12683	BIERD	VICTOR LAWRENCE
I.D. number **No. d'identification**	**Surname** **Nom de famille**	**Given names** **Prénoms**

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu 720

"CONTENTS CONFIDENTIAL"
"CONTENU CONFIDENTIEL"

ARC-1048 (r. 87/05)

REGIMENTAL DOCUMENTS

18467

NAME Bird. Victor L. REGT. NO. 12683 UNIT C.M.G.C H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)	1 R 49			
3	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				
	TRAINING HISTORY SHEET (M.F.W. 113)				
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)				
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)				
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)				
	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)				
1	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)				
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)				
2	Misc.				
1	C.B.3.				
1	Casualty Form				

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category DEMOB.

DESERTION

2 6 16
28 6 16
28 6
2 8

402632

W. 2309
100M-11-18
1772-99-1577

32 1st W. S. Coy

1606

ATTESTATION PAPER.

No. 12683

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	(ANSWERS).
1. What is your name?	Victoria V. Bierd
2. In what Town, Township or Parish, and in what Country were you born?	Regina Sask. P.
3. What is the name of your next-of-kin?	Mrs. M. E. Bird
4. What is the address of your next-of-kin?	Fonwarren Man.
5. What is the date of your birth?	12 Oct. 1891
6. What is your Trade or Calling?	Farmer
7. Are you married?	No.
8. Are you willing to be vaccinated or re-vaccinated?	Yes
9. Do you now belong to the Active Militia?	No
10. Have you ever served in any Military Force? If so, state particulars of former Service.	No
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

V. L. Bierd (Signature of Man).

V. L. Bierd (Signature of Witness).

A. McGregor

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

V. L. Bierd (Signature of Recruit)

Date Sept. 23 1914. A. McGregor (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, V. L. Bierd, 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.

V. L. Bierd (Signature of Recruit)

Date Sept. 23 1914. A. McGregor (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 Valcartier Camp this 23 day of Sept 1914.

D. Ienaute Major (Signature of Justice)

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

D. Ienaute Major (Approving Officer)

200 M.—8-14.
H.Q. 1772-1-13.

Description of Pte Reid V L on Enlistment.

Apparent Age 23 years 11 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 6 ft. 1 ins.

Chest measurement: Girth when fully expanded 40 ins.; Range of expansion 4 ins.

Complexion Fair

Eyes Blue

Hair L Brown

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

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).

1 Scar L Hip

OD21 WO Archives COPIE

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 23/9 1914. A. S. Tanfield Major

Place Valcartier camp. 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.

V. L. Reid 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.

D. Ternaille (Signature of Officer)

Date 23 Sept 1914. Major D.C.A. Corps

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
Class "A" No. .....

THIS IS TO CERTIFY that No. 12683. (Rank) Sergeant

Name (in full) Victor L. Bird enlisted in

the 54th B. S. Inf. Bn.

CANADIAN EXPEDITIONARY FORCE at Valcartier Camp on the 23

day of September 1914

HE served in 2nd Bn. C.M.G.B. France

and is now discharged from the service by reason of Demobilization. ~~Medical Unfitness.~~

COPIED Archives Copie

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

Age 28.

Height 6 ft 1 in.

Complexion Fair

Eyes Blue

Hair Light

Marks or Scars Brown mole under right axilla

V.L. Bird
Signature of Soldier

Date of Discharge

No. 2 District Depot
Toronto, Ont.
MAY 25 1919

Issuing Officer
For
O.C. No. 2 District Depot.
Rank

Date MAY 25 1919 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.

M.F.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

C.A.D.C. 5009A

Occupational Group No.....

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

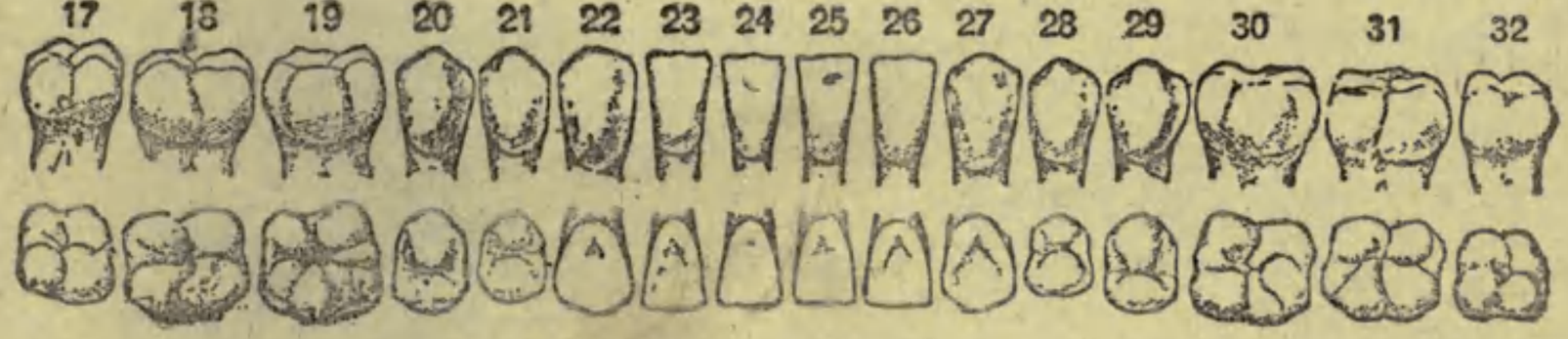
NAME OF SOLDIER (Block Letters) Bierd Victor Lawrence

REGIMENT 2nd Sep. Bn. Class "A" 2 M. G. C. RANK Sgt No. 12683

Date of Examination in England 15/4/19 Date of Examination in France

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32



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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 18
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

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

Signature of Dental Officer N. A. Rutherford Capt.

V. A. Hospital Torquay

WARD 66 - 355

Name Bierd E L 353712

Regiment 5th Canadians

Rank L/Corpl

No. 12683 Religion C of E

Admitted May 26th

Discharged July 10th 1915

Diagnosis G.s. wound l arm

Result Cured

X-Ray

Wounded

First Aid

Examination Two flesh wounds over left deltoid - no injury to bone or nerve.

June 15th - Healing well -

July 9th - healed well -

Operation

X

UNIT 32 ~ Regimental No. 12683

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? — Victoria. L. Biard
2. In what Town, Township or Parish, and in what Country were you born? — Regina Sask
3. What is the name of your next-of-kin? — Mrs A. E. Biard
4. What is the address of your next-of-kin? — Foxwarren Man.
5. What is the date of your birth? — 12 Oct 1891
6. What is your Trade or Calling? — Farmer
7. Are you married? — No
8. Are you willing to be vaccinated or re-vaccinated? — Yes
9. Do you now belong to the Active Militia? — 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 CANADIAN OVER-SEAS EXPEDITIONARY FORCE? — Yes

Sgd V. L. Biard (Signature of Man).

Sgd Ann McGregor (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Sgd V L Biard (Signature of Recruit).

Date Sep 23 1915. Sgd Ann McGregor (Signature of Witness).

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, V. L. Biard, 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.

Sgd V. L. Biard (Signature of Recruit).

Date Sep 23 1915. Sgd Ann McGregor. (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 Vale camp this 23 day of Sept 1915.

Sgt D'Ennaille (Signature of Justice).

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

Sgt D'Ennaille (Approving Officer).

Certified true copy,

for Colonel i/c Records, C.E.F.

L11806 11-1-15 5,000.

Description of V. R. Bird on Enlistment.

Apparent Age 23 years 11 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 6 ft. 1 ins.

Chest measurement.
- Girth when fully expanded 40 ins.
- Range of expansion 4 ins.

Complexion Fair
Eyes Blue
Hair L Brown

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

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.)

Scar on L hip

COPIED Archives COPY

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 23/9 1915

Place Valcartier

A Longmill Lt
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.

V. R. 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.

D Tennille (Signature of Officer.)

Date 23/9/1915

ORIGINAL. 12683

MEDICAL HISTORY SHEET.

79

War Service Badge Class "A" No.

Surname Beard *Christian Name* Victoria Lawrence

Examined { on 14 day of Sept. 1914
at Valcartier

Approved by C. A. Lawhill 14

Rank Capt. M.O.

Birthplace { City or Town Regina
County Saskatchewan

Apparent age 23

Trade or occupation Farmer

Height 6 Feet 1 Inches.

Weight 190 Lbs.

Chest measurement { Minimum 36 inches.
Maximum expansion 40 inches.

Physical development Good

Small-Pox Marks none

Vaccination Marks { Arm Right. Left. Yes
Number 2

When Vaccinated last about 12 years ago

(a) Marks indicating congenital peculiarities or previous disease nil

Scar on l. hip

(b) Slight defects but not sufficient to cause rejection

nil

Date	Fit or Unfit	Examined for Re-engagement,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
1902	Took.	M.O.
6/10/14		Major A. S. Lawhill M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
15/9/14	Slight	M.O.
		M.O.
		M.O.

Enlisted on 6 *day of* August 1914 *at* Birtle Manitoba

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	12 Man Draft		Smoker	6/8/14
Transferred to..	A Co 5 Batt^n 2nd Brigade	12683	moderate	5/9/14

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Victory	2nd Lt Hand	28/4/19	A Honorable Captain

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.

Entries in Red Ink made from Attestation Sheets.

MAY 31 1915 R. M. Shaw for D. D. M. S.

M. F. B. 313.

50M—8-14.
H. Q. 1772—39—439.

Surname Buerd Christian Name Victoria Laura

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		19	12	14	29	12	14	Gonorrhoea	11	Mild	R. D. Campbell

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				
3.8.18	Unit	To Guards Division on course of	Instruction	25.7.18	2 Cdn Div. G33/406d 18/7/18 B213 ~~[illegible]~~
31.8.18	do	Rejoined from course	Field	24.8.18	B213
9.11.18	"	Granted 14 days Leave to UK		7.11.18	B.213 P.118/18
30.11.18	do	Rejoined from Leave.		27.11.18	B213
		Proceeded to England			G.J. Skelton Lieut. for Lt. Col., AAG., Canadian Section
					S.O.S. ON PROCEEDING TO CANADA PART II 44 "H" WING, C.C.C.
				16589	R Grant Lt

Army Form B. 103. Temporary

Casualty Form—Active Service

Regimental Number 12683.

Regiment or Corps 4th Can M. G. Coy.

Rank Cpl. Surname Beird. Christian Name V. L.

Religion _____ Age on Enlistment ____ years ____ months.

Enlisted (*a*) _____ Terms of Service (*a*) _____ Service reckons from (*a*) _____

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

Extended { _____ } Re-engaged { _____ } Qualification (*b*) _____

{ _____ } { _____ } or Corps Trade and Rate _____

_____ Signature of Officer i/c Records.

W.S.B. class "A"

War Service Badge Class "A" No. _____

Embkd MINNEDOSA May 2

Disembkd [illegible] May

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 ...			
7/10/16	A.C. Unit.	To be Corporal.	Field	15/9/16	H.G. 111-1706 P.J.O 53-25 10/16
26.5.17	O.C. unit	Promoted Sgt. to comp. Est	Fields	18.4.17	B213 Pte ms. 7955.6.6.17
26-5-17	O.C. unit	Attd M.G. School Camiers for course.	Fields	27.5.17	B213 Pte ms. 7990/16.6.17
16.6.17	"	Ceases to attd Camiers	"	9.6.17	B213. Pte 0 83 29 6/17
6.10.17	"	Corps M.G. School	"	30.9.17	B213
3.11.17	"	Rejoined unit from school	"	27.10.17	B213
19.3.18	6th Corps	Absorbed into 2nd Batt'n Can Mach Gun Corps		19.3.18	Hos-wounded 24.3.18 Pte 0 24.6.18

(*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.

[P.T.O.

(938). Wt. 15012/5156. 1,000,000. 1/16. P. P. Ltd. Forms/B.103/3.

285.

(1915)—Wt. W4862—540.—600,000.—9-14.—G. A. T. & S., Ltd. Forms B. 103/1.

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps 5 Batt^n 2 Inf Brigade C. O. E. F.

Regimental No. A 12683 Rank Pte ~~Pr~~ ~~Armr Cpl~~ Name Bierd Victoria L.

Enlisted (a) ~~6/8/14~~ 23-9-14. Terms of Service (a) duration of war Service reckons from (a) ~~6 Aug 1914~~ 23-9-14.

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) Farmer

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B, 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
25/5/15	R R B G N	G S W arm	field	24/5/15	W 3034
26/5/15	N/S St David	To England	"	26/5/15	#60
7-6-15	O. C. 32	Taken on strength	Shorncliffe	7-6-15	P II. 159.
9-10-15	O. C. 32	To be a/corp^l	Shorncliffe	9-10-15	P II. 266
20.3.16	Shorncliffe.	~~Tsfrd to~~ C. O. C. attached to 32nd Res. Bn.	Ashford. Shorncliffe	20.3.16 20.3.16	P II 2/85 P II 3/85. P II. D.O. 76
13.5.16	Sh'cliffe 32nd Res.	Ceases to be att on proceeding Overseas.	Sh'cliffe	13.5.16	1 Pt II ~~123~~ 120

War Service Bureau Class "A" No.

CAPT.
OFFICER i/c RECORDS
CANADIAN SECTION G. H. Q.

[signature] Lieut. Asst. Adj.
for O.C. 32nd Res. Battalion,
CANADIAN EXPEDITIONARY FORCE.

[signature] Lieut. Asst. Adj.
for O.C.
43rd CANADIAN RESERVE BATTALION.

(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 Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
5-6-15	O/C 5th Bn	App'd L Corp.	France	16-5-15	Pt-II. D.O. 14 page 3.
4-2-16	O/C 32nd Bn	Rank Confirmed Corp'l	S'cliffe	9-10-15	——— 32
31-5-16	O/C 2nd Div M.G. Co	T.O.S. & posted to 4th Bde M.G. Co.	Field	16-5-16	Pt-II. D.O. 20
31-5-16	Do	Reverts to Ranks on Trans	Field	16-5-16	——— 20
4-7-16	O/C. Do	Att to M. Gun. School for Instruction	Do	18-6-16	——— 25
25-10-16	Do	Promoted Corporal.	Do	15-9-16	——— 53
16-6-17	Do	Promoted Sergt.	Do	18-4-17	——— 79. JW.

CERTIFIED TO BE CORRECT 27 DEC 1917 CAN. RECORDS, LONDON

COPIED Actual COPY

R. W. Clowes. LIEUT:
FOR LT. COL: I/C RECORDS, C.O.M.F.

MAY 14 1919 O. S. T. O. S. No. 2 DISTRICT DEPOT, TORONTO 1919 PART II D. O. 156

MAY 27. 1919 S. O. S. (DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT, PART II D. O. 156

W. C. Roberts
Lieut.
For O. C. No. 2 District Depot.

4

Army Form B. 103.

Casualty Form—Active Service.

Regimental Number 12683.

Regiment or Corps 4th Bde Mg Coy.

Rank Pte. Surname Beard Christian Name V. L.

Religion _____ Age on Enlistment _____ years _____ months.

Enlisted (a) _____ Terms of Service (a) _____ Service reckons from (a) _____

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

Extended { _____ } Re-engaged { _____ } Qualification (b) _____

or Corps Trade and Rate _____

_____ Signature of Officer i/c Records.

War Service Badge Class "A" No.

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
		~~Embarked~~ ...		16/5/16.	
		Disembarked ...			
31/5/16.	A.A.G. Can Sec.	Taken on Strength of 4th Bde Mg Coy.	C.B.D.	16/5/16	4/16/5/16. PCD 81/Inf/32 PBO 20. 31/5/16 Ref file KR 2/95
24/6/16	OC Mint.	Attached to Mg School	Camiers	18/6/16	4/7/7/16 B213. PBO 25
19/5/16.	OC CBD.	Left base for Mint	Not Stated.	20/5/16	DF 32. DCS 109. 5/8/16.

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(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.

[P.T.O.

(938). Wt. 15012/5156. 1,000,000. 1/16. P. P. Ltd. Forms/B.103/3.

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				

Rank and Name Cpl BIERD, Victoria L. — Lt/Cpl A/Capt Pte — 45491

Regimental No. 12683

Unit 5th Batt

Date of enlistment 23 Sept.1914.

Place of birth Sask

Married (Yes or No) No.

If in Permanent Force

Name and Address of Next-of-kin
Mrs H.E.Bierd
Foxwarren, Man..

Date and place of discharge

Reason for discharge

Character on discharge

COPIED Archives COPIÉ

N/E. R.B. No. 8978 Cpl Pte DR CAN

Promotions or appointments

cc !

Report Date	Report From whom received	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
20-12-14	O.C. 5 Bn.	(Lt) Sick	Park Hill	18.12.14	Field Return
2-6-15	W.O.	Ad[e] Raval Pindi Br. Gen Hos Kimmeroux		24-5-15	Cas Rep. 71 O dr
5-6-15	"	" Red Cross Hospital Lt. Torquay	Torquay	26-5-15	" " Yk
5-6-15	O.C. 5th Bn.	Prov. to Engr. Struck off str. of 5th Bn.		26-5-15	P2 D.O. 14
5-6-15	"	Appointed. L/Corpl.	France	16-5-15	" page 3
7-6-15	O.C. 32nd	Taken on strength 32nd	Shorncliffe	7-6-15	Part II orders No 159
9.7.15	W.O.	Disch. to sick furlough	Torquay H Exeter.	10.7.15	G.L. 103 - 5th Bn.
9.7.15	Torquay O/C. H'pital.	Furlough Granted.	Exeter.	10.7.15 to 17.7.15	C/o Mrs Abbott, Dillons. Marsh, A.F.W. 3016. Westbury.
12.7.15	O.C. 32nd	—— " ——	Shorncliffe.	ditto.	Pte II. D.O. 189.
9-10-15	O.C. 32nd.	To be act'g Corpl.	—"	9-10-15	P II 266
9-2-16	Do	Rank Confirmed L/Cpl	—"	9-10-15	P II 32
26.3.16.	do.	Trans. to C.O.B.	do.	20.3.16	P II 76.
26-3.16	do.	attached 3rd. Bn.	do.	20.3.16	P II 76.

Report Date	Report From whom received	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
13.5.16	3rd	Ceases to be attached 3rd ~~but will remain on Command~~ on proceeding overseas ~~[illegible]~~	Shorncliffe	13.5.16	P II 120.
31-5-16	OC 2nd Div MG Com	T.O.S. & Posted to 4th Bde MG Coy on arrival as Re-Enforcement from Eng reverts to the Ranks on Transfer	In the Field	16-5-16	Part II O No 20
7-7-16	OC 2nd Div M.G. Co	Att to M. Gun School for Instn	In the Field	18-6-16	Part II O No 25
25.10.16	..	Promoted Corpl	"	15-9-16	Pt II O No 53
16.6.17.	✓	Promoted Sgt	✓	18.4.17	✓ 79
15-3-18	✓	Trans to CMG Corps. ON Strength 2nd BN C.M.G. Corps 19 3 18	✓	1-3-18	Pt. II DO #20.
17-4-19	2nd Bn. CMGC	Proc to Eng.	Sgt Le Havre	12-4-19	Pt. II DO # 32
		Sailing 55-I-30 of 14.5.19.			
18-5-19	1st Wing CCC	SOS to Canada	Sgt Witley	14-5-19	Pt 44
20-4-19	2 Bn do	TOS from 2nd Bn CMGC	" "	13-4-19	— 29.

A.F.B. 103 Checked 4-12-17 [illegible]

Original

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 Witley Surrey DATE 20.4.19

1. 1 (a) Unit ..... (b) Regimental No. 12683 (c) Rank Sgt

(d) Surname BIERD (e) Christian name Victor Laurance

(f) Home address Fox Warren Manitoba;

(g) Next of Kin Mother (h) Relationship mother

(i) Address of Next of Kin Mrs H E Bierd Fox Warren Man.

2. Age last birthday 28 Date of birth 12.10.189[illegible]

3. Enlistment, ~~or Appointment (if an Officer)~~ (a) Place Birtle Man Sgt (b) Date Aug 6th 1914

4. Personal description:

(a) Height 6' 1" (b) Weight 190 (stripped) (c) Complexion Fair

(d) Colour of hair Light (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Brown mole under Rt-axilla

5. Former trade or occupation Farmer

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
	4	257

	Periods	
	From	To
Canada	6/8/14	28/9/14
England	14/10/14	9/2/15
France or other theatres of War	12/2/15	20/4/19

7. Original disease, or injury ~~INDEX FINGER Lt~~ MISSING - MIDDLE PHANGEAL JOINT L I
LACERATED WOUND INDEX FINGER (MAO)

(a) Date of origin 1911 (b) Place of origin Canada

(c) Cause accidental - Shot by rifle

M. F. B. 227.

400M.—11-18.
1772-39-117.

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.)

Index finger left hand (amputated) far middle joint

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.)

Index finger left hand amputated through
wnr. (1st ~~2nd~~ proximal)
~~2nd~~ phalangeal joint - after accident - with
gun. Stump healthy.
Symptoms nil.
Duly.

(*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.....
(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.....Urine Normal

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

In 1911 after gunshot accident had
middle and distal segments left index
finger amputated through 1st phalangeal joint.
Perfectly healthy since.

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*).)

G.S.W. arm Rt. 24.5.15.

(*c*) (Here give a description of wounds, scars and deformities. Half left index finger missing
Brown mole Rt-axilla. Scar under Centre Rt-Eye.

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

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

no

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

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

nil

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

M. A. Cullan Capt. Canada.
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 Victor Bird have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of Nil

12183 Bird V. Sgt. Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes

19. Is the invalid fit for

(*a*) General service,	(Category A)	(Yes ~~or No~~.) Yes A.
(*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.)

P T C Curtis Cs Tel 4053

11/4/19

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 Witley Camp — W Ecclestone *President.*

DATE 20/4/19 — } 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.....

APPROVED BY — APPROVED BY

Assistant Director of Medical Services. — *Director-General of Medical Services.*

DATE..... — DATE.....

HEADQUARTERS A.D.M.S. 23 APR 1919 Files CANADIAN TROOPS, B.E.F.

~~Pte~~ (M7) Bird

Bird. Pte V.L. 12683 5th Bn. A. Coy

Address — Foxwarren Man. Canada

Admission — Dec 1914

History — Medical discharge for six days. Exposed 20 days previously

Exam. — Medical discharge. creamy in colour & consistency with Rhinorrhoea & balanitis

Diagnosis — Acute Inf. nasalis Etc

Treatment — Cond. irrig. KMNO4 Sol 1—5000

19/12/14		Free ✓
20/12/14	✓	✓
21/12/14	✓	✓
22/12/14	✓	✓
23/12/14	✓	✓
24/12/14	✓	Slight D.
25/12/14	✓	No Dis.
26/12/14	✓	✓
27/12/14	✓	✓

2. to be discharged Medical Capt. Came

29247 THE MORTIMER SYSTEMS
OTTAWA, CANA

NAME Bierd, Victoria, L. 4th

Regimental No. 12683.

Unit 5th Battalion,

Date of enlistment 23rd September, 1914.

Place of birth Sask.

Married (yes or no) No.

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Mrs H.E.Bierd,
Foxwarren,
Manitoba.

Date and place discharged

Reason for discharge

Character on discharge

Date 1914 From	To	PAY No. of Days	Rate	Amount	Field Allowance No. of Days	Rate	Amount	Other Credits	Total Credits	Voucher No.	Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
9/22	10/31	40	1	40	40	.10	4		44			40			40	
Nov 1	Nov 30	30	1	30	30	10	3.	4	37			35			35	
1/12/14	31/12/14	31	1	31	31	.10	3 10	2	36 10			35			35	
1/1/15	31/1/15	31	1	31	31	.10	3 10	1 10	35 20			35			35	
1/2/15	28/2/15	28	1	28	28	.10	2 80	20	31			6		5 70	11 70	Hospital Stoppages 38 days @ 15¢
1/3/15	31/3/15	31	1	31	31	.10	3 10	19 30	53 40			3			3	
1/4/15	30/4/15	30	1	30	30	.10	3	50 40	83 40			3			3	
1/5/15	31/5/15	31	1	31	31	.10	3 10	80 40	114 50			46	48 8		46	T/c. to 32nd Batt 31/5/15
June 1	30	30	1.	30 -	30.	10	3 -	68 50	101. 50							
July 1	31	31	1.	31 -	31.	10	3. 10	3. 85 101. 50	139. 45			5 25	284		30 -	R. Allce 10-17. July
								109. 45				233		5 70	238 70	
		Adjustment of Exchange						6 21								
Aug 1.	31	31	1.	31	31	.10	3 10	115 66	149. 76			24 33 97 33			121 66	
Sept 1	30	30	1.	30 -	30	.10	3 -	28 10	61 10			9 73			9. 73	
Oct 1	31	31	1.	31	31	.10	3 10	51 37	85. 47			38 93 19 47			58 40	To be Actg C/ol 130 2 66. 8-10-15
Nov 1	30	30	1.	30 -	30	.10	3 -	27 07	60 07			29 20			29. 20	
Dec 1	31	31	1.	31	31	.10	3 10	30 87	64 97			24 34			24 34	
Jan 1	31	31	1.	31	31	.10	3. 10	40 63	74 73			48 67 9 73			58 40	
Feb 1	29	29	1	29	29	.10	2 90	16. 33	48 23			4 87 7 30			12 17	Cr Bal. Carried forward
				576 ..			57 60	10 06	588 66			546 90		5 70	552 60	36.06

No. 12683 Bierd. Victoria. L.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
				526 00			52 60	10 06	588 66			546 90		5 70	552 60	
Mch 1	31	31	1.	31 .	31	.10	3 10	36 06	70 16			9 73.			9 73.	[illegible] C.O.C. 31.3.16 BO 85-26.3.16
								60 43								
				557 00			55 70	10 06	622 76			556 63		5 70	562 33	

Credit Balance forward.
$60.43

Com HBM

BALANCE TRANSFERRED TO NEW LEDGER

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch B

OVERSEAS CONTINGENTS

6705 Nov 1/17

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

27			

PARTICULARS OF SEPARATION ALLOWANCE

No. 12683

Rank Sgt Promoted Reverted Discharge

Soldier's Name V.L. Bird

Battalion 5th Battn

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. H. E. Bird

Address Box I Foxwarren, Man.

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		1482-V-1 REMARKS
Nov	D 56328		27	27	D	M B
Dec	A 52839		27	27	Bo	2 M 30-10-17
Jan	D 68859		27	27	Mc	
Feb.	C 90252		27	27	✓	
Mar.	A 97558		27	27		
Apr.	C 1458		27	27		
May	E 8124		27	27	✓	
June	D. 16276		27	27	✓	
July	X 30586		27	27	✓	
AUG	6 27986		27	27	✓	
SEP	B 40701		27	27	✓	
OCT	B 45672		27	27	✓	
NOV	A. 61877		27	27	✓	
DEC	C. 63634		27	27	✓	
JAN	D 73042		27	27	✓	
FEB	D. 80943		27	27	✓	
MAR	D 91744		27	27	✓	
Apr	E 2923		27	27	✓	
May	B 7706		27	27	✓	
			513	513		

A/c Closed 31-5-19

Ret'd per Minnekahda

Date 23-5-19 M.F.W.187 30-5-19 MD. #2

k A. Sinclair

MRO 114923 30-5-19 (Des.)

AUDITED.

DM

M. F. W. 128.
400M. 6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128.
4'0M. 6-17—1772-38-1141
L. L. 22320—M. & D. 7993.

D.M.S. 1300.

Surname: Bierd
Christian Name or Names: V. L.
Reg. No.: 12683
Rank: Pte.
Unit: 5th Batt.
Co.
Troop
Batty.
Hospital
Date of Admission

Transferred: Manor House Balford Hosp. 18.12.14
Rawal Pindi Brit. Gen Wimereux Hosp. 24-5-15
Red X Tonquay Hosp. 26-5-15
Hosp.

Diagnosis: Gonorrhoea. ✓
(1)
Later Diagnosis (if changed): G.S. Warm
(2)
(3)

Additional Diagnoses: If more than one state present

DISPOSITION: Discharged
Date: 28.12.14.

A & D. Book 4.
CL 2-6-15 71
CL 74
W.H.R. 19.6.15
" 2.7.15.
" 16.7.15.

REMARKS
S. Furlough. 10.7.15

A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

No. 12683 Rank Pte. Name Reid V. L.

T. O. S. Unit 12th Man. Dragoons (5th Battalion)

M. D. Val

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914	1914			
Aug. 26	Sept. 21	V		
Sept. 22	Oct. 31	V		

UNIT SAILED
OCT 3 1914

P 11/4/21

B.

Number 12683 Rank Sergt

Surname BIERD

Christian Names Victoria Lawrence

Unit 5th Can Inf Bn Theatre of War France

Dates of Service 17-10-14 15-2-15 14-5-19

Remarks

Latest Address G.P.O. Foxwarren

Manitoba

Roll No.

G.A. 11457 Desp
MAY 8 1 1924
G 25082 Re Dup
JUN 8 1924

Name Bierd V.L. Rank L/Cpl. Reg. No. 12683

Unit 5th Batt.

Next of Kin Canada.

Date 1915	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
July 10	Torquay Hosp.	Exeter	Dis. to I.T.	103		

Date	Movement	Place	Casualty	List No.	Notified N/K	O.	W.O. List

SURNAME. Bierd.

CHRISTIAN NAMES Victoria. Lawrence.

REGL. No. 12683 RANK Pte S. Cpl.

UNIT 5th.

FORMER CORPS Nil.

CARD No. 9/20.

FOLL. Sol Dis 27-5-19 Demo DO 156 of 5-6-19 2DD Bn.

NEXT OF KIN.

NAMES IN FULL Bierd Mrs. H. E.

RELATIONSHIP TO SOLDIER Not stated

ADDRESS Foxwarren. Man.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Regina. Sask. DATE Oct 12th 1891

PLACE OF ATTESTATION Valcartier P.Q. DATE Sept 23rd 1914.

O/S 4/10/14 R/C. 22-5-19 331/5.7. Sgt.

L. L. 6945. M. & D. 6994. M. F. W. 22. 100M.—8 16. H. Q. 1772-39-339.

From Quebec Per S. S. Lapland Oct. 4. 1914

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Farmer. RELIGION Church of England

DESCRIPTION.

APPARENT AGE 23 YEARS 11 MONTHS

HEIGHT 6 FEET 1 INCHES

CHEST MEASUREMENT 40 INCHES EXPANSION 4 INCHES

COMPLEXION Fair EYES Blue HAIR L. Brown

DISTINGUISHING MARKS Scar on left hip.

MEDICAL EXAMINATION. PLACE Valcartier Camp P.Q. DATE Sept 23rd 1914

Present Address, Not stated

H. Q. FILE No. 649-

NAME Bird Victoria L.

REGT'L. No. 12683

RANK AND CORPS Lce/Cpl. 5th. Battalion

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
C1856	2/6/15	Wounded.

NO. 14620.

xx FOLL.

L. L. Job 83225 —M. & D. 5812.

M. F. W. 42—50m 7-15.
H. Q. 1772—39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
74 (2) 103	Rawal Pindi Br. Gen. Wimereux Red X. Torquay Torquay, Exeter	24-5-15. 26-5-15.	G.S.W. arm. wd. slt. Dis. to sick furlough. 10.7.15

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ENGLAND OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 4/11/17	EFFECTIVE DATE:-
AMOUNT:- 27.00	AMOUNT:-

NAME:- BIERD Victoria L.

NUMBER:- 12683

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.
Mrs H. E. Bierd (mother)	
Box 1. Foxwarren, Manitoba, Can.	
Stopped 1.5.19.	

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
B.O. 79. 11.6.17	18.4.17	Sergeant

UNIT AND TRANSFERS

ORIGINAL UNIT:-

DATE ACCOUNT FIRST OPENED:-

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			2nd C.D.M.G. Bn.

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
21/3/19.	312		~~5 48~~ ✓				
3/4/19.	36.		~~5 60~~ ✓				
18/4/19.	1008	H. C. C.	~~9 73~~ ✓				
24/4/19.	1052		~~97 33~~				
			118 14				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 35	15		

PARTICULARS OF RENDERING NON-EFFECTIVE:- Trans to Can. 1/4/19. Ref. N.R K.7630. 24/4/19. Bolotte to Bolotte 28/4/19. M.D.2. Cr Bal. 321.67 all deferred.

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar 31	Bal. Ford.								371 01	345 75	
April	S. Pay	45 - ✓		b.a.p.				27 - ✓			
				A.R 13. 9/4/18 2nd M.G. Bn	6 25						
				" 166 26/4/18 "	7 14				375 65	ditto	
				b.a.p.	13 39			27			
May	S. Pay	45 46 50 ✓						27 ✓	381 77		
		46 50 ✓		A.R. 219 19/5/18 2nd M.G. Bn.	13 38						
					13 38			27			
June	S.P.	45 - ✓		A.R 258 11.6.18 "	10 71						
				b.a.p				27 ✓	389 06	345 75	
		45 ✓			10 71			27			
July	S.P	46 50 ✓		b.a.p.				27 ✓			
				A.R 366 6.7.18 2nd Sqdn	13 38						
				" 559 24.7.18 "	17 84 ✓						
				W 3089 31.7.18 "	32				397 02		
		46 50 ✓			31 54			27			
Aug	S.P.	46 50 ✓		b.a.p.				27 ✓	396 52		
		46 50 ✓						27			
Sept	"	45 ✓		b.a.p.				27 ✓			
				A.R 1034 14-9-18 "	8 35				409 17		
		45 ✓			5 35			27			
Oct	"	46 50 ✓		b.a.p.				27 ✓			
				" 1395 23-10-18 "	11 19						
				" 1461 29.10.18 "	5 66				411 88		
		46 50 ✓			16 79			27			
Nov		45 ✓		b.a.p				27 ✓			
				A.R 634 5.11.18 "	58 40						
				" 1004 25-11-18 "	9 33						
	Forward	45		Forward	67 73			27	411 88		

NUMBER 12683 RANK Sgt NAME BIERD V. L

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Forward		45			67 13			27	411 88		
Dec	S.P.	46 50		b.c.d.P.				27			
				cdR 1931 2.12.18 2nd Mtd B	9 33						
Jan	"	46 50		b.c.d.P				27	391 82		
		138			77 06			81			
Feb	S.P	42		2265. 8 1/19. "	5 66						
Mar	S.P.	46 50		2488. 26 1/19 "	5 60						
				2623 10 2/19 .	5 60						
				b.c.d.P Feb				27			
				" March				27			
				2784. 24 2/19. 2dlGBn	5 60						
				3003. 11 3/19. "	5 48						
				3075 12 3/19. "	18 25						
		88 50			46 19			54	380 13	3405	
April	S.P.	45		b.c.d.P April				27			
	Ind Def Pay	41 68		3122. 21 3/19 .	5 48						
				36. 3 4/19. .	5 48						
				1008. 19 4/19. H.C.C.	9 73						
				1952. 25 4/19. "	9 73						
				5372 9 5/19. " Mandrossed	11 60						
		86 68			132 62			27	307 19		

S.C.S. 14.5.19. M.D. 2. S.L. 55.

MARRIED OR SINGLE S.

PLACE OF BIRTH Dask Can

NAME AND ADDRESS OF NEXT OF KIN Mrs. A. E. Biera
Fse. Warren. Dask Manitoba

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	AUTHORITY
Promoted Cpl	15/9/16	B.O. 53 25/9/16
" Sgt.	18.4.17	B.B. 49. 11/6/17

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. No. 12683 RANK ~~Pte.~~ Sgt. ~~Cpl~~ NAME Biera Victor. L

IF IN PERMT. CORPS WHAT UNIT UNIT Can Ord Corps. TRANSFERRED TO 4th Bde M.T.C. 2nd DATE 16:10:16. AUTHORITY P.O. 26/16/K.

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 23:9:1914. TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 12yrs. DATE EFFECTIVE 23.9.14 (Grantee 5/10/17) (Appn 5/10/17)

PAYABLE TO Mrs A E Biera, Box Fse Warren, Manitoba, RELATIONSHIP Mother.

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)

C. D.

DATE 1916	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
May			55	00			55	40						10 06	62 76												55 63		5 40	56 33	60 43				
Apr	30	3/1	30	-	30	25	7	50							39 30											9 73				9 73	90 -				$1.00 cac. 30. from 2.05.16 to 31.3.16.
May	31	1.00	31	00	31	25	7	75							38 75	1479 1220 1202										4 73 7 30 7 30				24 33	104 42				
June	30	1.00	30		30	25	7	50							37 50	51										5 11				5 11	136 81				
July	31	1	31	-	31	-	7	75							38 75																175 56				
Aug	31	1	31		31	25	7	75							38 75																214 31				
Sept	30	1.10	33	-	30	-	7	50							40 50	67	1.8									262				262 33	19				
Oct.	15	15	1	15	-	15	10	1	50						16 50													20 70 3 -		23 70	244 99				Left 4th Bde M.T.C. 16:10:16. P.O. 26/16.5.16. 20 73 Overcredited 7a. from 16.5.16 to 30.9.16. 138 days @ 13 6. Overcredited Pay Freak. September Sheet.
16.31 Oct	16	1.10	17	60	16		1	60						3 10	22 30	829/3 76 3/4 97 1.00 76 2/10 54 9/7										107 7/8		2 29	26 380						From Cpl 15.9.16. B.O. 53. 25.10.16. 3rd. 31 days @ 10s.
Nov	30		33	00	30		3	00							36 00															14 82	284 98		169 50	115 48	15.9.16 – 15.10.16. 30 33 Rate
Dec	31		34	10			3	10							37 20	1529/3 76 3/4 97 1.00 76 2/10 54 9/7								2 61 3 48 1 75 4 36 2 62.						20 06	302 12				
1917			112	45											159 4/12																			
Jan	31	1.30	34	20											34 20	132 1/11 1145 30/11								13 08 3 49 3 49											
—	—	—	—	—											— —	181 31/12 1140 15/12								3 49 4 36.						7 85	331 47		202 50		
Carried fd.			992	35.										13 16	1005 51									42.43		4528	5566 3.		29 40	6704	3314 7.				

Checked C.D. Meyer

12683 Sgt. ~~Cpl~~ Bierd V.L

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
			992	35										13 16.	1005	202	29-1							42 43	45 28		536 63		29 40	574 04	331 47.		202 50.		
Feb	28.		33	60.											33 60.	190	19-1							3 49 4 36						4 85	357 22				
Mar.	31		34	20											34 20	219 210	28-2 17-2	229	20/3					3 49 4 36	4 36					12 21	382 71				
Apl.	30		36	·											36 ·	1 44														118 21.				
May	31		37	20											37 20	21 35 11 44								3 49 3 49 4 36.						11 36	444 07				
June	30		45	·										13 20	58 20	32 43	16-5 31-5							4 46 13 38						14 84	484 43		285 ·		Promoted Sgt. 18/6/17 B.C. 49 11/6/17 62 days @ 30c = 13.20.
July	31		46	50											46 50	55 58	18-6 25-6	7/5 6/11						5 35						✓	530 93		305 25		
Aug.	31.		46	50											46 50	68	25-6							5 35 5 35	5 35					16 08	861 38		325 50		
Sept	30		45	·											45 ·	125 100	30-5 26-7	111 5/8	13-3	7/6.	18 4/5.			5 35.	5 35.	7 14				23 19	583 19.		345 75		
			1319	35										26 36	1345	71								109 01	60 34	7 14	536 63		29 40	767 52	583 19.		345 75.		

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR 3	DR 4	BALANCE	DEFERRED PAY	SEP. ALLCE.	ENG.
1917												
		583 19										
Oct.	Sgts Pay	46 50		Can. Ars. Pay					583 19 345 75			
				136. 13/9/17 4 Mtr. Coy		8 35			8 35			
		46 80							24			
Nov.	S. P.	45 ·		Can. Ars. Pay					24			
				AR 5415 3/11/17. 2 Tr. M. Co		194 14.						
				148 30/9/17 4 M.G.Co.		5 35						
				3088 14/10/17 C.C. Sec.		5 35						
				3349 29/10/17 C.C. Sec.		5 35						
				196 16/11/17 4 M.G.C.		5 35						
Dec.	S. P.	46 50		C. A. P.					24			
				144 30/9/17 4 M.G.C.		14 84						
		91 50				23 3 91			54		400 93	
1918. Jan.	S. P.	46 50		C. A. P.					24			
				214 4 M.G.Co. 4/12/17		19 63						
				229 4 M.G.Co. 12/12/17		13 38						
				213 4 M.G.C. 30/11/17		4 14						
		46 50				40 13			24		380 28	

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR 3	DR 4	BALANCE	DEFERRED PAY	SEP. ALLCE.	ENG.
Feb.	S. P.		42 00	C. A. P.								
				23101 AR 26/3/17		2 68						
				44 2 M.G.Tn. 9/1/18		4 14						
				98 2 M.G.Tn. 24/1/18		6 25						
				140 2 C.M.G.Tn. 8/2/18		4 14						
						23 21				24	342 04	
Mar	S. P.		42 00									
			46 50	C. A. P.						27		
				AR 1186 2 M.G.Tn. 20/2/18		7 14						
				AR 295 - 15 3/8		6 25						
				- 340 - 23 3/8		7 14						
			46 50			20 53				27	371 04	345 75

DISPERSAL "I"

AUDITOR | PAYMASTER

"MINNEKAHDA" 23.5.19

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

M. OR S.

REGT. NO. 12683 RANK Sgt NAME (IN FULL) BIERD, V.L. B5417

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil. DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

(Pending)

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 2nd M.G.B'n. IF IN P.F. WHAT UNIT? Same (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 19/8/14 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 27.00 DATE EFFECTIVE 31/5/19 Closed by Ottawa

PAYABLE TO Mrs. H. E. Bierd RELATIONSHIP Mother

ADDRESS Box 1. Foxwarren Man.

ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE Toronto DATE 27.5.19 REASON Demob. AUTHORITY D.O.156 IF ENTITLED TO POST DISCHARGE PAY yes

T.O.S. 14/5/19 D.O. 156

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $ C.	OTHER CREDITS $ C.	$ C.	TOTAL CREDITS $ C.	ACQUITTANCE ROLLS COL. NO. 1 NO. DATE	COL. NO. 2 NO. DATE	COL. NO. 3 NO. DATE	CASH PAYMENTS COL. NO. 1 $ C.	COL. NO. 2 $ C.	COL. NO. 3 $ C.	ASSIGNED PAY $ C.	REGIMENTAL CHARGES $ C.	OTHER CHARGES $ C.	$ C.	TOTAL DEBITS $ C.	BALANCE DEBIT $ C.	CREDIT $ C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT 30/4/19					321 67	321 67													321 67	Bal on Eng. L.P.C.
29/5/19	29	1.50	43 50							14 60	Endorsed on L.P.C.									P & A 1/3/19 to 29/5/19
				35 00																Clothing Allowance
				70 00																1st payment W.S.G.
													27 00							May 1919
										487	5 00									Boat & Train Money
									C.K.	418 70										
						148 50											470 17			
				W.S.G.											W.S.G.					
														27/5/19	70 00			Due		W.S.G. as paid above
															3 00			Soldier		P.A. over Cr. 2 days
183 days				420		420											73	347		1st W.S.G. Paid by #2 D.D.
													AR 92	July 21	70	979352	143	277		
													AR 118	Aug 21	70	1342794	213	207		
										AR 147	Sep 25	1354900			70		283	137		
										AR 174	Oct 28	1363012			70		353	67		
										AR 198	Nov 25	1368157			67		420	-0-		
						420 00									420 00		420			

W.S.G. PAID IN FULL

CAPTAIN

FOR PAYMASTER WAR SERVICE GRATUITY

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

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 (230M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851). + Dup
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group B
Checked by No. 11
Date 10 MAY 1919

War Service Badge 212321
Class "A" No. ..... SHORT FORM.

18.7.39 D.A. "I"

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

Occupational Group No. 10

1. No. 12683
2. Rank. Sergeant.
3. Name. BIERD Victor L.
4. Unit. 2nd BATTN. CANADIAN MACHINE GUN CORPS.
5. Date of Discharge MAY 27 1919 Place Toronto

COPIED Archives Copie

6. Reason for Discharge Demobilization

EMB Minnekahda
MAY-14-19
DIS MAY-23-19

7. Authority. No. 2, D.D., Part II, D.O. No. 156

8. Proposed Residence after Discharge
G.C.O. Foxwarren Manitoba

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.?

V.L. Bierd
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place TORONTO, ONT.

Date MAY 27 1919

Signature For O.C. No. 2 District Depot.
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

G.O. 28.9.6.

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

19. Is the invalid fit for

(a) General service,	(Category A)	(Yes or No.) Yes "A"
(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. Auth. A.G. Tel 9083 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.

Wm. Ec lestone Ca t C.A.M.C. *President.*

PLACE Witley Camp Surrey

DATE 20-4-19

Horace MacIntyre Capt C.A.M.C. } Members

A.F.N.

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.

CERTIFIED TRUE COPY

..... *President*

PLACE .....

DATE ..... } Members

APPROVED BY

J. Burlsm Capt
Assistant Director of Medical Services.

DATE .....

APPROVED BY

Director-General of Medical Services.

DATE .....

HEAD... 23 ... 1919 CANADA

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.

2nd. Battalion STATION Witley DATE 20-4-19

1. 1 (a) Unit Can. Mach Gun Corp. (b) Regimental No. 12683 (c) Rank Sgt.

(d) Surname Biard (e) Christian name Victor Lawrence.

(f) Home address Fox Warren, Man.

(g) Next of Kin Mrs. H.E. Bierd (h) Relationship Mother

(i) Address of Next of Kin As above.

2. Age last birthday 28 Date of birth 12-10-91

3. Enlistment, ~~or Appointment (if an Officer)~~ (a) Place Birtle Man. (b) Date Aug 6-1914

4. Personal description:

(a) Height 6---1 (b) Weight 190 Est (stripped) (c) Complexion Fair

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

5. Former trade or occupation Farmer.

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
	4	257

	Periods From	Periods To
Canada	6-8-14	28-9-14
England	14-10-14	9-2-15
France or other theatres of War	12-2-15	20-4-19

7. Original disease, or injury Lacerated Wound Index Finger Left.

(a) Date of origin 1911 (b) Place of origin Canada.

(c) Cause Accidental----Shot by Rifle

M. F. B. 227.
400M.—11-18.
1779-39-117.

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.)

Index Finger Left Hand amputated at middle joint.

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.)

OBJ:- Index Finger left hand amputated through Ist proximal phalangeal joint, after accident with gun. Stump healthy.

SUBJ:- Nil

(*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. (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System No. (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 Urine Normal.

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

In 1911 after gunshot accident had middle and distal segments left index finger amputated through Ist phalangeal joint. Perfectly healthy since.

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*).)

G.S.W. Left Arm 24-5-15

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

Half of left index finger missing. Brown mole under rt axilla. Scar outer couthus Rt eye.

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

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

No.

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

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

Nil

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration)

No.

16. Can the former trade or occupation be resumed? Yes.
(If not, briefly state why)

17. Recommendations

M.A. Oulton Capt C.A.M.C.
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 V. Bierd 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

H. MacI.

V. Bierd Sgt. Rank.
Signature of invalid examined.

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances, Particulars of Dental Treatment, &c.

Date	Brief details, and signature
1902	Vaccination, Took.
6/10/14	" A.S.Lanfrill.
15/9/14	Inoculation (Typhoid)

Table IV.—SERVICE TABLE.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

DUPLICATE.

12683

Army Form B. 178.

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

14

MEDICAL HISTORY of

War Service Badge Class "A" No.

Surname BIERD, *Christian Name* Victoria Lawrence.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Regina, County Saskatchewan.

Examined ... ... on 14th day of Sept. 1914. at Valcartier.

Declared Age ... ... 23 years days.

Trade or Occupation ... Farmer.

Height ... ... 6 feet, 1 inches.

Weight ... ... 190 lbs.

Chest Measurement — Girth when fully Expanded. 40 inches.

Chest Measurement — Range of Expansion 4 inches.

Physical Development ... Good.

Vaccination Marks — Arm .. Right Left

Vaccination Marks — Number 2

When Vaccinated ... ... about 12 years ago, & 6/10/14

Vision ... ... R.E.—V=

Vision ... ... L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... (a) Scar on hip.

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

Approved by (*Signature*) A. J. Lanfrill,

(*Rank*) Major.

Medical Officer.

I certify the foregoing to be a true copy of an original entry on a Medical History Sheet of this man.

for the Officer in Charge of Records

C.A.M.C.

Enlisted ... ... at Birtle, Manitoba.

Enlisted ... ... on 6th day of August, 1914.

Joined on Enlistment ... / Transferred to	Corps	Regtl. No.
	1 Man Drag	12683
	H.Co.	
	5 Battn.	
	2nd Brigade.	

Became non-effective by

on day of 19

(*Signature*)

(*Rank*)

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.

W.R.HARD,
Colonel in Charge of Records,
Canadian Contingents.

(8 82 62) W 2369—1662 20,000 5/15 H W V(R) Forms/B. 178

[P.T.O.

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

14

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				
	19	12	14	29	12	14	Gonorrhea	11	Well	R.P.Campbell.

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

Date	Brief details, and signature
Jan 15/16	Board recommends Return to duty
	N. H. Lutton Maj Cans
	Pres.

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

199 Temporary

ARMY FORM B. 178.

14

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. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

War Service Badge Class "A" No. .....

MEDICAL HISTORY of

Surname Bierd *Christian Name* Victor Lawrence

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Regina County Sask. Canada

Examined ... ... on 6 day of August 1914, at Minnedosa Can

Declared Age ... ... 23 years 67 days.

Trade or Occupation ... Farmer

Height ... ... 6 feet 1 inches.

Weight ... ... 185 lbs.

Chest Measurement: Girth when fully Expanded 40 inches. Range of Expansion 4 inches.

Physical Development ... OK

Vaccination Marks: Arm ... ~~Right~~ Left ✓ Number 2

When Vaccinated ... ... Childhood

Vision ... ... R.E.—V= L.E.—V= OK,

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

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

Approved by (*Signature*)

(*Rank*)

Medical Officer.

Enlisted ... ... at Minnedosa Can on 6 day of August 1914.

Joined on Enlistment ...

Transferred to ... ...

Corps.	Regtl. No.
12 Manitoba Dragoons	
5th Batter C.E.F.	12683
32 Bat Casualty Co	12683

Became non-effective by ...

on day of 191 .

(*Signature*)

(*Rank*)

(4887.) W. 9597/1588. 500M. 9/15. C. P., LTD. Forms B. 178 39

P.T.O.

Table II.—Only for Admissions to Hospital or to the Sick List in the 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				
Dressing station	24	Aug	15	25	Aug	15		0		
near Boulogne Paris Plage	25	Aug	15	26	Aug	15		1		
Torquay	27	Aug	15	10	July	15		43		

Table III.—Boards; Courts of Inquiry, 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.

Date	Brief details, and signature
	Typhoid Vaccination Lock Jaw

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation
S.S. Lapland					

ORIGINAL. Original not available Temporary

Army Form B. 178.

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

14

MEDICAL HISTORY of

Surname ~~Bierd~~ BIERD *Christian Name* Victor Lawrence

War Service Badge Class "A" No.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Regina County Saskatchewan

Examined ... ... on 19th day of August 1914 at Minnedosa

Declared Age ... ... 24 years days.

Trade or Occupation ... Farmer

Height ... ... 6 feet, 1 inches.

Weight ... ... 200 lbs.

Chest Measurement: Girth when fully Expanded. 40 inches. Range of Expansion 3 inches.

Physical Development ...

Vaccination Marks: Arm ... Right Left Arm; Number 2

When Vaccinated ... S.S. Lapland

Vision ... ... R.E.—V= L.E.—V=

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

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

Approved by (*Signature*)

(*Rank*)

Medical Officer.

Enlisted ... ... at Minnedosa on 19th day of August 1914

	Corps.	Regtl. No.
Joined on Enlistment ...	12 Manitoba Dragoons	12683
Transferred to	5th Battn	

Became non-effective by

on day of 191 .

(*Signature*)

(*Rank*)

The Morgan Reeve Co., Ltd., Printers, 20/22, Goldsmith St., Kingsway, W.C. (25289) Wt.W13171/604. 300m. 4/15 Forms B. 178.

P.T.O.

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

14

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				

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at Folkestone, Kent, England, on the day of 191 .

Members of Board.

Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

Signed at 41, Grimston Avenue, Folkestone, this day

of , 191 .

President.

3/15

Bewley, Folkestone.
30,000—11/12/15—3875.

War Service Badge
Class "A" No.

Army Form B. 179.
Canada.

Medical Report on an Invalid.

Station Elham

Date Jan 12th. /16.

1. Unit 5th.Batt. att to 32nd.Batt.
2. Regimental No. 12683
3. Rank Cpl.
4. Name Bierd Victor Lawerance.
5. Age last birthday 25
6. Enlisted on 6th. Aug. /14. at Minnesdosa Canada,
7. Former Trade or Occupation Farmer

8. Disability.

Healed bullet(rifle) wound in left arm

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. 24th. May./15.

10. Place of origin of disability. Festurbert.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Leaving trenches for change when rifle bullet entered upper arm.
Point of entrance 4"below end of clavocle on posterier side.
Point of exit 2" posterouly.
Walked back to dressing station,derssed one day.
Paris place one day Dressed.
Torquay 43 days Dressed.
Attached to 32nd, Batt. Rdsboro, July 17th. /15.

12. (*a*) Give your opinion as to the causation of the disability. 2 rifle bullets.

(*b*) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (*See notes on page 3*). As in 12(a) Charging enemy.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Weight normal 145 pounds.

Heart and lungs normal

Complains of nothing

14. If the disability is an injury, was it caused

(*a*) In the presence of the enemy? Yes.

(*b*) On active service? Yes.

(*c*) On duty? Yes.

(*d*) Off duty? No.

15. Was a Court of Inquiry held on the injury? Not applicable.

If so—(*a*) When?

(*b*) Where?

(*c*) Opinion?

16. Was an operation performed? If so, what? ~~Not applicable.~~ Metal removed wound sewn.

17. If not, was an operation advised and declined? Not applicable.

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service? Not applicable.

19. Do you recommend

(*a*) Fit for duty? Yes.

(*b*) Fit for base duty? No.

(*c*) Invalided to Canada? NO.

(*d*) Discharge as permanently unfit? No.

R. A. Matthews Capt.
Officer in medical charge of case.
M.O. 32nd Batt. Det.

I have satisfied myself of the general accuracy of this report, and concur therewith, *except*† XXXXXX

Station Elham

J. A. McKay Capt C Co
Officer in charge of Hospital.

Date Jan 12th. /16.

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

14

Opinion of the Medical Board.

NOTES—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to **enable them to decide upon the man's claim to pension.**

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii). The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 641 to 648 of the Canadian Pay and Allowance Regulations).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (*a*) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. a1 Yes. a2 Yes.

(*b*) If due to one of these causes, to what specific conditions do the Board attribute it? G. S. W.

21. Has the disability been caused or aggravated by

(*a*) Intemperance? No.

(*b*) Misconduct? No.

22. Is the disability permanent? No.

23. If not permanent, what is its probable minimum duration? Fit for Duty.

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present? None.

In defining the extent of his inability to earn a livelihood, estimate it at ¼, ½, ¾, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable? Not applicable.

26. Do the Board recommend

(*a*) Fit for duty? Yes.

(*b*) Fit for base duty? No.

(*c*) Invalided to Canada? No.

(*d*) Discharge as permanently unfit? No.

27. Remarks.

Signatures:—

[signature] President.

John Rankine Capt. Cause
Members.

Station Shorncliffe

Date Jan. 15, 1916.

Approved.

Station Shorncliffe

Date 17 Jany 1916

[signature]
Administrative Medical Officer.
Capt. A/D.A.D.M.S.
Canadian Training Division, Shorncliffe.