental Certificate (1912-13)
- 11. Dental Certificate (1912-13)
- 12. D.C.S. 2
- 13. Dental Certificate (1912-13)
- 14. Dental Certificate (1912-13)

POST OFFICE

1.0. on Bond desired...  
 Residence of Residence...  
 Relationship of name of...  
 Occupational (Group)...  
 Category...  
 Original Date...  
 That...  
 Regt. or Corps...  
 Name...  
 Regt. No. 506 2417  
 D.D. 1

0

DISCHARGE DOCUMENTS  
 COLLECT

DISCHARGE DOCUMENTS

COLLECT

Regtl. No..... Rank.....

Name .....  
(Christian Names in full) (Surname)

Unit.....  
Regt.  
or  
Corps

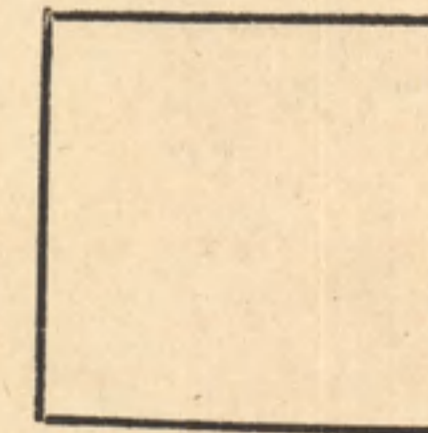
Date of { Discharge\*  
Disembodiment\*  
Transfer to the Reserve\* } ..... 191.....  
\* Strike out whichever inapplicable.

# COVER

FOR

# DISCHARGE DOCUMENTS.

NOTE.—In every case where A.F Z.22 is included among the documents the letter Z is to be stamped in the space provided below.



*Henson, B.*

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.

Yes. Except soldier had hammer toes on enlistment Operation

London, Ontario 23-9-16 (M.H.S. Entry). Man states "feet are now in better shape than prior to enlistment."

In opinion of board condition was benefitted by operation and he is not entitled to aggravation for disability "B" (see section 7)

19. Is the invalid fit for

- |  |              |             |          |
|--|--------------|-------------|----------|
| (a) General service,                           | (Category A) | (Yes or No) | Yes B II |
| (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.)

R.T.C. authority A.G. 9083 of 11-11-18.

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.

R.J.O. Dwyer, Capt. President.

PLACE Bramshott

DATE 11-4-19

C.V. Mills Capt. 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.

President

PLACE Members

DATE Members

APPROVED BY

APPROVED BY

James C. Fyshe Maj. for Assistant Director of Medical Services.

Director-General of Medical Services.

DATE 11-4-19

DATE

CERTIFIED A TRUE COPY

*V. D. Dandson*

CAPT Cam:c

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS P.O.G.

- 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.
- 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."
- 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.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialed by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- 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 Bramshott DATE 11-4-19

1. 1 (a) Unit 3rd Batt. C.E. (b) Regimental No. 506247 (c) Rank Spr.

(d) Surname Bertram (e) Christian name Albert

(f) Home address 27 Parent Ave. Windsor, Ont.

(g) Next of Kin George Bertram (h) Relationship Father

(i) Address of Next of Kin as above

2. Age last birthday 22 yrs. Date of birth 22-6-1896

3. Enlistment, or Appointment (if an Officer) (a) Place Windsor, Ont. (b) Date 9-9-16

4. Personal description:

(a) Height 5' 5" (b) Weight 152 lbs (stripped) (c) Complexion Fair

(d) Colour of hair Light Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc.

Little toe on both feet amputated. Scar on left knee.

5. Former trade or occupation Machinist.

	PERIODS	
	Years	Days
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).	2	244

	PERIODS	
	From	To
Canada	9-9-16	11-4-17
England	22-4-17	23-8-17
	26-9-17	5-8-17
France or other theatres of War	23-8-17	26-9-17
	5-8-18	25-3-19

7. Original disease, or injury (a) Catarrhal obstruction Eustachian tube. (b) Hammer toes - 5th toe - each foot.

(a) Date of origin (a) Spring 1918. (b) Place of origin (a) France (b) Canada

(b) 1915

(c) Cause (a) Lymphoid hypertrophy of pharynx (b) Wearing of tight boots.

M. F. B. 227.

400M.-11-18  
 1775-30-117.

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.)

(a) Catarrhal obstruction Eustachian tube) Defection hearing, both ears. (b) (Hammer toes) 5th each foot - Loss of function of 5th toes each foot due to amputation.

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.)

(a) Ear. Right 3 ft. Contact 15/17" Normal Retracted Voice - 6 ft. watch, Weber Rinne Schwabach Meatus Drumhead Left. 6 ft. 15" X 20"/17" Normal Retracted. Tubal obstruction - Nose - General lymphoid hypertrophy of Pharynx. Past nasal adenoids and tonsillar hypertrophy, chronic Rhinitis. (b) 5th toe each foot amputated at metatarsal phalangeal joint. Scar tissue healthy, not tender to pressure. Walks with slight limp.

(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).)

(a) Was blown up by shell in spring 1918. since that time has been getting gradually deaf. No hospital treatment. (b) Toes inclined to overlap from wearing tight boots, Corns formed on tops - which became infected necessitating amputation. M.H.S. 23-9-16. London, Ontario. Hammer toes. Operation performed.

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).)

Influenza - St-John Que. 1-12-16 to 2-12-16 - Recovered. No disability (M.H.S.) Rhinitis - St-John Que. 5-12-16 to 8-12-16 - Recovered Shell gas poisoning 2nd Gen. Hosp. Manchester 26-9-17 to 16-11-17 transferred to C.C.H. Uxbridge 27-11-17 Recovered fit. Laryngitis- 4th. (c) (Here give a description of wounds, scars and deformities. Can. Gen. Eastbourne. Recovered (M.H.S.) Littletoes both feet amputated. Small scar, left knee- accident childhood disability.

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

(a) Not applicable

(b) Man says no.

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

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

A - None. Ear Report attached. B. London (Canada) Mil. Hosp. 23-9-16 to 17-10-16, Usual surgical treatment and dressings. M.H.S.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? A. & B- 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 Nil

J. B. Jackson Capt. Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned Albert Bertram 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 M.H.S.

C.O.M.

Albert Bertram Spr. Rank. Signature of invalid examined.



IPM-10 BE-237

237

33

AUDITOR PAYMASTER

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

M. OR S. REGT. No. 506247 RANK Sp4 NAME (IN FULL) BERTRAM Robert  
 NEXT OF KIN RELATIONSHIP ORIGINAL UNIT C.E.F. IF IN P.F. WHAT UNIT? Dominion Bank Windsor Ont  
 ADDRESS PLACE OF ATTESTATION TRANSFERRED TO 505 ADW1 DATE 1/19 AUTHORITY No 139  
 DATE OF ATTESTATION 9-9-15 TRANSFERRED TO DATE  
 IS SEPARATION ALLOWANCE PAID? DATE EFFECTIVE ASSIGNED PAY \$ 16.00 PAID & closed by Ottawa 31/5/19 DATE EFFECTIVE  
 TO WHOM PAID RELATIONSHIP PAYABLE TO Mrs George Bertram N.S. RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS  
 ADDRESS 27 Parents Avenue Windsor Ont  
 STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE  
 DISCHARGED PLACE DATE 5/17/19 REASON Dem AUTHORITY No 139 IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	DEBIT	CREDIT	
31/19					5.45																		BAL. END L.P.C. 31-319
14/21	51	1.10	26	10	35	70				45	00	48	75	130	95	16	00		9	73	166	55	PAY TO ESTIMATED DATE OF DISCHARGE 31/5/19. ALLG. 1st PAYMENT OF W.S.G. BOAT MONEY, TRAIN MONEY. Ado 15/4
183 days					420	00																	WAR SERVICE GRATUITY
					420	00																	WR Mustin's May Soldier Depen 1st pay W.S.G. as above
																		1600			334	00	OP may Paid & not charged
																		440			329	60	Ado to adjust to date of vessel 14 days @ 1.10
																					280	00	17/6/19 492393
																					210		10 7 19 10 5262
																					140	00	117958
																					70		13/9/19 1167589
					420		420																OCT 1 3 1919 1176945

P. 589. MARRIED OR SINGLE Single

PLACE OF BIRTH Middletown, Ont.

NAME AND ADDRESS OF NEXT OF KIN George Bertram

27 Parent Ave. Windsor, Ont. Canada

RELATIONSHIP OF NEXT OF KIN Father

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.

Table with columns: PARTICULARS, EFFECTIVE DATE, AUTHORITY. It contains several empty rows for recording events.

ADMISSIONS TO HOSPITAL, &c.

Table with columns: DATE ADMITTED, DATE DISCHARGED, V. OR A., NAME OF HOSPITAL. It contains several empty rows for recording hospital admissions.

REG'L. No. 506247 RANK Spr. NAME Bertram, Berth.

IF IN PERM. CORPS | UNIT C. C. I. D. 23rd Bn. TRANSFERRED TO P.D.E. DATE 1.11.17 AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION London, Ontario TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 9.9.16 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ 16.00 DATE EFFECTIVE 1/4/17

PAYABLE TO George Bertram 27 Parent Ave. Windsor, Ont. Canada RELATIONSHIP Father.

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Main ledger table with columns for DATE, PAY, FIELD ALLOWANCE, WORKING OR SPECIAL PAY, ASSIGNED PAY CREDITS, OTHER CREDITS, TOTAL CREDITS, ACQUITTANCE ROLLS (4 columns), CASH PAYMENTS (4 columns), BALANCE (CREDIT/DEBIT), PAY WITHHELD OR DEFERRED, PAY AVAILABLE FOR ISSUE, REMARKS. Contains handwritten entries for months from 1917 to 1918.

506247 *Lapper Bertram Bert*

*Assigned Pay \$16*

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS								
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		NO.	DATE	NO.	DATE	NO.	DATE				NO.	DATE				NO.	DATE	1	2	3	4	CREDIT	DEBIT
			\$	C.						\$	C.																						

1917		PARTICULARS		CR. 1	CR. 2	PARTICULARS		DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	CASH PAYMENTS		BALANCE		REMARKS	
Nov 1												48.45						
	Apr. P			33		a. p.					16							
	Dec. Apr. P			3410		a. p.					16							
						P3634. 7. 17.	487											
						Package on App. 5398. 20. 17.	243					76.25						
1918	Jan			6710		a. p.	730				32							
				3410							16							
						Lon A.												
						Quors. 196. 9. 17	806											
						Lon B.												
						Quors. 196B. 9. 17	-38											
						Lon H.												
						Quors. 196A. 9. 17	185											
							1029											
						cc 11. 5. 17	2433											
						3 Com April. 17. 06. 20. 17	1460					45.13						
				3410			4922				16							
Feb. Apr. P				3080		a. p.					16							
						A. 865.												
						Lon A. 20. 1. 18	1-38					59.55						
Apr. Apr. P				3080		a. p.	-38				16							
				3410							16							
						ccc. 0. 1930. 12. 18.	487					93.65						
						" 2213. 30. 18.	973											
						" 2334. 21. 18.	1460											
						ccc. 0. 2958. 12. 18.	973											
						ccc. 0. 3121. 20. 18.	487					33.85						
				3410			4390				16							

\* Strike out whichever inapplicable.

ASSIGNED PAY	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME: <b>BERTRAM Bert.</b>
EFFECTIVE DATE: <b>1-4-17.</b>		EFFECTIVE DATE: -		NUMBER: <b>506247.</b>
AMOUNT: <b>16.</b>		AMOUNT: -		PARTICULARS OF RANK OR APPOINTMENT
NAME, ADDRESS, RELATIONSHIP & AUTHORITY		WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.		AUTHORITY
<b>George Bertram (Father)</b> <b>27 Parent Ave.</b> <b>Windsor, Ontario</b> <b>Stopped 1/4/19.</b>				DATE EFFECTIVE
				RANK OR APPOINTMENT
				<b>Sapper.</b>
UNIT AND TRANSFERS				
ORIGINAL UNIT: <b>6670.</b>				
DATE ACCOUNT FIRST OPENED: <b>1-4-17.</b>				
		AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D
			<b>1-11-17</b>	
		UNIT TRANSFERRED TO		
		<b>1st D. 6.</b>		

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
<b>14/3/19</b>	<b>14844</b>	<b>Bussels.</b>	<b>52.90</b>				
<b>29/3/19.</b>		<b>D wing</b>	<b>43.50</b>				

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<b>1-</b>	<b>-10</b>		

PARTICULARS OF RENDERING NON-EFFECTIVE: **To Canada 31/3/19 NR 5726. Billed to B'abott 31/3/19 M.D. 1.**

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
1918											
Feb 31	Balance Forward								<b>3385</b>		
Apr	S.P.	<b>23</b>		ap.				<b>16</b>			
		<b>33</b>						<b>16</b>	<b>5085</b>		
May 31				Dr 299 17/4/18. CETD.	<b>973</b>						
		<b>34 10</b>		593 25/4/18	<b>243</b>						
				748 17/4/18	<b>08</b>						
				bal.	<b>1224</b>			<b>16</b>			
				982 20/5/18 CETD.	<b>2920</b>						
		<b>34 10</b>			<b>4144</b>			<b>16</b>	<b>2751</b>		
June	Spralay	<b>33</b>		cap				<b>16</b>			
				AR 281 2 CER.S.	<b>14/6 487</b>						
		<b>33</b>		" 574 "	<b>27/6 973</b>			<b>16</b>	<b>2991</b>		
					<b>1460</b>						
July	P.P.	<b>34 10</b>		cap				<b>16</b>			
	S.F. 27/1/17 to 7/12/17 - 10 dep @ 73% P.L. 2nd	<b>7 30</b>		AR 646 2	<b>177 1947</b>						
	3CCX 1/10/17 -	<b>41 40</b>		AR 122 2	<b>285 973</b>			<b>16</b>	<b>2611</b>		
					<b>2920</b>						
Aug		<b>34 10</b>		cap				<b>16</b>			
				AR 1113 2/8 2 CER.S.	<b>1 243</b>						
		<b>34 10</b>		1820 7/8 2 DR 66/46	<b>3 357</b>			<b>16</b>	<b>3821</b>		
					<b>600</b>						
SEP		<b>33</b>		cap				<b>16</b>			
				AR 447 16/9 30%	<b>357</b>			<b>16</b>	<b>5164</b>		4% agreed
		<b>33</b>			<b>357</b>				<b>3572</b>		
Oct		<b>34 10</b>		cap				<b>16</b>			
				AR 691 2/10 26%	<b>373</b>						
		<b>34 10</b>		572 2/10 3 "	<b>373</b>			<b>16</b>	<b>6228</b>		
					<b>746</b>						

*W. Braughed*  
*My Woodhouse*

NUMBER	RANK	NAME	MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
			2/10/18	Bal. ftd.								65 28		
			NOV	Sunday	33		b.a.p.				16			
				" " Dec	34 10		AR. 660 4/1/18 3 b.b.	3 73						
				" " Jan	34 10		AR. 781 16/1/18 "	3 06						
							b.a.p. Dec				16			
							" Jan				16	98 69		
			Sept.	Apr. P.	101 20			16 79			48			
					30 80		b.a.p.				16 -			
							AR 931 16/1/18 3 b.b.	7 79						
							AR 1054 15/1/19. do.	3 73						
							AR 1126 21/1/19. do.	3 73						
							AR 1243 3/2/19. do.	3 73						
							AR 4372 11/2/19. Alto Brussels	27 99						
							AR 1309 10/2/19. 3 b.b.	9 33						
							AR 4641 13/2/19. Alto Brussels	18 66						
				" " March	34 10		b.a.p.	74 76			16 -			
							AR 1448 1/3/19. 3 b.b.	3 73				52 90		
							" 1484 15/3/19 "	3 73				49 17		
					64 90			82 42			32 -			
							AR 1023 29 3/19 Dec	43 80						
							" 138 16 4/19 10 ecc	9 73	End of PC.			436		
					-	-		53 53						

S.O.S. To Canada  
A.R. 59 6.5.19.

my