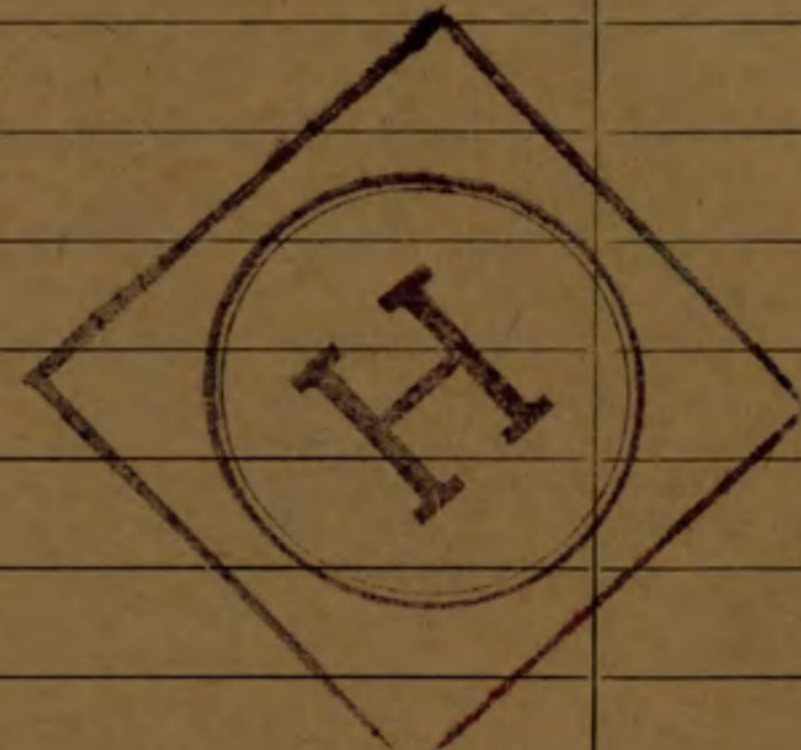
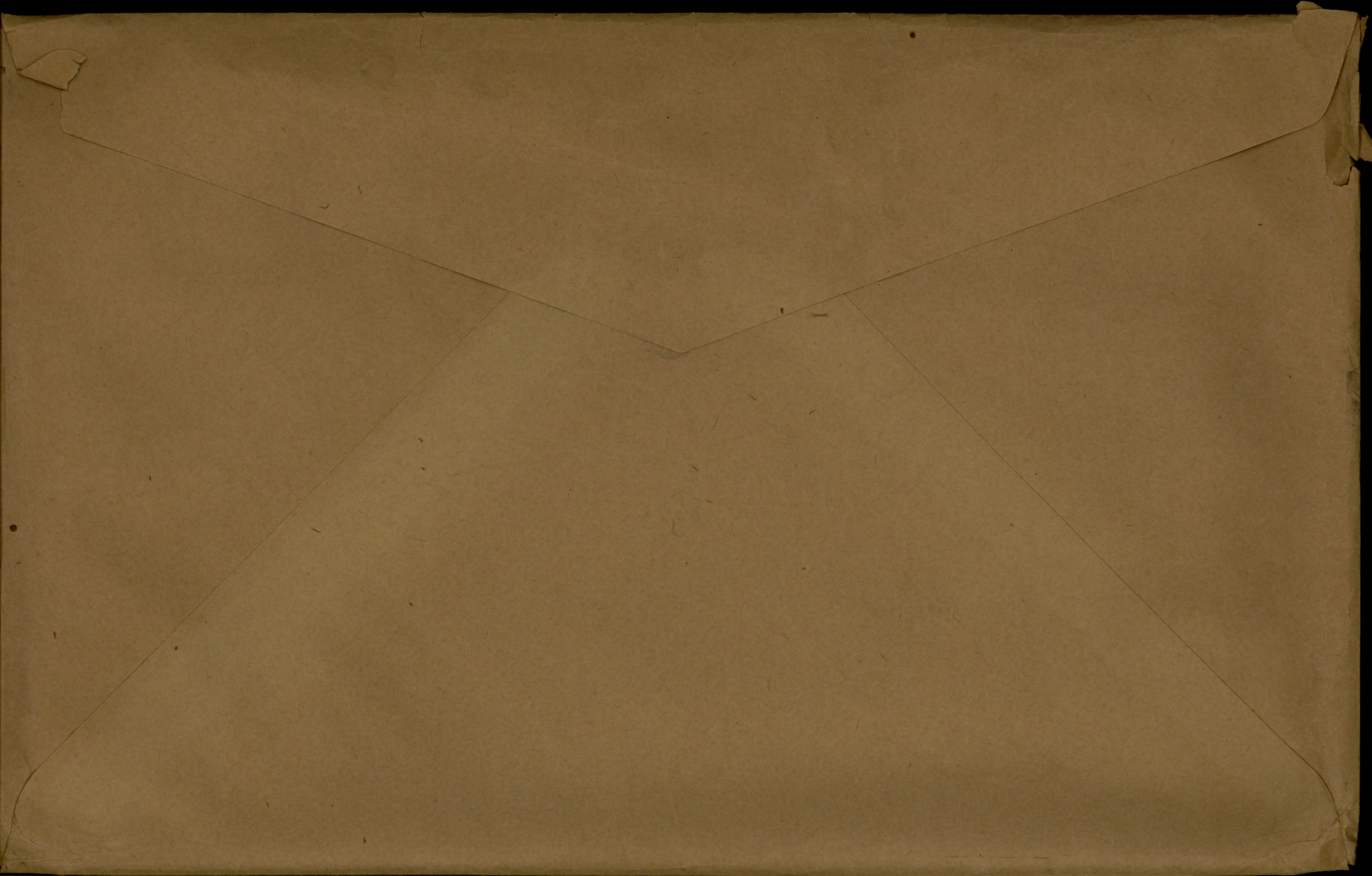


C.E.F. REGIMENTAL DOCUMENTS

NAME **BOYD, JAS. T.** *Tenant Whitworth* REGT. No. **CAPT.** UNIT **7 G.H.** H. Q. FILE No. **33977**

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)					<div data-bbox="2777 170 3113 477" style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="text-align: center;">DEATH</p> <p style="text-align: center;">CATEGORY</p> <p style="text-align: center;">DIED</p> <p style="text-align: center;">15-6-18</p> </div>
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 173)					<div data-bbox="2566 638 2999 731" style="text-align: center;"> <p>DISCHARGE</p> <p>CATEGORY</p> </div>
DENTAL HISTORY SHEET (M.F.B. 465)					
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					<div data-bbox="2654 978 2901 1013" style="text-align: center;"> <p>DESERTION</p> </div>
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)					
CARDS					
PAY-SHEETS					





Int. 4/20. (L)

For use of Employers.

Rank and Name

BOYD, James Tennant Whitworth

CAPTAIN.

~~XXXXXXXXXX~~

Regimental No.

Name and Address of Next-of-Kin

Unit

Dft. No. 7 Gen. Hpl.

Rev. Andrew Boyd (Father)

Date of enlistment

4/1/16. Kingston Ont.

368 Wiley Street,

Place of birth

13/5/92. Glenelg, Nova Scotia, Canada. Port Arthur, Ont. Canada.

Married (Yes or No)

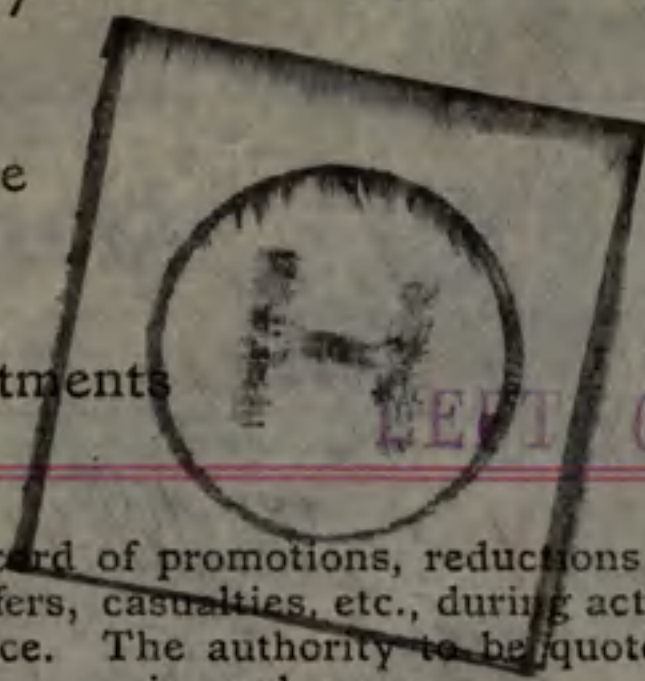
Date and place of discharge

If in Permanent Force

Reason for discharge

Character on discharge

Promotions or appointments



REPT CANADA 2-3-16.

A.F.B. 103

13/6/16

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
	G.O.C.				
14/3 /16.	C.T.D.	Taken on Strength.		13/3 /16.	Div. 0. 1277. P. H. Ord. 79. bel off
	bel off B.T.S.			2-5-16.	P. H. Ord. 127. bel off B.T.S.
10-4-16.	Dibgate	Attached to office. Also for Quarters & Rations		9-4-16.	P. H. Ord. 103.
8-5-16.	bel off B.T.S.	Detailed for Temp. duty as. of. O. to 37 th Bn		6-5-16.	P. H. Ord. 132.
25/5/16	Dus	Attached to 37 th Bn as W.O.		14/5/16	Co 895. Do 26-5
5-6-16	D.M.S.	Proceeded to 7 Gen Hspt		31-5-16	P. H. Ord. 161. 37 th Bn Bin 2988. Cameta. Div. 0. 2888. P. H. Ord. 159
21-6-16.	7. Gen. Hpl.	Taken on Strength on arrival from Eng.		1-6-16.	P. H. Ord. 125.
25.1.17.	W.O.	adew Liverpool Merchants. H. P. Elaples Ex. H.S. "Stad. Antwerpen." (ADM.S.L.D.)		22.1.17.	C 582. NYD.
30.1.17.	AMS.	Adm. Royal Free. Hpl. Grays Inn. Rd. W.C.		26.1.17.	C 586. (Nephritis)
8.2.17.	7 Gen Hspt.	Transf. to Hspt. S. J. D. Sporncliffe.		26.1.17.	P. H. Ord. 11.
10.2.17.	DMS.	att. to C.M.C. I.S. on being Invalided.		26.1.17.	Co 203.
28.2.17.	C.R.O.	Discharged. Royal Free. Hpl. Grays Inn. Rd. W.C.		24.2.17.	C 611. (Nephritis)
22.3.17.	DMS.	Posted to Kitchener War Hpl. 13 ton.		22.3.17.	Co 398. P. H. Ord. 10 (N. Mil Hpl)
30.8.17	D ^o	Att. to Kitchener. Mil Hpl. Brighton.		22.3.17.	Co 1136.

158.
MAR 31 1916
JUN 31 1916
JUN 31 1916
JUL 31 1916
OCT 1 1916
NOV 1 1916
DEC 1 1916
JAN 1 1917

12 MAR 1917

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
18. 9. 17	AMS.	Posted to No. 10. Can. Gen. Hp on ceasing to be at Kitchener Mil. Hp.		19. 9. 17	60. 1225. No. 1. 1010 Gen.
6. 10. 17	No. 10. C. H.	Granted leave from 1. 10. 17 to		10. 10. 17	Pf. 182
1-6-18.	AMS.	Adm. Kitchener Mil. Hp. Brighton Seriously ill.		1-6-18.	6L. 997. Nephritis
17. 6. 18	do	Rpt from Kitchener Mil. Hp. - Died -		16. 6. 18	Ch. 1010. do
20-6-18.	AMS.	S.O.S. having died.		16. 6. 18.	60. 659.
19. 6. 18	AMS.	Died from Chronic Nephritis and Anemia			Ch. 1012 (2767090) (Estate 25/7/18)

7846

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

INSTRUCTIONS.

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

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

No 7 General Hospital, Reinforcements

(2) Regimental Number.....

(3) Full Name of Soldier..... Capt. BOYD, James Tennant Whitworth

(4) Place of Birth..... Gleneig, Nova Scotia

(5) Are you married, or not? No

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

(b) Present Postal Address.....

(7) Are you a widower?

(8) Have you any children?

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

Also their names and ages.....

(9) Is your Father alive? *yes*

If so, state name and address *Rev. Andrew Boyd, 368 Wiley Street,*

(10) Is your Mother alive? *yes*

If so, state name and address *Margaret Stewart Boyd " "*

(11) If your Mother is a widow */*

Are you her sole support, or not? */*

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

/

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

/

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

/

(15) Are you insured? *no*

If so, in what Company? */*

Have you made arrangements for payment of your Insurance premium */*

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

W. J. Beggs Capt Comm
Officer Commanding.

Date *FEB 23 1916*

CONFIDENTIAL.

PROCEEDINGS OF A MEDICAL BOARD

assembled at 76 Strand, London. on 21-2-17
 by order of A.D.M.S. London Area
 for the purpose of examining and reporting upon the present state of health of
 (Rank and Name) Capt. J.T.W. Boyd (Corps) C.A.M.C.
 Age 25 Service 13-12 Disability Nephritis
 Date of commencement of leave granted for present disability 21-2-17
 Date on which placed on half-pay for present disability _____

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that this Officer reported ill at his Hospital, No. 7 Can. General, Etaples, about 20-1-17. Admitted to Royal Free Hospital 26-1-17. Symptoms chiefly headache and periodical pain. Blood pressure varied between 155 & 214. Urinalysis albumen (see Royal Free Hospital summary). The past history shows Scarlet Fever about five years ago and pyelitis diagnosed (Officer's statement). Although this condition is incompatible for General Service at any time rest and care are needed before any work can be undertaken. Accordingly recommendation as noted. (Examination of fundus A.H.W. Negative) Address Bank of Montreal, 9 Waterloo Place, S.W.

The opinion of the Board upon the questions herein is as follows:—

- (1.) a. Is the officer fit for "General Service"? No
 b. If not so fit, how long is he likely to be unfit? permanently
- (2.) a. If unfit for General Service, is he fit for service at home? No
 b. If not so fit, how long is he likely to be unfit for service at home? 1 month
 c. If unfit for General Service at home, is he fit for light duty at home? No
 d. If not so fit, how long is he likely to be unfit for light duty at home? 1 month
- (3.) Was the disability contracted in the service? No
- (4.) Was it contracted under circumstances over which he had } Yes
 no control? }
- (5.) Was it caused by military service? No
- (6.) If caused by military service, } -
 to what specific conditions }
 is it attributed? }
- (7.) If the disability was not caused by military } -
 service, was it aggravated by it? }

Signatures {

David Donald, Major, CAMC.

P. G. Brown, Major, CAMC.

A.H.W. Campbell, Capt, CAMC.

President.

Members.

I concur in the findings of the Board of Medical Officers
here recorded.
Major D.A.D.M.S. invaliding for D.M.S. Contingents.

Instructions.

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps _____

Military Hospital _____

No. _____

Rank and Name _____

Age _____

Service _____

Disease _____

Date of admission _____

Date of discharge _____

Result _____

Dates of Observation	Days of Disease	Temperature, Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time		
																																					A.M.P.M.	A.M.P.M.
107°																																						
106°																																						
105°																																						
104°																																						
103°																																						
102°																																						
101°																																						
100°																																						
99°																																						
98°																																						
97°																																						
Pulse per Minute																																						
Respirations per Minute																																						
Motions per 24 Hours																																						

Signature _____

In charge of case.

Corps C.A.M.C.

CLINICAL CHART.

(To be attached to Cass Sheet.)

Army Form B. 181.

Military Hospital Het Choke

No.

Rank and Name Capt Boyd

Age 27

Service

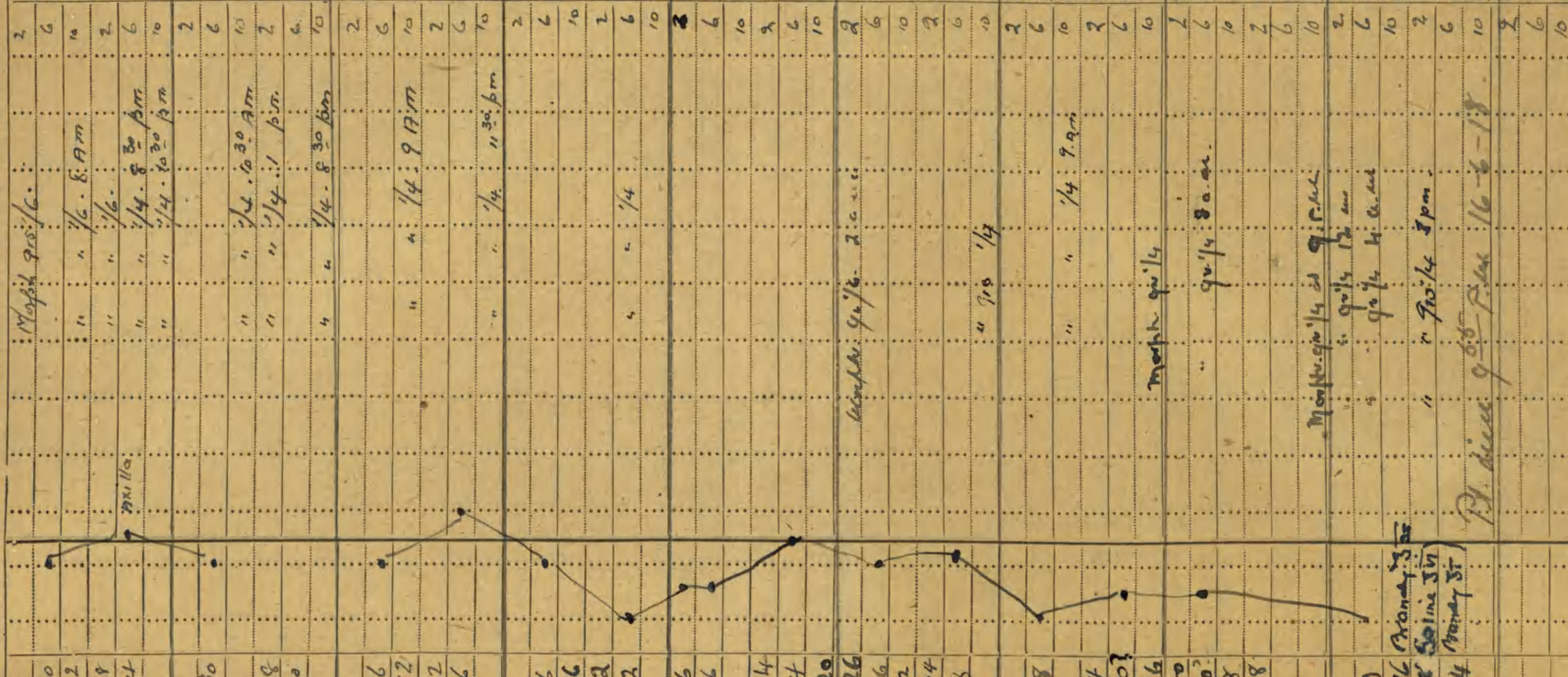
Disease Chronic Nephritis

Date of admission 29th of May 1918.

Date of discharge June 16-18.

Result Died.

Dates of Observation	14 th 8		14 th 9		14 th 10		14 th 11		14 th 12		14 th 13		14 th 14		14 th 15		14 th 16		14 th 17	
	Time	A.M.P.M.	Time	A.M.P.M.	Time	A.M.P.M.	Time	A.M.P.M.	Time	A.M.P.M.	Time	A.M.P.M.	Time	A.M.P.M.	Time	A.M.P.M.	Time	A.M.P.M.	Time	A.M.P.M.
107°	2	6	2	6	2	6	2	6	2	6	2	6	2	6	2	6	2	6	2	6
106°																				
105°																				
104°																				
103°																				
102°																				
101°																				
100°																				
99°																				
98°																				
97°																				
Pulse per Minute	30	130	26	130	24	128	14	120	16	116	12	112	12	112	16	116	12	112	16	116
Respirations per Minute	30	26	26	26	24	24	14	14	16	16	12	12	12	12	18	18	14	10	10	10
Motions per 24 Hours					35	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35



Signature A. Henderson Maj. Comd. In charge of case

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	Unit.	Age.	Service.	
Station and Date.	Disease			
June 6. 18.	Weaker. but rose coloured frothy sputum much less - hardly at all. uraemic, breath heavy & foul. but less restless. breathing easier today.			
June 7. 18.	Irrational today, yesterday - though has lucid moments. Enema this pm. effectual. Tonight - some twitching & R. external squint. Sinking.			
June 8. 18.	Heart dilating - 1 3/4" outside N.L. S.S. weaker. no friction. Pulse weaker. B.P. falling. 168-130. weaker. more irrational. Purpura over back.			
9. 18.	not much change - but more comatose - cold clammy sweat. B.P. 170-130. Pract. no vomiting - not suffering.			
10. 18.	more comatose. involuntary stools. hump dry. Heart S.S. soft. B.P. 170-130.			
11. 18.	a little clearer if anything today. P. 124. reg. S. S. S. hand whistling systolic murmur at apical region.			
12. 18.	more comatose, Left Parotitis. S. R. external squint. marked pericardial rub. hump dry. no oedema legs or back. Insulinatics still urine & faeces.			
13. 18.	Pericardial friction only heard upper limits. L. base 2 1/4" outside N.L. Probably some effusion. marked oedema left side of neck.			
14. 18.	Systolic rubrication in VI I.S. Friction much less audible - only heard upper limits. Oedema in neck subsided consid. macula rash - forearm - just above elbows, buttocks - Pm. Pulse very irregular.			
6. 15. 18.	Pulse weak. irregular. Rate 130. B.P. (Supr.) = 108 only.			

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

Station
and Date.

June 15-18-

Vomitus - contains a little fresh blood.

Stool - contains a little dark blood.

June 16-18-

Waker. pulse irregular, convulsive movements of
limbs at intervals today. no convulsions.

8-30pm. Waker. unconscious. This afternoon, evening
has had brief moments.

10-10 pm Died.

A. Henderson

Major camp

Duplicate

Unit C.A.M.C. Rank LIEUT. Name BOYD

board, a.n.

OFFICERS' DECLARATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE ANSWERED BY OFFICER.

(ANSWERS.)

- 1. (a) What is your Surname? BOYD.
- (b) What are your Christian Names? JAMES. TENNANS WHITWORTH.
- 2. (a) Where were you born? (State place and country) GLENELG, NOVA SCOTIA.
- (b) What is your present address? 408 Johnston St. Kingston, Ontario.
- 3. What is the date of your birth? May 13th 1892
- 4. What is (a) the name of your next-of-kin? Rev. Andrew Boyd
- (b) the address of your next-of-kin? 368 Wiley Street, Port Arthur, Ont.
- (c) the relationship of your next-of-kin? Father
- 5. What is your profession or occupation? Physician
- 6. What is your religion? Presbyterian
- 7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
- 8. To what Unit of the Active Militia do you belong? None
- 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.

J. R. Boyd (Signature of Officer.)

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 *January 4* 191*6*

Place *Kingston - Ont.*

*Insert here "fit" or "unfit."

J. Sparks
Medical Officer.
Capt. A.M.C.

M. F. W. 51.

20in. - 10-15.
H. Q. 1772-39 917.

X 184

OFFICERS' DECLARATION FORM

CANADIAN OVERSEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

1. Name of your Officer (Name)
2. What is your Officer (Rank)
3. What are your duties? (State rank and country)
4. What is your present address?
5. What is the date of your entry into the service?
6. What is the name of your unit?
7. What is the name of your command?
8. What is the name of your parent organization?
9. What is the name of your organization?
10. What is the name of your organization?
11. What is the name of your organization?
12. What is the name of your organization?

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above named Officer's personnel with the X-ray machine for any latent tuberculosis and have found no evidence of such disease.

Date: _____
Place: _____
Signature: _____

Fuplicate

Unit C.A.M.C. Rank LIEUT. Name BOYD

OFFICERS' DECLARATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE ANSWERED BY OFFICER.

(ANSWERS.)

- 1. (a) What is your Surname? BOYD.
(b) What are your Christian Names? JAMES. TENNANT^J WHITWORTH.
- 2. (a) Where were you born? (State place and country) GLENELG, NOVA SCOTIA.
(b) What is your present address? 408 Johnston St. Kingston, Ontario.
May 13th 1892
- 3. What is the date of your birth?
- 4. What is (a) the name of your next-of-kin? Rev. Andrew Boyd
(b) the address of your next-of-kin? 368 Wiley Street, Port Arthur, Ont.
(c) the relationship of your next-of-kin? Father
- 5. What is your profession or occupation? Physician
- 6. What is your religion? Presbyterian
- 7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
- 8. To what Unit of the Active Militia do you belong? None
- 9. State particulars of any former Military Service. None
- 10. Are you willing to serve in the Yes
CANADIAN OVER-SEAS EXPEDITIONARY FORCE?

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

J. R. Boyd (Signature of Officer.)

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 January 4 1916

Place Kingston Ont.

*Insert here "fit" or "unfit."

J. Sparks
Medical Officer.
Capt. A.M.C.

OFFICERS' DECLARATION PAPER

CANADIAN OVERSEAS EXPEDITIONARY FORCE

DECLARATION TO BE ANSWERED BY OFFICER

1. What is your name?

2. What is your rank?

3. What is your service number?

4. What is the date of your birth?

5. What is the name of your next of kin?

6. What is the address of your next of kin?

7. What is your occupation?

8. What is your religion?

9. Are you a member of any organization?

10. What is the name of the organization?

11. What is your address?

12. Are you a member of any other organization?

13. What is the name of the organization?

14. What is your address?

15. Are you a member of any other organization?

16. What is the name of the organization?

17. What is your address?

18. Are you a member of any other organization?

19. What is the name of the organization?

20. What is your address?

OFFICER'S STATEMENT OF MEDICAL EXAMINATION

I have examined the above named Officer in accordance with the regulations of the Canadian Overseas Expeditionary Force and find that he is fit for service.

Date: _____

Signature: _____

Rank: _____

Branch: _____

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

MEDICAL HISTORY of

23rd Jun. 1916. 31st Jan. 1917.

Surname BOYD, Christian Name JAMES, T.W.

TABLE I.—General Table.

Birthplace { Parish Gleneig County Nova Scotia. Examined { on 4th day of January 1916 at Kingston. Declared Age 24 years days. Trade or Occupation Physician. Height 5 feet 9 1/2 inches. Weight 146 lbs. Chest Measurement { Girth when fully Expanded 38 inches. Range of Expansion 4 inches. Physical Development Good. Vaccination Marks { Arm RIGHT LEFT Number 1. When Vaccinated Childhood. Vision { R.E.—V= L.E.—V= (a) Marks indicating congenital peculiarities or previous disease— None. (b) Slight defects but not sufficient to cause rejection— None.

Approved by J. Sparks, Rank Captain, A.M.C. Medical Officer.

Enlisted { at Kingston, Ontario on 4th day of January 1916

Table with 2 columns: Corps, Regtl. No. Rows: Joined on enlistment (No. 7 Gen., Lieut.), Transferred to (Hospital, Capt.).

Became non-effective by on day of 191 (Signature) (Rank)

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

Table with 2 columns: Date, Brief details, and Signature. Rows: 1916. Jany. 24th Vaccination J.M.B. Feby. 9th do do Feby. 29th do J.C. Jany. 17th Anti-Typhoid Inoc. J.M.B. " 27th do do 21.2.17 - 76 Strand Broad 3 weeks leave etc.

TABLE IV.—Service Table.

Table with 3 columns: Station or Troopship, Date of arrival or embarkation, Date of departure or disembarkation. Includes handwritten notes and signatures.

CANADIAN

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and readmissions 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				
Royal Free Hospital London W.C.	26	1	17				Chronic interstitial nephritis.		Headache for several months. Precordial pain developed in France on Jan. 19 1917. Blood pressure taken & found to be 204 mm. Hg. Also cloud of albumen in urine. No retention symptoms. Few hyaline casts. On admission to P.F.H. arteries thickened. Blood pressure 165. Heart, aortic second sound slightly accentuated. First sound at apex slightly lowered. No murmurs. Condition has improved - no headache. Blood pressure varies from 155-160. Urine normal amount being passed. 1018-1022 acid. Faint cloud of albumen. 2.45% urea. A few hyaline casts sometimes. He has chronic interstitial nephritis probably of old standing. He is not fit for general service but after a period of convalescence would be fit for service in England or Canada.	G.D.earnley M.D. Lond.
Kitchener Mil. Hospital Brighton	29	5	18	16	6	18	Chronic Hypertensive nephritis - with uraemia & Cardiac failure		Headache & vomiting came on a month ago. Previously apart from occasional headache, felt fairly well. Nocturnal dyspnoea. Cough & a little frothy bloody sputum lately. Precordial distress & vomiting - no headache. Hydruria for some years. Gradually getting worse. Arteriosclerosis marked. B.P. 230-(170-180 Diastolic). Urine pale - constant low sp. G. Night urine shows no concentration. Alb. 5 grains 1611 mg. Few casts.	A. Henderson Maj. Genl.

Head enlarged 2 in. to 2 1/2. uraemia. Pericarditis. localized thickening - but no generalised constrictions. Retinal hypergradual failure of circulation. B.P. fell to 105. Death.

CONFIDENTIAL.

PROCEEDINGS OF A MEDICAL BOARD

assembled at 76 Strand, London. on 22-3-17

by order of A.D.M.S. London Area.

for the purpose of examining and reporting upon the present state of health of
(Rank and Name) Capt. J.T.W. BOYD. (Corps) C.A.M.C.

Age 25 Service 14-12 Disability Nephritis

Date of commencement of leave granted for present disability 22-3-17

Date on which placed on half-pay for present disability _____

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that this Officer re-appears after leave. His symptoms have greatly improved, and in the opinion of the Board he is in fit shape to take on duties as recommended below.

Blood pressure 214 (sys) 180 and 110 max. & min. (diast).
(A.H.W.C)

Address Bank of Montreal, 9 Waterloo Place, London, S.W.

The opinion of the Board upon the questions herein is as follows:—

- (1.) a. Is the officer fit for "General Service"? No
- b. If not so fit, how long is he likely to be unfit? permanently
- (2.) a. If unfit for General Service, is he fit for service at home? Yes
- b. If not so fit, how long is he likely to be unfit for service at home? -
- c. If unfit for General Service at home, is he fit for light duty at home? -
- d. If not so fit, how long is he likely to be unfit for light duty at home? -
- (3.) Was the disability contracted in the service? No
- (4.) Was it contracted under circumstances over which he had no control? Yes
- (5.) Was it caused by military service? No
- (6.) If caused by military service, to what specific conditions is it attributed? -
- (7.) If the disability was not caused by military service, was it aggravated by it? Yes

Signatures { P.G. Goldsmith, Lt-Col, CAMC. President.
R. Howey, Capt, CAMC.
A.H.W. Caulfield, Capt, CAMC. Members.

I.T.

I concur in the findings of the Board of Medical Officers here recorded.
 Major D.A.M.S. Invaliding Canadian Contingents

Instructions.

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

DUPLICATE
MEDICAL HISTORY SHEET.

12

Surname Boyd Christian Name James T W.

Examined { on 4 day of January 1916
at Kington

Approved by

J. Sparks
Rank Capt. M.C. M.O.

Birthplace { City or Town Harrold Glenelg
County Nova Scotia

Apparent age 24

Trade or occupation Physician

Height 5 Feet 9 1/2 Inches

Weight 146 Lbs.

Chest measurement { Minimum 34 inches

{ Maximum expansion 38 inches

Physical development good

Small-Pox Marks none

Vaccination Marks { Arm Right Left

{ Number 1

When Vaccinated last Childhood

(a) Marks indicating congenital peculiarities or previous disease ✓

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

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS.
<u>1916</u>		
<u>Jan 14</u>		<u>J.T.O.B.</u> M.O.
<u>Feb. 9</u>		<u>J.T.O.B.</u> M.O.
<u>Feb 29</u>	<u>N.G.</u>	<u>J.</u> M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>1916</u>		
<u>Jan 17</u>	<u>Good</u>	<u>J.T.O.B.</u> M.O.
<u>27</u>	<u>Good</u>	<u>J.T.O.B.</u> M.O. <u>file</u>
		M.O.

Enlisted on 4th day of January 1916 at Kington Ont

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>Co. 7. Gen.</u>	<u>Leut.</u>		
Transferred to.. ..	<u>Corp.</u>	<u>Capt.</u>	<u>54th. 6-2-17</u>	

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.

Christian Name *James J. W.*
 Surname *Boyd*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE	Number of days in Hospital.	Remarks on nature of the disease : how induced : if mild or severe : if completely recovered from ; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
Queen Alexander Mil. Hospital.	14 ⁵ 16						Syphilis		606 May 14th (0.6) June 4th gr. 1 15th hg. 9% I. 11th 606 (0.6) 20th hg. 9% I. 12th hg. gr. 1 28th 606 (0.6) 12th hg. gr. 1 29th hg. gr. 1. Mercury to be continued by patient wherever he may be. (weekly injections). A.L. Sachs, Lt.		

*6-2-17
 For 01e Records
 This patient was sent to M.H.S.
 for treatment of his venereal disease
 and was treated with mercury
 and iodine. This patient belongs to M.H.S.*

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
		Capt.	Boyd.	
Year	Unit.	Age.	Service.	
1918	C.A.M.C.	27		
Station and Date.	Disease <u>Chronic nephritis (hypertensive)</u> <u>uraemia</u> <u>cardiac</u>			
Kivchenur Mil. Hosp. June 2 ^d 1918	H.P.D.	Seven yrs. ago - had attack of Scarlet Fever from which he made a perfect recovery with no complications.		
	The year he graduated from medical course at Queen's Univ. he had headaches on exertion and alb. casts were found in the urine.			
	Enlisted Jan. 1916 and came overseas March 16. In May 1916 went to No 7 Can. Gen. (Queen's) Hosp. at Etaples. In Jan. 1917 began to have more headache, precordial pain etc. and was evacuated to England. Passed in Royal Free Hosp. Lond - about one month; then cons. convalescence. Then posted to Kivchenur for duty.			
	up to a month ago - apart from occasional headache - felt very well. and enjoyed his work - and an occasional game of tennis. Then he had what looked like an influenza attack. Following this - he experienced extreme lassitude. had some headache - into vomiting of breakfast.			
	2 weeks ago - went away for a rest. Felt well while away. no headache. Came back and shortly after began to have nocturnal dyspnoea. Cough - raising of a little bloody sputum - precordial distress, vomiting but no headache.			
	For some years - has had nycturia - passing large amount of pale urine - lately 5x at night - gradually getting worse.			

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
Wt. W 6604/M 2870-1,500,000-8/17-H. & Sp. (10938). Forms/I. 1237/12. (E239) [P.T.O.]

Station
and Date.

PC Very thin. temporal arteries visible.
Breathless. no cyanosis. Tongue rather dry.
Pulse 110. very full. regular. hard vessel very much
sclerosed. Tension +. Systolic 225. Diastolic 165.
Heart. P.M.J. - in J.S. $\frac{1}{2}$ " outside N.L.
R.C.D. + 15 Left. 1" beyond N.L.
Ss. very hurried. almost pectoral rhythm. P² + A² ++
lungs - clear.
abd. - neg.
no oedema
urine. 76 oz. in 24 hrs. acid. Sp. G. 1012. Also 5 grams - 15 liter
box few gran. casts. no blood. Sp. tcd. cells many
pus cells.

May 31-18. Very restless. Cheyne Stokes breathing in sleep.
Venesection $\frac{3}{4}$ xvii. Much improved after. distress
about heart relieved. Caster oil in $\frac{1}{2}$. mod. result only.

June 1. 18. Seen by Col. F. J. Finley. says "galloperhythm" at times.
2. 18. has night's urine = 30 oz. Sp. G. 1009.
This pm. some dyspnoea. Reads moderately well to
vapour baths. Salls cause distressing nausea.
then - pat. has to have an enema. Enema this am.
quite effectual however.

3^o. Vomiting all day. Cal. 150g. 5 gr. in grain doses
yesterday. no result. mag. sulph. Enema this am. barely
coloured. Rose coloured (bloody) frothy sputum today.
A.P. 230-175. Fetal rhythm. ~~no~~ horizontal wandering.
has been fairly comfortable - all day. getting duller.
misty vision in R. eye.

June 4. 18. urine - Day, night. 1012. alb. 5 grams. 15 liter.
weaker. some rose coloured expect.

June 5. 18. Breath miniforous, rose coloured frothy sputum. lungs
show oedema. 9 pm. Venesection $\frac{3}{4}$ xii.
Enema this morning - aft. Pils. 40 g. - 3. very effectual.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B 181.

Corps _____

Military Hospital Kitchener

No. _____

Rank and Name Capt. Boyd

Age 27

Service _____

Disease Chronic Nephritis

Date of admission May 29th

Date of discharge June 16th

Result Died

Dates of Observation	29 th			30 th			31 st			June 1 st			2 nd			3 rd			4 th			5 th			6 th			7 th					
	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time			
Days of Disease																																	
Temperature, Fahrenheit																																	
107°	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10
106°																																	
105°																																	
104°																																	
103°																																	
102°																																	
101°																																	
100°																																	
99°																																	
98°																																	
97°																																	
Pulse per Minute		116	118	100	98	92	96	100	106	106	106	110	96	96	108	100	110	116	96	96	120	120	118	116	126	130	120	128	124	130	124	130	128
Respirations per Minute		36	40	32	34	26	28	30	30	26	28	26	26	28	28	36	26	44	37	30	34	24	26	26	28	28	28	28	30	26	26	26	26
Motions per 24 Hours																																	

Signature Wm. H. ... In charge of case

Urine for ...
6 cc
Urine 57 cc
Urine 6 1/2 cc

Urine 6 1/2 cc
Urine 4 cc
Urine 4 cc

CLINICAL CHART.
(To be attached to Case Sheet.)

Army Form B. 181.

Corps _____

Military Hospital _____

No. _____ Rank and Name _____

Age _____ Service _____

Disease _____ Date of admission _____ Date of discharge _____ Result _____

of Observation	of Disease	Temperature, Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
			A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.
		07°																											
		06°																											
		05°																											
		04°																											
		03°																											
		02°																											
		01°																											
		00°																											
		09°																											
		08°																											
		07°																											
		per Minute																											
		ations per minute																											
		ns per 24 Hours																											

Signature _____ In charge of case.

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

Casualty Form—Active Service.

Draft No 7 Gen Hosp
 Unit, Regiment or Corps

~~No. 5 Stationary Hospital, Reinforcements~~

Regimental No. _____ Rank Capt. Name Boyd BOYD, James Tennant Whitworth
 C. E. F.

Enlisted (a) 4-1-16 Terms of Service (a) _____ Service reckons from (a) 1916

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

Extended _____ Re-engaged _____ Qualification (b) Physician CBM

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
<u>31/5/16</u>	<u>D.P.O.</u>	<u>attached to 39th bn as M.O</u>	<u>TRANSFERRED FROM G.A.M.C. TRAINING SCHOOL</u>	<u>14/8/16</u>	<u>Coluscas</u> <u>CO. 890 D.O. 7670</u> <u>COMMANDING G.A.M.C. TRAINING SCHOOL</u>
<u>75-8-16</u>	<u>D.M.S.</u>				
<u>5/6/16</u>	<u>D.M.S.</u>	<u>Proceeded to No 7 Can Gen Hosp</u>		<u>31/5/16</u>	<u>C.O. 974</u>
<u>10.6.16.</u>	<u>D. 7.6.9. H.</u>	<u>taken on strength on arrival from England. Auth. Serials 8703 d. 9. 4.</u>	<u>Le Treport.</u>	<u>7/6/16</u>	<u>B 213 pt 110 id 110 125 at 21/6/16</u>
<u>27/1/17</u>	<u>L.M.M.</u>	<u>Adm to L. M. M. Hosp</u>		<u>22/1/17</u>	<u>B 213</u>
<u>22/1/17</u>	<u>L.M.M.</u>	<u>Adm (Ac. Nephritis) (Lt)</u>		<u>22/1/17</u>	<u>W 3034/237</u>
<u>20/1/17</u>	<u>H. Stad Antwerpen</u>	<u>Sick. Transferred to HQ C.F.D (Nephritis)</u>	<u>Stromdiffe</u>	<u>26/1/17</u>	<u>W 7083/6355 W 100-11 at 6/2/17</u>

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

Capt. ~~Boyd~~, James Tennant Whitworth

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				
					J. L. Vawter Lt. Col. C. A. M. B. for aad Canadian Section 3rd Echelon G. H. Q.
10.4.17	A.M.S.	all to C. A. M. B. J. S. on being invalided		16/17	C. G. 203 Frank Messinger MAJOR, FOR O.C. RECORDS, C.E.F.
25.3.17	Caused	S.O.S. to Kitchener War Hospital Brighton	Westborough	22.3.17	P. D. O. 83 CAPT. ASST. ADJUTANT. FOR O.C. C.A.M.G. TRAINING SCHOOL.
23/9/17	Kitty	Report to Kitchener War Hospital Brighton	Brighton	22/9/17	P. D. O. 19
27.9/17.	#. C. G. #	S.O.S. #06au Gen Hospital on reason to be attacked Kitchener War Hospital	Brighton	19/9/17.	P. D. O. 1.
21 ⁶ /1918.	"	S.O.S. having died -	"	15 ⁶ /18	P. D. O. 25. Gordon Gunn CAPT. & ADJUT. FOR O.C. No. 10. CANADIAN GENERAL HOSPITAL.

2nd. Contingent
In Credit Bank Account.

**MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS**

To Whom *J. W. Boyd M.L.*
Address *Bank of Montreal
Kingston*

By Whom Assigned *Boyd J. Gen.*
Regtl. No.
Rank *Capt.*
Corps *No 7 Gen Hospital*

Rate *\$ 50 ⁰⁰/₁₀₀* *Out.*
MAR 17 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March		<i>U 16764</i>	<i>50 -</i>	



1918

1918

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 89002.-Req. 6213.

Bank of Montreal
credit
J. T. W. Boyd

PAYMENTS.

Name of Soldier

Boyd, J. T. W.
Capt. # *1. Gen. Hosp.*

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	1864	50	
May		773909	50	
June		27 7543	50	
July		80C 6959	50	
Aug.		8 10406	50	
Sept.		F 16583	50	
Oct.		G 20944	50	
Nov.		H 23870	50	
Dec.		I 31223	50	
Jan.	1917	A 39983	50	
Feb.		D 43956	50	50 R
March		B 48967	50	50 B
April		W 482	50	50 R/W 482 Can Idly
May		Y 7149	50	
June		8 13319	50	50 CA
July		B 21869	50	
Aug.		E 2752	50	
Sept.		E 34304	50	
Oct.		R 47906	50	10000.00
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

\$ 50⁰⁰

JB JB
per

950

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

2nd. Contingent

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

To Whom *Mr Andrew Boyd*
Address *368 Wiley St*
Port Arthur
Que

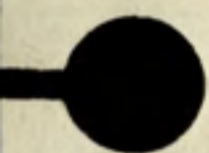
By Whom Assigned *Boyd J. G. W.*
Regtl. No.
Rank *Capt.*
Corps *No 7th Gen Hospital*

Rate *20⁰⁰/₁₀₀* **MAR 1 1916**

PAYMENTS

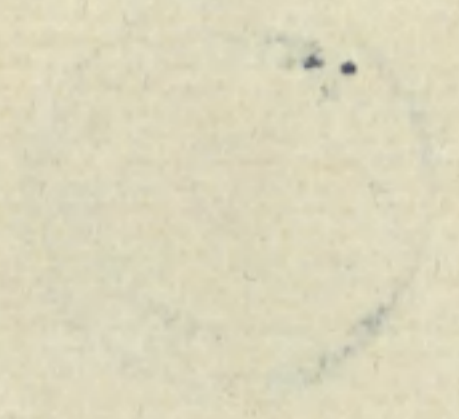
Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March		<i>W 16763</i>	<i>20 -</i>	





Handwritten scribbles and marks, possibly including the number '24'.

Handwritten scribbles and marks, possibly including the number '24'.



2nd Contingent

MILITIA AND DEFENCE

M. F. W. 12a.

60m.-12-15.

1772-39-819.

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

Mr Andrew Boyd

Name of Soldier

*Boyd J. W.
7th Gen Hospital*

PAYMENTS.

L. L. Job 89002.-Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$2000</i>
April	1916	<i>L865</i>	<i>20</i>	
May		<i>M3410</i>	<i>20</i>	
June		<i>N2544</i>	<i>20</i>	
July		<i>O6960</i>	<i>20</i>	
Aug.		<i>P10407</i>	<i>20</i>	
Sept.		<i>F26584</i>	<i>20</i>	
Oct.		<i>X20945</i>	<i>20</i>	
Nov.		<i>Q23880</i>	<i>20</i>	
Dec.		<i>R31226</i>	<i>20</i>	
Jan.	1917	<i>A38984</i>	<i>20</i>	
Feb.		<i>Q43957</i>	<i>20</i>	<i>20 R</i>
March		<i>B48968</i>	<i>20</i>	<i>20 B.</i>
April		<i>W483</i>	<i>20</i>	<i>20 L</i>
May		<i>Y7150</i>	<i>20</i>	
June		<i>Z13320</i>	<i>20</i>	<i>20 Ch</i>
July		<i>B21870</i>	<i>20</i>	
Aug.		<i>F27522</i>	<i>20</i>	<i>s</i>
Sept.		<i>F34305</i>	<i>20</i>	<i>u</i>
Oct.		<i>R47907</i>	<i>20</i>	<i>D</i>
Nov.				<i>400⁰⁰ B</i>
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*JB
JB
JFK*

380

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier.....

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

Regtl. No., Rank and Name Cap. Boyd Age _____ Corps C.A.M.C

Disease _____ Hospital Kitchener

To Officer i/c Laboratory. _____ Ward _____

Please carry out an examination of the accompanying specimen of Urine
with special regard to A/B. (quant). Urea. (quant).

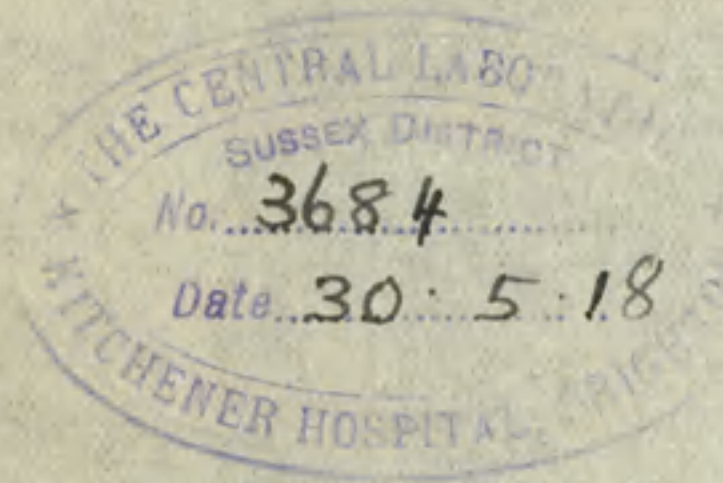
Nos. of previous Reports (if any) _____

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date 30. 5. 18.

_____ O. i/c Maui Ward.

LABORATORY REPORT.



35 c.c.

Urea 1.1 % - 4.8 gms per 100

Maui

Date of Examination _____

O. i/c Laboratory.

Order No., Date and Name

Disease

To Other Laboratory

Please carry out an examination of the accompanying specimen of

with special regard to

No. of previous Reports (if any)

In Pathological Reports a resume of clinical history, treatment or progress since last report should be given.

Date

Ward

LABORATORY REPORT

Faint handwritten notes and markings at the top of the main body.



Date of Examination

Surname BOYD. Christian Name J. T. W.

Reg. No.

Rank Capt. Unit C.A.M.C.

MEDICAL BOARD held at (1) London area. Date 21-2-17. Serial No.

Other Medical Boards at (2) do. Date 22-3-17. Serial No.

(3)

(4)

(5)

Condition found by Board Nephritis.

Disposition Recommended

(1) Perm. unfit gen. ser. Home ser. 1 mth.

(2) Home ser. Perm. unfit gen. serv.

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at Date.....

Disposition

Remarks

Boyd. J. T. W.

Capt. C.A.M.C. - ~~7-G-G.H.~~ 10 C.G.H.

Liverpool Mchts. Etaples. 22-1-17.
H.S. Stad Antwerpen to.
Royal Free Brays Inn Rd. 26-1-17.
Kitchener Military Hosp. Brighton. 1-6-18

N.Y.D.(Q).

Nephritis.

Nephritis (Seriously ill).

DIED: -16-6-18. ^{Rw.}

It has now been ascertained that this Officer Died from "Chr. Nephritis & Uremia". ^{add.}

Discharged: -. 24-2-17.

C.L. 25-1-17. 582.

30-1-17. 586-3.

28-2-17. 611-2.

1-6-18 977-4.

17-6-18 1010-4.

19-6-18 1012-4.note.

A.M.D. 2 DEPT.

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

R.

Kitchener Milt. Hospital,
Brighton.
20.6.18.

Yatalo



Staff Officer,
Medical Research Committee,
British Museum. WC.

Herewith please find Med. Case Sheet and Clinical Chart for the late
292229 Pte. Parker, J. 1/6 Gordon Hdrs and for Capt. Boyd, J.T.W. C.A.M.C.
ff, Kitchener Hospital, Brighton) who both died on the 16th. inst.
Kindly acknowledge receipt .

Thomson

Capt. Registrar, for O.C.
Kitchener Milt. Hospital.

to n.
18

TO

 10-11-1914
 10-11-1914

M.F.V. 117
150M-618
1 22-39-1243

6099

Number

Rank

Surname

BOYD

Christian Name

James Tennant Whitworth

Units

Theatre of War

France

Date of Service

31-5-16

Remarks

(H & M)

D

Latest Address

Rev. & Mrs. Andrew Boyd,
368 Wilely St.,

Roll No.

6 AM Co Port Arthur,

200m.-6-21..

Atty 18590 Ont.

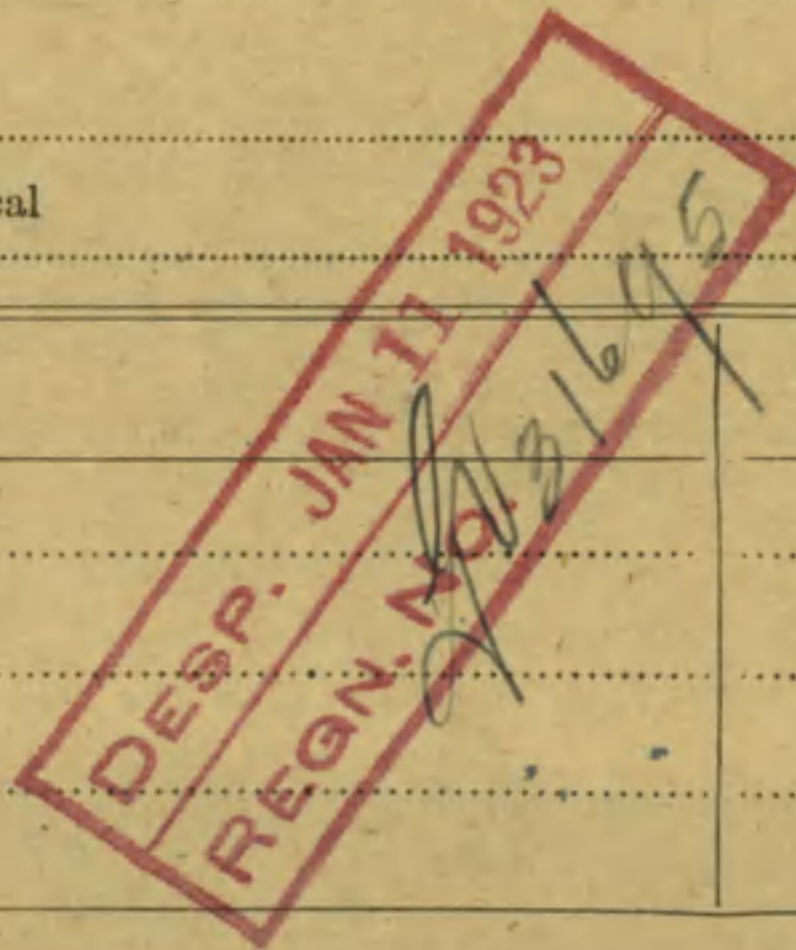
Character on
discharge

Date and place of
enlistment

Date of Medical
Boards

Remarks

Pt. 2 Order No.



name first.

(over)

A.H. 5090.

Name BOYD, Rank Capt
 Unit James Tennant Whitworth
 C.A.M.C. (10 C.G.H.)
 Next of Kin Canada

File Reg. No. 9 B984

Brother 342970 Enr a a Boyd

Rev. Andrew Boyd (father) 4th Bn Spt Coy
 368 Wilby St. Port Arthur Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
1/6/18	Kitchener	Mar. Hos. Brighton (Seriously Ill)	Nephritis	997	0514	
16-6-18	Now reported	(Del 2/24)				
	<u>Died</u>			1010	0563	18/1/18
	cause of death	the nephritis, and (depressive) kidney failure anemia		1012		

SURNAME. *Boyd*

XKH. CARD NO. *D*
11231

CHRISTIAN NAMES *James Tennant Whitworth*

FOLL.

REGL. No. RANK *Captain* ~~*Lieut Capt.*~~

UNIT *No. 7 Gen Hospital Queen's Craft, C. A. M. Co.*
6272, 2-6-18

FORMER CORPS

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Boyd Rev. Andrew*

RELATIONSHIP TO SOLDIER *Father*

ADDRESS *368 Wiley St. Port Arthur
Ont.*

COUNTRY OF BIRTH *Canada* *Glencely N.S.* DATE *May 13th 1892*

PLACE OF ATTESTATION DATE

0/31/3/16 353
1

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Physician

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

Kingston Ont.

DATE

Jan. 4th 1916

Present Address

408 Johnston St. Kingston Ont.

Not eligible for 1415 Star.

BOYD, Jas. Tennant Whitworth, Capt. #10 CCM. CAMC

M
W
8235

MEDALS &
DECORATIONS

Rev. & Mrs. Andrew Boyd (Father & Mother)
368 Wiley St., Port Arthur, Ont.

8235

PLAQUE &
SCROLL

Rev. Andrew Boyd (Father)
368 Wiley St., Port Arthur, Ont.

Serial No 781833

CROSS OF
SACRIFICE

Mrs. Marga et Stewart Boyd (Mother)
368 Wiley St., Port Arthur, Ont.

Scroll Desp. *FEB 17 1920* Regn. No. *2.20688*

Desp. *MAY 19 1920* *68037* (Plaque Desp. *P358*)
AUG 24 1921

(R)

un .

No.

RANK

Capt.

NAME

*Boyd, J. T. W.*T. O. S. 4-1-16,
100 3-4-176)

UNIT

*Stationary Hosp. #5. CAME (Queens)*M. D. *3*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916 Jan 4.</i>	<i>1916 Jan 31. Feb.</i>	<i>✓ ✓</i>		



REGT'L. NO.

NAME

Boyd, James Tennant Whitworth

H. Q. FILE NO 649

RANK AND CORPS

Capt. C. A. M. G. (form)

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

107. Gen. Hosp. (see memo draft) FOLLOWS

A.O.H.

Rev. Andrew Boyd (Father)
368 Wirley St. Port Arthur, Ont.0514¹⁻¹

2-6-18

Ser. ill, 10 Gen. Hosp. Brighton,
June 1, 1918. Nephritis.0563¹⁻³

18.6.18

+ Rept. Died, June 16th/18. ✓

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

997

Kitchener Mid Brighton
seriously ill

1-6-18

~~Nephritis~~ Chronic
Nephritis & Uremia

1010

Kitchener Mid Brighton
Died (Bad neph. ill)

16-6-18

As per 18th. 1012

Name **BOYD,** Rank **Capt.**
 James Tennant Whitworth
 Unit **CAMC 7 CGH**

Reg. No.

Next of Kin **Canada**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
			N.Y.D.			
22-1-17	L'pool	Merchants Hosp.	Etaples	582		
26-1-17	R. Free Hos.	S.W.	hepatitis	586		
24-2-17	Discharged			611		

NAME

A Boyd

RANK AND CORPS

Capt

REGT'L No

H. Q. FILE No. 649-

FOLLOWS

No.

C. A. M. C. & C. Y. S.

FOLLOWS

CABLE

NATURE OF CASUALTY

No.

DATE

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

5-82-1	Liverpool Merchants	22-1-17	N. Y. I.
--------	---------------------	---------	----------

586.	<i>Etapes</i> de H. S. Stad Antwerpen Royal Free & Grey's Inn. Rd. W.C.	26-1-17	Nephritis
#611	Discharged	24-2-17	"

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Mar. 1, 1916

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

20			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.
 Rank *Capt.* Promoted Reverted Discharge
 Soldier's Name *J. J. W. Boyd*
 Battalion *No 7th Gen. Hospital*
 Beneficiary
 Relationship
 Address

Name *Mrs. Andrew Boyd*
 Address *368 Wiley St.*
 Change of Address *Port Arthur Ont.*
 1
 2
 3
 4

Oct 31-17 *400 -* *400 -*

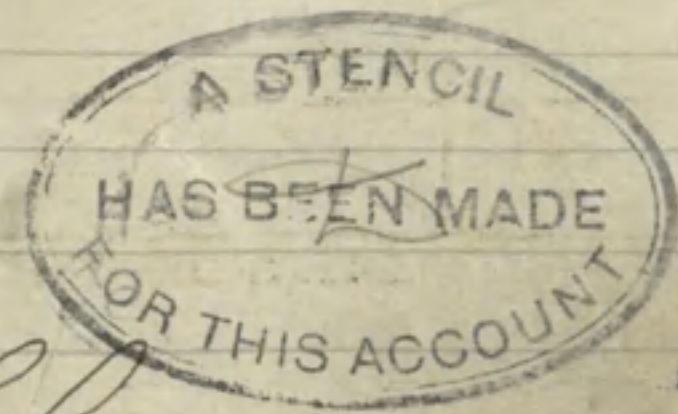
Date	Cheque No.	Amount S/A	Amount A/P	Total	
Nov 30	F 53773		20	20	
Nov	D 56407		20	20	D
Dec	A 52917		20	20	Bo
Jan	D 69246		20	20	Mc
Feb.	C 93878		20	20	9
March	A 101164		20	20	✓
Apr	C 5081		20	20	9
May	E 11890		20	20	✓
June	D 19884		20	20	✓
			<i>560</i>	<i>560</i>	<i>02</i>

01956-g-32 REMARKS
53773 Cane. 21-11-17 J.A.B.

Pensions Notified Date	<i>June 25/18</i>
Killed in Action	
Died of Wounds	Date <i>June 16/18</i>
Missing	
C. L. <i>21.3.18</i>	Clerk <i>S. Rothwell</i>
Date Noted	<i>June 25 1918</i>

*10
12
1
25
25
56
10*

M. F. W. 128
400M. - 6-17-1772-38-1141
L. L. 22320 - M. & D. 7683.



MPO 2^B Ren 26/6/18 RL

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

Grid for Rate of Separation Allowance with four empty cells.

RATE OF ASSIGNMENT

Grid for Rate of Assignment with four empty cells.

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Table header: Date, Cheque No., Amount S/A, Amount A/P, Total, REMARKS

M. F. W. 128
400M. 6-17-1772-89-1141
L. L. 23320-M. & D. 1983.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Mar 1-16

RATE OF SEPARATION ALLOWANCE

--	--	--	--

OVERSEAS CONTINGENTS

*Bank Account.
Bank Account*

RATE OF ASSIGNMENT

<i>50</i>			
-----------	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. _____
 Rank *Capt* Promoted _____ Reverted _____ Discharge _____
 Soldier's Name *J. W. Boyd*
 Battalion *No 7 Gen Hosp*
 Beneficiary _____
 Relationship _____
 Address _____

PARTICULARS OF ASSIGNMENT

Name *Bank of Montreal* } *For credit*
 Address *Kingston, Ont* }
 Change of Address _____
 1 _____
 2 _____
 3 _____
 4 _____

Oct 31-17 *1000 - 1000-*

Date	Cheque No.	Amount S/A	Amount A/P	Total
<i>Nov. 30</i>	<i>F 53772</i>		<i>50</i>	<i>50</i>
<i>Dec</i>	<i>F 58696</i>		<i>50</i>	<i>50</i> <i>M</i>
<i>Jan</i>	<i>A 63933</i>		<i>50</i>	<i>50</i> <i>HA</i>
<i>Feb</i>	<i>C 93817</i>		<i>50</i>	<i>50</i> <i>φ</i>
<i>March</i>	<i>A 101163</i>		<i>50</i>	<i>50</i> <i>✓</i>
<i>Apr</i>	<i>C 5080</i>		<i>50</i>	<i>50</i> <i>φ</i>
<i>May</i>	<i>E 11889</i>		<i>50</i>	<i>50</i> <i>✓</i>
<i>June</i>	<i>D 19883</i>		<i>50</i>	<i>50</i> <i>✓</i>
			<i>1400⁰⁰</i>	<i>1400⁰⁰</i>

0.956-2-32
C. F. V. \$1400⁰⁰ June 30/18
Acct closed June 30/18
acc closed 30-6-18
per 3.m.
SEE other acc following sheet.

REMARKS

Penions Notified Date	<i>June 21/18</i>
Notified in Action	
Died of Wounds	Date <i>June 16/18</i>
Missing	
C. L. 213(1)	<i>June 1/18</i>
Date Noted	<i>June 21 1918</i>

M. F. W. 128.
 Form. 6-17-172-39-1144
 L. L. 23320-M. & D. 1903.



MRO 2 B Ren 26/6/18 LL

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

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

M. F. W. 128.
 4004-6-17-1772-30-1141
 L. L. 2320-M. & D. 7993.

Capt. Boyd.

The changes in the retina are
not very marked.

The margins of the discs are
woolley - but not much
swelling.

There is no evidence of
sclerosis in retinal arteries.
There is a small white plaque
just above to inner side of
R. disc.

One or two small hemorrhages
in R. Retina.

N. H. Taylor
May.

Medical Officer

Signature

Date

Requests leave from to p.m.

Rank Unit

Name

Late Permit. Officers' Plac.

KITCHENER MILITARY HOSPITAL

Form of Will, No. 1.

To be used by a Soldier desirous of leaving the whole of his Effects to one person.

(a) The Names of the Soldier to be written in full.

I, (a) James Tennant Whitworth BoydNo. Captain, of the Canadian Army Medical Corps Regiment
of now a patient in Kitchener Military Hospital, Brighton
do hereby revoke all former wills by me made, and declare this to be my last Will.

After payment of my just Debts and Funeral Expenses I give to my

(b) Insert "friend," or, if a relative, in what degree.

(b) Father,

(c) The name in full.

(c) Rev. Andrew Boyd

(d) Insert the address, if known, or other description.

(d) 368 Wiley Street, Port Arthur, Ontario, Canada.

(e) If to a female, add the words [for her sole and separate use, her Receipt alone being a sufficient discharge.]

absolutely (e) in trust, to be shared in equally by the said
Andrew Boyd (my father) and my mother, MargaretArabella Campbell Stewart Boyd, and to be disposed of
whichever way they may see fit,
the whole of my Estate and Effects, and everything that I can by law give or

(f) The full names and descriptions and exact addresses of the Executor or Executors should be carefully stated.

dispose of, and I appoint (f) my father, Rev. Andrew Boyd,
368 Wiley Street, Port Arthur, Ontario, Canada

Executor of this my Will.

In witness whereof, I have hereunto set my hand

this 6th day of June A.D. 1918.

(g) Soldier to sign here, or, if he cannot write, to make his mark.

(g)

Signed and acknowledged by the said

the same having been previously read over to him as and for his *last Will* in the presence of us, present at the same time, who, in his presence, at his request, and in the presence of each other, have hereunto subscribed our Names as Witnesses.

(h) Witnesses to sign here.

(h)

(i) Add Addresses in full.

(i)

(h)

(i)

Declaration of the Medical Officer.

I declare that I was present at the execution of this Will and that
James Tennant Whitworth Boyd, the Testator
was at the time in a fit state of mind to execute same.A. P. Henderson Major C.M.C.

THE WILL

No. 1.

of James Thomas Whitworth Boyd

of the C.A.M.C. Regt.

dated June 6th 1918

Army Form B. 243.

(1440) W13220. 306. 350M. 3/15. N.P.A. Ltd. Forms B. 24

GENERAL RULES AS TO WILLS

REGISTERED.
WILLS SECTION
24 JUN 1918
ESTATES, J. & C., LONDON.

The Will must be in writing, and signed by the Testator with his name (or, if he cannot write, with his mark), in the presence of two Witnesses, who must be present together; and the Will must be acknowledged and attested in the presence of all three.

A person to whom money, &c., is left by the Will, or the husband or wife of such a person, should not be an attesting Witness, for the gift would not be good, but he or she may be appointed an Executor.

In English Law a Will is revoked by the Marriage of the Testator, and therefore a new Will ought to be made after marriage, if desired. By the Law of Scotland, the Channel Islands, and the Isle of Man, the rights of the widow or children to some portion of the estate cannot be defeated by a Will.

If any alteration is made in the writing of a Will, the signatures of the Testator and of the Witnesses ought to be made in the margin or other part of the Will, opposite to or near such alteration, or at the foot or end of, or opposite to, a Memorandum referring to such alteration and written at the end or some other part of the Will.

But an alteration or addition may be made by a *Codicil* (that is to say, by an addition to the Will) executed and witnessed in the same way as the Will.

N.B.—The Testator, if of English domicile, must be of the age of 21 years, unless he is on active service or under orders for active service. A Scotsman can dispose by Will of personal property (as distinguished from real property) when over the age of 14 years.

REGISTERED.
WILLS SECTION
27 JUL 1918
ESTATES, J. & C., LONDON.

ESTATES BRANCH
JUL 22 1918
MILITIA DEPT.

ASSIGNED PAY.

UNIT.

Rates

RANK.

NAME. *14/18*

Boyd J. W.

Beneficiary

Address

*C.N.M.C. Pay #3 - Pd. Capt
10 S. H. 3 N. 75 "
Mess 1 - "*

Name *Boyd*
Initials *J. J. W.*
Bank *of Montreal*

Amount. \$ *70⁰⁰ Canada*
Separation Allowance issued. Yes or No.....

Died 16^b/18 b.d. 1010 d/17^b/18

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
<i>1918</i>								
<i>Apr 15</i>	<i>A.P. Canada.</i>		<i>3602 75</i>	<i>1852 75</i>	<i>1750 -</i>			
<i>17</i>	<i>Sub 1-31³/18 less rations</i>	<i>655</i>			<i>70 -</i>		<i>4.6.1.</i>	
<i>18</i>	<i>Pay Apr R.</i>		<i>142 50</i>					
<i>21</i>	<i>Bank</i>	<i>1173.</i>		<i>72 50</i>			<i>H</i>	
<i>May 10</i>	<i>Sub 1-30⁴/18 less rations</i>	<i>1890</i>					<i>6-3-3. \$30⁰⁰</i>	
<i>13</i>	<i>Pay May R.</i>		<i>147 25</i>					
<i>15</i>	<i>A.P. Can.</i>				<i>70</i>			
<i>23</i>	<i>Bank</i>	<i>2645</i>		<i>77 25</i>				
<i>June 10</i>	<i>Pay June R.</i>		<i>142 50</i>					
<i>14</i>	<i>A.P. Can.</i>				<i>70</i>			
<i>21</i>	<i>Bank</i>	<i>4144</i>		<i>72 50</i>				
<i>July 8</i>	<i>Pay July R.</i>		<i>147 25</i>	<i>2075 00</i>	<i>1960</i>			
<i>10</i>	<i>Cash in effects recd from Estates Branch Amt. dep. b.P. of 2-19-0. A/c. 294/18. List 3 July.</i>	<i>104.</i>	<i>14 36</i>	<i>1960 -</i> <i>65 63</i>			<i>Dr. 1436</i>	
				<i>4100 63</i>				
<i>19</i>	<i>Sub 1-31⁵/18 less rations</i>	<i>4890</i>						
<i>22</i>	<i>Subs. 1-31⁵/18 to be credited to Pay Acct 4-7-5 P.M. claims. 4870.</i>	<i>275</i>	<i>21 27</i>				<i>Dr. 3563</i>	
<i>August</i>	<i>New Rate Pay 4⁰⁰ (diff 1⁰⁰ - 1-30⁶/18. No 7581).</i>		<i>30 -</i>				<i>6563</i>	
<i>1919</i>	<i>Jan 22</i>	<i>Cr Bal trans to Ottawa L 72 Jan No 938</i>	<i>4100 63</i>		<i>6441</i>			
<i>22</i>	<i>C.P.M. Cheqs. List 81 Jan No 1016</i>			<i>1 22</i>				

*14 A to Cease
Left to N.E. Ledger
1/18 make no deposits
L.H. 7.5
Transferred from B.L. 28. 5/18
Re-rendred 19/18 (Estates Dept)
Dist to Acctg Bch 2/1/19*

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

Name

Initials

Bank

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialled by P.M. in every case.

INITIALS

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Sheet IV

Beneficiary

Address

Amount. \$ 70.⁰⁰

Separation Allowance issued. Yes or No.....

NAME OF DATE AUTHORITY

DATE AUTHORITY

Canada,
D.S.

Capt.

Name

Initials

Bank

Boyd, J. P. W.
Bank of Montreal

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
Apr 20	Apr. Pay R.		1869 -	959 -	910			
" "	A.P. Canada,		142 50					
" 26	Bank	3010		72 50		70 -		
May 15	May Pay R.		147 25					
" "	A.P. Canada,					70 -		
" 26	Bank	6029		77 25				
June 14	A.P. Canada,					70 -		
" 18	June Pay. R.		142 50					
" "	Bank	9004		72 50				
July 4	Billeting May 17.	44					44-6-1 v	
" 15	July Pay. R.		144 25					
" 17	A.P. Canada,					70 -		
" 18	Billeting June 17	1092					4-3-3	
" 22	Bank	13071		77 25				
Aug 13	A.P. Can.					70 -		
" 11	Billeting July 17.	7946					4-6-1	
" 16	Aug Pay R		144 25					
" 14	Sick leave accc 21 st - 21 st 17	7625					2-19-7 14 ⁵⁰	
" 23	Bank	17361		74 25				
Sep 4	Billeting 1-31 st (less Rations)	4616					4-6-1 \$ 21 ⁰⁵	
" 14	at ban.					70		
" 18	Sep Pay. R.		142 50					
" 20	Bank	21905		72 50				
Oct 9	Billeting 1-30 th (less Rations)	6579					4-3-3	
" 11	at ban					70		
	Forward.		2738 25	1408 25	1400	70		

ASSIGNED PAY.	UNIT.	RANK.	NAME.
Beneficiary Address Amount. \$70. ⁰⁰ Separation Allowance issued. Yes or No.....	NAME OF UNIT Canada	DATE AUTHORITY Capt	DATE AUTHORITY Name Boyd. Initials J. Y. W. Bank of Montreal

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1917								
Oct 15	Oct Pay R. Brod Forward.	2738	25	1408	25	1400 -	70	
19	Bank 26282			147 25		77 25		
Nov 16	at ban					70		
19	Nov Pay R.			142 50				
21	Bank 30733			72 50				
	Subs. 1-31 ¹⁷ (less rations)	9210					4-19-5 ✓	
Dec 6	at ban					70		
14	Dec Pay R.			147 25				
	Bank 35096			77 25				
20	Subs. 1-30 ¹⁷ (less rations)	10622					4-3-3 ✓	
1918	Jan 14 at ban					70		
15	Subs 1-31 ¹⁷ (less rations)	12092					4-6-1	
19	Jan Pay R.			147 25				
	Bank 39459			77 25				
Feb 11	A. P. Can.					70 -		
16	Pay Feb R.			133 -				
	Sub 1-31 ¹⁸ less rations	14439					4-6-1	
	Bank 41013			63 -				
Mar 7	A. P. Can.					70 -		
18	Pay Mar R.			147 25				
	Sub less rations 1-28 ¹⁸	16355					3-17-9.	
	Bank 42637			77 25				
				3602 75		1852 75		1750 -

ASSIGNED PAY.

UNIT.

Continued
RANK.

A. Steen III
NAME.

Beneficiary
Address

NAME OF
Amc. I.S.

DATE

AUTHORITY

CA

DATE

AUTHORITY

Name *Boyd, Jr.*
Initials *J.S. Jr.*
Bank *of Montreal*

Amount. \$ *70.00*

Separation Allowance issued. Yes or No.....:

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
<i>1916</i>								
<i>Dec 31 1919</i>	<i>Payford</i>			<i>1441 50</i>	<i>741 50</i>	<i>700</i>		
<i>Jan 16</i>	<i>A.P. Canada</i>					<i>70 -</i>		
<i>" 20</i>	<i>Pay Jan R.</i>			<i>1477 5</i>				
<i>" 26</i>	<i>Bank</i>	<i>19788</i>			<i>77 75</i>			
<i>July 15</i>	<i>Pay July R.</i>			<i>133 -</i>				
<i>" 19</i>	<i>A.P. Canada</i>					<i>70 -</i>		
<i>" 31</i>	<i>Bank</i>	<i>21903</i>			<i>63 -</i>			
<i>Nov 15</i>	<i>Pay Nov R.</i>			<i>1477 5</i>				
<i>" "</i>	<i>A.P. Canada</i>					<i>70 -</i>		
<i>" 26</i>	<i>Bank</i>	<i>24836</i>			<i>77 75</i>			
				<i>1869 00</i>	<i>959 00</i>	<i>91 0</i>		

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary ^{\$ 20 00} *W^m A. Boyd (mother)*
 Address *368 Weyley St. Port Arthur Ont.*
^{\$ 50 00} *J. W. Boyd Bank of Montreal*
 Amount. *\$ 40 00 Kingston. Ont.*
 Separation Allowance issued. Yes or No.

NAME OF DATE AUTHORITY
C.A.M.C. 45. 13 3/6

bapt.

C
Sheer y
 Name *Boyd.*
 Initials *J. W.*
 Bank *Bank of Montreal*

DATE 1916	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case	INITIALS
Apr 24	A.P. Can.		135 25	65 25	70			
" 26	Pay. April (R)		142 50		70			
" 27	Bank	1126		72 50				
May 22	Pay. May R		147 25		70			
" 25	A.P. Can				70			
" 26	Bank	2478		77 25				
June 17	Pay. June R		142 50		70			
" 20	A.P. Can				70			
" 26	Bank	3892		72 50				
July 19	A.P. Can.				70			
" 20	Pay July (R)		147 25		70			
" 27	Bank	5565		77 25				
Aug 18	Pay Aug (R)		147 25		70			
" 21	A.P. leave				70			
" 26	Bank	7459		77 25				
Sept 19	Pay Sept R.		142 50		70			
" 21	A.P. leave				70			
" 26	Bank	9266		72 50				
Oct 19	Pay Oct R		147 25		70			
" 20	A.P. Can				70			
" 25	Bank			77 25				
Nov 16	A.P. Canada				70			
" 20	Pay Nov. R.		142 50		70			
" 28	Bank			72 50				
Dec 11	A.P. Can.				70			
" 18	Pay Dec R.		147 25		70			
" 18	Bank		1441 50	77 25	700			