NAME Boyce Benjamin de Furlong REGT. NO. Capt UNIT Camb. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)				33598	
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demobd
1	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)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	Does F. 10					

W. 2589
100M-11-18
1772 39-1377

Original

Unit C.A.M.C. *Rank* Capt. *Name* BOYCE.B.F.

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (*a*) What is your Surname ? BOYCE

   (*b*) What are your Christian Names ? Benjaman deFurlong

2. (*a*) Where were you born ? (State place and country) Warkworth, Northumberland Cnty. Ont.

   (*b*) What is your present address ? Vernon. B. C.

3. What is the date of your birth ? 30th. March. 1866.

4. What is (*a*) the name of your next-of-kin ? Mrs. B. F. Boyce.

   (*b*) the address of your next-of-kin ? Kelowna B. C.

   (*c*) the relationship of your next-of-kin ? Wife

5. What is your profession or occupation ? Physician and Surgeon.

6. What is your religion ? Church of England

7. Are you willing to be vaccinated or re-vaccinated and inoculated ? Yes

8. To what Unit of the Active Militia do you belong ? 30th. B. C. Horse.

9. State particulars of any former Military Service none

10. Are you willing to serve in the

    CANADIAN OVER-SEAS EXPEDITIONARY FORCE ? Yes

The undersigned hereby declares that the above answers made by him to the above questions are true.

B. F. Boyce Capt. (*Signature of Officer.*)

Taken on strength (place) Vernon. B. C.

(date) 29th. November. 1918

T. O. S.
29 Nov. 1918
Geo Gordon Lt
Major
District Record Officer, M. D. 11

David Duncan Lt Col.
(*Signature of Commanding Officer.*)
A. E. Jones

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date March. 17th. 191 9

Place Vernon. B. C.

R. L. Miller Major Canc
Medical Officer.

*Insert here "fit" or "unfit

M. F. W. 51
100m.—4-16.
H. Q. 1772. 39-917

T.O.S Vernon Mil Hpl 29-11-18
Pt. 2 order No 1 of 29-11-18.

MEDICAL HISTORY SHEET.

Surname BOYCE. *Christian Name* Benjaman de Furlong.

Examined { on 17th day of March 1919 / at Vernon.B.C.

Birthplace { City or Town Warkworth. / County Northumberland.Ont.

Apparent age 50

Trade or occupation Physician.

Height 5 Feet 9.1/2 Inches.

Weight 185 lbs.(stripped.) Lbs.

Chest measurement { Minimum 37 inches. / Maximum expansion 40 inches.

Physical development fair

Small-Pox Marks none

Vaccination Marks { Arm Right. XXX Left. 1 / Number one

When Vaccinated last 1906

(*a*) Marks indicating congenital peculiarities or previous disease none

(*b*) Slight defects but not sufficient to cause rejection none

Approved by R. L. Mellor

Rank Major and M.O.

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

Date.	Result.	Vaccinations.
		M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
		M.O.
		M.O.
		M.O.

Enlisted on 29 *day of* November 1918 *at* Vernon.B.C.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	~~30th.B.C.Horse~~ .M.O.			
Transferred to	Vernon Military Hospital C.E.F. Capt. A.D.M.S. P.L.&S. D.C.S.X1			29-11-18 / 1-11-19

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.

400M.—1-16.
H. Q. 1772-39-439.

Surname Boyce Christian Name Benjamin de Fierling

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			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.
		Day	Month	Year	Day	Month	Year				

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

M. F. W. 5
50
H. Q.

Casualty Form—Active Service.

Vernon Military Hospital C.E.F.
Unit, Regiment or Corps C.A.M.C.

Regimental No. ..... Rank Capt. ..... Name BOYCE, Benjaman de Furlong.

Enlisted (a) 29/11/18 Terms of Service (a) C.E.F. Service reckons from (a) 29-11-18

Date of promotion to present rank } ..... Date of appointment to lance rank } ..... Numerical position on roll of N. C. Os. } .....

Extended ..... Re-engaged ..... Qualification (b) Physician & Surgeon

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				
		S.O.S. on Transfer to A.D.M.S. S.& S-S. MD 11.	Vernon, B.C.	31-10-19.	D.O. Pt2 V.M.H. d/31/10/19.
5-11-19	Camc Ord; #1146	T.O.S. A.D.M.S.Staff & Sub-Staff. MD X1.	Victoria B.C.	1-11-19.	D.O.Pt2,#278. d/5/11/19
5-11-19	" #1145	S.O.S. On Demobilization	"	30-11-19.	" " #303. d/30/11/19.

MAJOR C. A. M. C.
For A/A. D. M. S., M. D. No. 11

(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 EXPEDITIONARY FORCE

W.W. 11-42.
F.S.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Captain.

(Name in full) Benjamin DeFurlong BOYCE.

Enlisted in The Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE, on the xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

day of xxxxxxxxxxxxxxxxxx 191 xx AND WAS APPOINTED to COMMISSIONED RANK

in The Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE on the Twenty-ninth day

of November 1918

He SERVED in CANADA, with the Canadian Army Medical Corps.

and was STRUCK OFF THE STRENGTH on the Thirtieth day

of November 1919 by reason of General Demobilization.

Dated at Ottawa, this Sixteenth day

of July 191

Col.

Capt.

Director of Personal Services.
for

M. F. W. 2618a.
30m.—4-19.
1772-39-1428.

J.S.

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. ..... Rank Capt. ..... Surname Boyce
(Give name in full)
Benjamin de Fuerlong

Unit or Corps C.A.M.C. ..... Birthplace Hartford, Ontario

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique Good Weight 125 lbs. Height 5 ft. 9 in. Colour of Eyes Grey

Nutrition Good

Pulse 70

Condition of arteries 70

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)

None

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no

Special Senses no Integumentary System no Respiratory System no

Disturbance of mentality no Muscular System no Digestive System no

Osseous and Joint System no Any other general condition no

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date ..... Signed .....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at. Vernon.....(Canada)

Date ....Nov 10th 19.. Signed .....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature B. F. Boyce Capt.

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

M.F.W. 129.
1083 (D.P.) 500M-11-18.
1772-39-1143.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

District 11

Name of Soldier BOYCE, Benjamin DeFurlong

Rank Captain

Regiment C.A.M.C.

No.

M.F.B.-465.
200M.—
1772-38

INSTRUCTIONS

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

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

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

	Date		Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
													U	L	P			Gold	Porcelain				
Condition on first Examination																							

VERNON MILITARY HOSPITAL. C.E.F.

M. F. W. 71—500M.—5 18.
1772—39—961.

NAME BOYCE, Benjamin DeFurlong

REGIMENTAL NO.

RANK Captain

ENLISTED AT Vernon B.C.

PROMOTIONS, &c. AND DATE

DATE February 1st. 1919

IF SERVED PREVIOUSLY. STATE UNIT. &c. 30th. B.C.Horse

MARRIED, WIDOWER, OR SINGLE Married

NEXT OF KIN Mrs, B.F.Boyce

RELATIONSHIP Wife

ADDRESS OF Kelowna B.C.

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c.
	No.	DATE	
T.O.S. 29-11-1918	88	29-3-19 (ammendment)	
S.O.S.(V.M.H) on Transfer to A/A.D.M.S. Staff & Sub-S.M.D. XI.		31-10-19	
T.O.S. A/ADMS.S.& SS MD XI from 1-11-19	278	5-11-19	Authy: CAMC OR #1146
S.O.S. on Demob: 30/11/19	303	30-11-19	" " W #1145

No. RANK Lieut. M.O. NAME Boyce. B. F.

T. O. S. UNIT 30th. Regt. B.C. Horse.

M. D. 11.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916. Nov. 27.	1916. Nov. 30.	✓	attached 27—11—16.	DO. (Para) 334. of 30—11—16.
Dec.		✓		
1917	1917.			
Jan.		✓		
Feb.		✓		
Mar.		✓		
April		✓		
May.		✓		
June		✓		
July.		✓		
Aug.		✓	Granted temporary rank of Capt. 13-7-17	DO 239 of 27-8-17.
Sept.		✓		
Oct.		✓	Shown as Capt.	Oct. paylist.
Nov.		✓		
Dec.	1918	✓		
1918 Jan.		✓		
Feb.		✓		
Mar.		✓		

1918	1918			
	Apr	〃		
	May	〃		
	June	〃		

REMARKS: Boyce

H.Q. 372-11-256. M.D. No. 11

Surname Boyce T.O.S. 19

Christian names Benjamin de Turlong Pt. II of

Regt. No. Rank Capt. S.O.S. 30-11-1919

Unit C.A.M.C. Reason Demob

Auth. R.O. 2278 of 20.11.19

N. of Kin Boyce, Mrs B. F. Relationship Wife

Address Kelowna, B.C.

Also notify

BORN-Place Canada, Warkworth Date Mar. 30th 1866

ATTESTED-Place Vernon, B.C. Date Nov. 29th 1918

O/S

R/C

C

NAME Byford, Harry

RANK & No. Pte. 79813

CORPS 31st Battalion, Headquarters Staff.

ENLISTMENT, PLACE Edmonton DATE Nov. 25, '14. S.

FORMER CORPS Imperial Forces.

COUNTRY OF BIRTH England (Chelmsford, Essex)

NEXT OF KIN Byford, Harry (father)

ADDRESS OF NEXT OF KIN Chelmsford, Essex, Eng.

DISCHARGE, PLACE DATE

Hair Eyes Complexion

L. L. 71518—M. & D. 5271.

M. F. A. 22.—50m—12-14.
H. Q. 1772—39—839.

Vernon Mil Hospital

AUDITOR | PAYMASTER

M. OR S. Married

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

REGT. NO. | RANK Capt | NAME (IN FULL) Boyce - B de F (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN: Mrs B de F Boyce | RELATIONSHIP: Wife

ADDRESS: PO Vernon BC

IS SEPARATION ALLOWANCE PAID? Yes | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS: Mrs. B de F Boyce, Vernon BC.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
~~Subs & Lodging 7/9~~		~~Mc Letter~~
T. O. S. ADMS Staff	1.11.19	D/O 278
S. O. S.	30.11.19	D/O 303

ORIGINAL UNIT C.E.F. | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO ADMS Staff. | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ Nil | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE: Victoria | DATE: 30.11.19 | REASON: Demobilization | AUTHORITY: D/O 303 | IF ENTITLED TO POST DISCHARGE PAY

BALANCE FROM PREVIOUS ACCOUNT

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.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
Feb 1919																																					
	28	1 5.00	140		135 / 47 / 40	85 / 60			363	85	666	19/2/19	~~777~~		676	24/2/19	80				135	85	40								255	85			108	60	144 Subs & Lodg 7/9 per diem
March 1919					108						~~777~~ 658	14/3/19			33/1 8/3	25/3	~~108~~ 100 / 108				107	70	40								355	70					Subs & Lodg 7/9 per diem
	31	5.00	155		52 / 40	70			355	70	772	15/4/19																									$23.25
Apr																																					
	30		150		57 / 40 / 122				373	00			3586	7	5638						333	00	40								373	00					Increase Rate & Allow 22.6.18 to 30.10.18 122 days 122.days
May					175 / 53 / 40	20 / 70							6238						175	20																	Subs & Allow 1/20 day 18.6.18 to 10.9.18 86 days
	31		155						422	90			5282	635	5275	856					207	70	40								422	90					
June																																					
	30	7 04	210		220 / 52 / 204	00 / 00 / 35			505	35	5284	990	5284	537	5284	886			204	35	261	00	40								505	35					Increased Rate of Pay & Allowance from 1 May 19 6 days @ $35 ADMS 3.1.19
July																																					
	31		217		40 / 52	70			309	70	5311	440	5492	306							269	70	40								309	70					Full time Rate V 203. 207 208
Aug																																					Full time Rate August V 2
	31		217		40 / 52	70			309	70	5512	772	5512	639							269	70	40								309	70					
Sept																																					Increased Rate
	30		210		51 / 40				301		5519	282	5519	282							261		40								301	00					Full Rate Sept V 243
Oct																																					
	31		217		40 / 52	70			309	70	546	137	5520	497							269	70	40								309	70					Full Rate Oct V 286
Nov																																					" " Nov V 294
	30		210		51 / 40				301		5546	543	5546	418							261		40								301				40		Error in addition Feb 19 overpaid 40c.
			1881	00	1562	50	108	00	3557	90							284	00	349	55	2376	35	400	00							3443 / 108	90					Debit bal to W S & Q
									40																												
									3557	50																					3561	90			40		Nr. Bal.

30M-11-18.—L.L. 50877-M. & D. 9553.

Certified that all payments have been made as accounted for with a covering authority.

Ashford

C. C. Williams

CAPT. BOYCE B-de-F.

Camc.

War Service Gratuity

Service 2 Canada years months

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.	BALANCE CREDIT $ C.	PARTICULARS OR REMARKS
																				Mrs. E. Boyce Kelowna B.C.
8W 61 days			305 00		80	385 00									6 Fed 40		40	304 60	80	Adders Both same
							Jan 7 1596095-6					304 60	80 00	F			384 60	/	/	
						385 00											385 00			

I certify that all payments of War Service Gratuity have been made on this account according to the period of Service shown on the M.F.W. 2595 received.

[signature]

Officer i/c War Service Gratuity
M.D. No. 11