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

Attestation Papers..... 2

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet..... 1

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge..... 1

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids..... 2

Medical History Sheet..... 3 1

Proceedings of Regt. Court Martial .....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 1

AFB 122,3
Disch certificate,
Casualty card - 1
AFB 1237 - 1
Pay Case

M. F. W. 62.
100m.—6-17.
H. Q. 1772—39—935.

Name BURKE JAMES.

Regt. No 54289 Rank Pte.

Corps 18 Batt

Medd unfit

Cadet - 1 Pt. II Order
1 Casualty

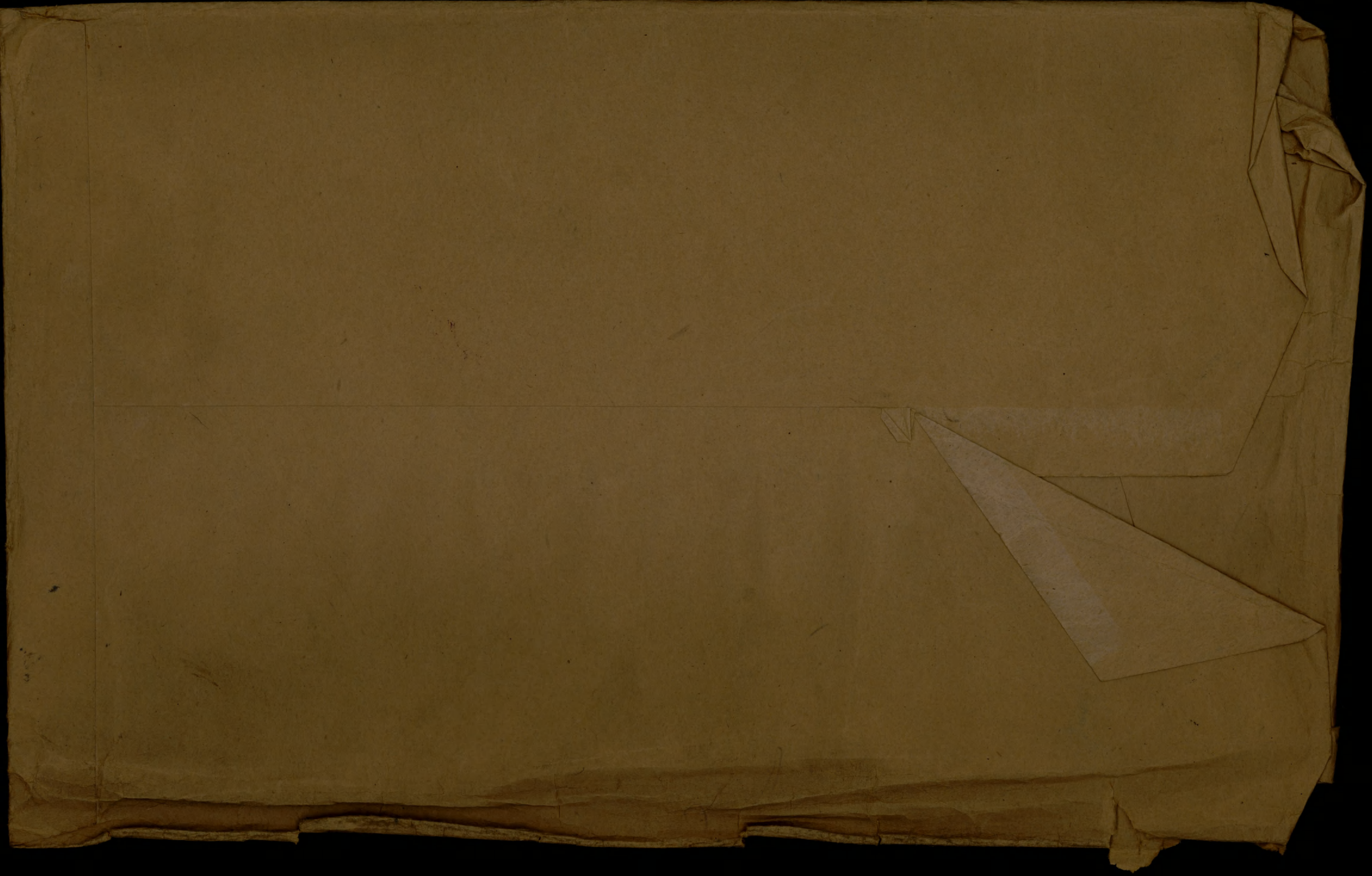
Discharged 31-3-44

51535

R. O. No.....

H. Q. No.....

2
21-4
16-4
3-4
2



Original

ATTESTATION PAPER.

No. 54289

Folio. Base

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?	James Burke
2. In what Town, Township or Parish, and in what Country were you born?	Halifax Yorkshire Eng.
3. What is the name of your next-of-kin?	Wm. Henry Burke. Father
4. What is the address of your next-of-kin?	#1 Hopwood Lane Halifax Eng.
5. What is the date of your birth?	Dec. 9th 1890
6. What is your Trade or Calling?	Seaman
7. Are you married?	-No-
8. Are you willing to be vaccinated or re-vaccinated? and inoculated?	-Yes-
9. Do you now belong to the Active Militia?	-No-
10. Have you ever served in any Military Force? 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-

James Burke (Signature of Man).

E G Fleming (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, James Burke, 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.

James Burke (Signature of Recruit)

Date March 10th 1915 E G Fleming (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, James Burke, 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.

James Burke (Signature of Recruit)

Date March 10th 1915 E G Fleming (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at London this 10th day of March 1915.

E W Thyle Notary Public (Signature of Justice)

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

E W Thyle (Approving Officer)

M. F. W. 23.
150 M.—12-14.
H.Q. 1772-39-841

Description of James Burke on Enlistment.

Apparent Age 24 years 3 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 5 ins.

Chest measurement { Girth when fully expanded ..... 37 ins. / Range of expansion ..... 4 ins.

Complexion ..... fair

Eyes ..... blue

Hair ..... blonde

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).

3 Vacc. Marks L. arm

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 10th March 1915 G C Hale Capt Can. A.M.C.

Place London Ont. ..... Medical Officer. 1st Batt. C.E.F.

*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.

James Burke 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.

E A Nagle (Signature of Officer)

Date March 10th 1915

A—315.

ASSIGNED PAY. List 205 P.2 B.

0247-9.28.

PAID IN CANADA.

To whom Mrs. J. Burke. Wife

Address 1 Albion Court. Orange St.
Halifax. Eng.

By whom assigned Burke. Jas.

Regtl. No. 54289

Rank Pte.

Corps, &c. 18th Bn. W.O.R.D.

ASSIGNED PAY AND SEPARATION ALLOWANCE BEING PAID IN ENGLAND UNTIL ADVICE FROM OTTAWA [illegible] noted on L.R.C.

	ASSIGNED PAY	SEPARATION ALLOWANCE
Rate	15.00	25.00
Date to Commence	1st May. 1918	

Month.	Cheque No.	Amt. ASSIGNED PAY	Amt. Debited SEPARATION ALLOWANCE	REMARKS.
1914. Oct.				Discharged to Canada. 23.2.18
Nov.				C.O. 3451 8-2-18
Dec.				
1915. Jan.				
Feb.				60 King St. E. Chatham, Ont.
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.	55682	15 00		J16552.
Nov.	67862	15 .	60 00	
Dec.	86143	15 .		
1916. Jan.	106779	15		274002—014
Feb.	124349	15		
March	146398	15	60 -	

ASSIGNED PAY.

Month.	Cheque No.	Amt.	Amt. Debited.	REMARKS.
1916.				
April	2875.	15 00	20	B2371
May	28887	15	20	✓ 14292
June	56412	15	20	✓ 22804
July	88720	15	20	✓ 30647
Aug.	121733.	15	20	✓ 30227
Sept.	155738.	15	20	✓ 47223
Oct.	191259.	15	20	✓ 57416
Nov.	228259	15	20	✓ 69326
Dec.	268774	15	20	✓ 82458
1917.				
Jan.	310300	15	20	✓ 94991
Feb.	352864	15	20	
March	392818.	15	20	
April	~~474536~~ 474537	15	20 00	
May	511389	15	20 00	
June	515-41	15	20	
July	A. 84806	15	20	
Aug.	141833.	15	20	
Sept.	194637.	15	20	
Oct.	229728.	15	20	
Nov.	36041.	15	20	
Dec.	C. 66334	15	25	
1918.				
Jan.	B 35991.	15	25	
Feb.	D 4884	15	25	
March	D. 60352	15 —	25 —	
April	A. 2414	15 —	25	Going to Canada
May				
June				

on F.W. 187 passed to pay. on D. # 1. 22 4/18 with Service. Ap not required in the Police.

Rank Pte Name BURKE James Reg'l No. 54289

Unit 18th Battn If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment London Ont. 10th March 1915 Place of Birth Halifax Eng.

Name and Address, Next-of-Kin Wm. Henry Burke, 1 Hopwood Lane, Halifax, Eng. Bond Court

Relationship Father. 30 SEP 1918

2 m form rend'd 8/5/16. Effect 1/5/16 $1.00 to $1.50 Oct 1st

Assigned Pay Monthly $ as above. Payable to Mrs J. Burke, 6, Albion Court, 11 Orang St. Halifax Eng

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

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	Balance	Remarks, Casualties, etc.
1/5	31/5	31	1	31	31	10	3 10		34 10			17 50	10	✓ 7 20	34 70	4 40	Sdge #168.
1/6	30/6	30	1	30	30		3		33			17 50	10	✓	27 50	9 90	
1/7	31/7	31		31	31		3 10		34 10			✓ 22 50	10	✓	32 50	11 50	
								1 53	1 53			5 50				13 03	Cr. Exchange
1/8	31/8	31	1	31	31	10	3 10		34 10	275 319		✓ 24 34	10	✓	34 34	15 79	
1/9	30/9	30		30	30		3	10	43	365		✓ 5 67	10	✓	12 67	45 1	Cr. Clothing allce charged in March
1/10	31/10	31		31	31		3 10		34 10			✓ 5 24	25	✓	30 24	46 98	Addl. Assgt. 15.00 1/10
1/11	30/11	30		30	30		3		33	521		✓ 5 68	35	✓	27 68	52 30	
1-12	31-12	31		31	31		3 10		34 10	556 548 644 708		✓ 5 68 ✓ 5 55 ✓ 5 62 ✓ 5 76	25	✓	38 15	48 35	
1-1-16	31-1-16	31		31	31		3 10		34 10	769		✓ 5 76	35	✓	30 34	32 11	
1-2	29-2	29		29	29		2 90		31 90	832 805		✓ 2 62 ✓ 2 61	25	✓	30 23	53 78	
March		31		31	31		3 10		34 10	845 943		✓ 2 61 ✓ 2 62	25	✓	78 89	8 99	
										RC3-267		48 66					
				336			33 60	11 53	381 13			169 94	200	2 20	372 14	8 99	

Carried forward to Large Ledger sheet

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

5085/192 Mcl

2476 - J - 9

M.D. 1
B.L.

Name Burke, James
Surname Christian Name

Regimental Number 54289 Rank Pte.

Unit 18th Bn.

Original Unit

District where paid M.D.1

Date of Discharge 15-5-18

P. D. P. Filing Number 18-108-1

Address (in full) 66 Buckley Ave.
Niagara Falls, Ont.

Mrs. E. Burke.

Rates:—Regimental pay $ 1.00 per diem: Field Allowance $ .10 per diem. Separation Allowance $ 25.00 per month.

L. L. 22573—M. & D. 8009.

	Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
		Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
	175 10	2052	13-5-18	58 00	1977	13-6-18	58 00	1548	19-7-18	25 40	1 10 20 60 12 00	141 40
1st		G-5334	14/2/19	70 00								
1st		G-6335	14/2/19	30 00								
747A 2nd		G.24377	4/3/19	70 00								
747A 2nd		G.24378	4/3/19	30 00								

M. F. W. 127.
50M—6 17.
1772 39-1140.

Remarks: Sup. statement of a/c. Dr. Bal. on discharge. Overpaid S.A.

Dec'n No. 5085 / 102 W. S. G. File No. 2476-A-28

Award ..... days at $ 100 per day $ 600.00

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

Less P, D. P. Credited $ 175.10

Less further debit balance $ .....

Net due paid as below $ 424.90

TO SOLDIER TO DEPENDENT

O	Ag. No	Ch No	Amount	Ag. No	Ch No	Amount	
1	423	5334	70. 00	423	5335	30 00	14. 2. 19
2	747 A	24377	70. 00	747A	24378	30 00	7. 3 19
3	313B	415017	70. 00	313B	415018	30 00	8/4/19.
4	343C	446071	34. 90	343C	446072	30 00	28-4-19
5					482127	30 00	
6					493352	30 00	

14. 2. 19
7. 3. 19
8/4/19.
28-4-19

GEN'L AUDITOR
Posting checked by
Awas
Date 9.6.19.

132 St Lawrence Ave,
Niagara Falls
Mrs. C. Burke, Ont.
same address

A—315.

ASSIGNED PAY. List 205 P.2 B.

PAID IN ~~CANADA.~~

To whom Mrs J. Burke (wife)
Address 1 Albion Court
Orange St
Halifax.
Eng.

By whom assigned Burke. Jas.
Regtl. No. ~~18 Batt.~~ 54289
Rank Pte.
Corps, &c. 18 Bn. W.O.R.D.

ASSIGNED PAY AND SEPARATION ALLOWANCE BEING PAID IN ENGLAND UNTIL ADVICE FROM OTTAWA OF DISCHARGE OF SOLDIER NAMED HEREIN.

	ASSIGNED PAY	SEPARATION ALLOWANCE
Rate	15.00	25.00
Date to Commence	1.3.18	Noted on L.P.C.

Month.	Cheque No.	ASSIGNED PAY Amt.	SEPARATION ALLOWANCE Amt. Debited.	REMARKS.
1914. Oct.				Discharged to Canada 23.2.18
Nov.				R.O. 3451 8.2.18
Dec.				
1915. Jan.				
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
1916. Jan.				
Feb.				
March				

ASSIGNED PAY.

Month	Cheque No.	Amt. ASSIGNED PAY	Amt. Debited. SEPARATION ALLOWANCE	REMARKS.	
1916. April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
1917. Jan.					
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
1918. Jan.					
Feb.					
March	D60352	15 -	25 -		
April	A. 2414	15	25	Going to Canada	
May		a/c to Liverpool 9 4/18			
June					

S—203

10/3/15 ✓

MILITIA AND DEFENCE

8809

SEPARATION ALLOWANCE.

Name Mrs E. Burke

Address ~~216~~ Albion Court. Grange. Grange St. Halifax

Relation to Soldier wife, child or mother } Wife

Name of Soldier Burke James

Regtl. No. 54289.

Rank Pte.

Corps 18th Battalion.

To what Corps belonging when called out } York's.

PAYMENTS. Date of application 27/10/15

H. 15. 29/6/16

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Marriage Certificate Produced 25 JAN. 1916 30/8/15. O.C.'s Consent obtained Proof of Engagement established by love letters —
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		I. 16552.	60 ..	CC 1-274002-014.
Jan.	1916			
Feb.				
March			60 —	
			120	

S. 203.

MILITIA AND DEFENCE.

SEPARATION ALLOWANCE.

Name of Dependant Burke, Mrs E.

Relation to Soldier Wife

1 Albion Court / Orange Street,

P.O. Halifax, YORKS.

2

P.O.

3

P.O.

4

P.O.

Name of Soldier Burke, James

Regtl. No. 34289

Rank Pte

Corps 18th Battn.

To what Corps belonging when called out

Month.	Year.	Cheque No. or Postal Draft Book No.	Amount. $ c.	Amount. £ s. d.	Date.	£ s. d.	REMARKS.
		Brought Forward ...	120				
Apl.	1916	B.2371	20 —				
May		B.14292	20 —				
June		B.22804	20 —				
July		B.30647	20 —				
Aug.		B.40227	20 —				
Sept.		B47223	20				
Oct.		B57416	20 —				
Nov.		B.69326	20				
Dec.		B.82458	20				
Jan.	1917	B94991	20				
Feb.							Total Separation Allowance paid to end of January, 1917.
Mar.		WBA	$320				
Apl.							
May							
June							
July							TRANSFERRED TO ASSIGNED PAY LEDGER.
Aug.							
Sept.							ENTERED CHECKED
		Carried Forward ...					

2nd Class!

MILITIA AND DEFENCE

ASSIGNED PAY

3706

To whom Mrs. J. Burke

Address 6 albion Court
off. Orang St., Halifax,
Yorks.

Rate $15.00

Date to Commence 1st Oct. 1915

By whom assigned Burke. James.

Regtl. No. 54289

Rank Pte.

Corps, &c. 18th. Batt'n. 18th Bn

COMPULSORY.

PAYMENTS.

Month	Year	Cheque No.	ASSIGNED PAY Amt.	SEPARATION ALLOWANCE	REMARKS
Aug.	1914				RECEIVING SEPARATION ALLOWANCE $ 20.00
Sept.					EFFECTIVE Oct 1915
Oct.					RELATIONSHIP Wife
Nov.					
Dec.					
Jan.	1915				
Feb.					
March					
Apl.					
May					
June					
July					
Aug.					
Sept.					
Oct.		55682	15.	✓	
Nov.	✓	64862	15 -	✓	
Dec.		61143	15	✓	
Jan.	1916				
Feb.					
March			$45		Carried Forward.

ASSIGNED PAY.

By whom assigned Burke James

Regtl. No. 54289. Pte. 18th Batt.

Month	Year	Cheque No.	Amt.	Pay Sheet	REMARKS.
Jan.	1916	106449	15	320	
Feb.		124343	15		
March		146378	15		
Apl.		2875	15		
May.		28887	15		
June		56412	15		
July		88420	15		
Aug.		121733	15		
Sept.		155738	15		
Oct.		191259	15		
Nov.	$21 00	228259	15		
Dec.		268774	15		
Jan.	1917	310300	15	320	
Feb.		352064	15	20	
March		393818	15	20	
Apl.					
May			210		A.P. Sa checked & found correct 31.3.17 O'Keaffe 18th
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					

ASSIGNED SEPARATION ALLOWANCE
TOTAL S. P. ALL. PAID TO 31 JAN. 1917
FROM SEP. ALL. LEDGER.

L. L. Job 70481—Req. 5220.

M. F. W. 12.
10m. 11-14.
H. Q. 1772-39-819.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

3705 2nd Contingent Duplicate

To Whom W H Burke

Address 1 Bond Court
Hopwood Lane
Halifax Eng

Rate ~~10 00~~ APR 1 1916
Reduced to 85 00 May

By Whom Assigned Burke James

Regtl. No. 544789

Rank Pte

Corps Base 6 18th Batt. 667

May 1/16. Mth

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June		9609	30.	Apl May & June
July			—	Do not pay July to adjust
Aug.		27369	10	
Sept.		41002	10	
Oct.		55681	10	
Nov.		70589	10	
Dec.		86142	10	
Jan.	1916			
Feb.				
March			$80	Carried Forward.

ASSIGNED PAY.

By whom assigned Burke Jas. Base Co.

Regtl. No. 54289. Pte. 18th Batt. C.E.F.

Month	Year	Cheque No.	Amt. 80		Pay Sheet		REMARKS.
Jan.	1916	106778	10	-	✓		
Feb.		124342	10		✓		
March		146377	10	-	✓		
Apl.		2874	10	-	✓		
May.		28886	10	-	✓		
June	✓						Pay nothing in June to adjust May
July		88719	5		✓		
Aug.		121732	5		✓		
Sept.		155737	5	-	✓		
Oct.		191258	5	-	✓		
Nov.	$155	228258	5		✓		
Dec.		268773	5	-	✓		
Jan.	1917	310299	5	-	✓		
Feb.		352063	5		✓		
March		393817	5		✓		
Apl.			175				A.P. Checked & found Correct 31.3.17 A.H. MacLennan Lt & Adjt 18th Bn
May							
June							
July							
Aug.							
Sept.							
Oct.							
Nov.							
Dec.							

Rank | Name BURKE James | Reg'l No. 54289

Unit 18th Battn | If in perm. Corps, What Unit? | Married or Single Single

Place and Date of Enlistment London Ont. 10th March 1915 | Place of Birth Halifax Eng.

Name and Address, Next-of-Kin Wm. Henry Burke, 1 Hopwood Lane, Halifax, Eng.

Relationship Father.

Assigned Pay Monthly $ | Payable to

Relationship

Separation Allowance $ | Payable to

Relationship

N/E. R.B. No. 4029
File R.L.
Category Can O.R.

Discharge, Date and Place | Reason | Character

Report Date	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
29-4-15	O.C. 18	Appointed per S.S. Grampian	England	29-4-15	Supn Form
1-8/5/15	O.C. 18th	Forfeit 2 days pay. A.W.L.	Shorncliffe	4-5-15	Part II orders. 14/5.
28-8-15	"	Transf: to "C" Co.	W. Sandling	28-8-15	Pt II - 355
18.9.15	O.C. 18th	Embarked Overseas (C. Co)	Folkestone	14.9.15	Inform. Form
31.12.15	W.O	Inguinal Hernia No 5 Can. Field Ambulance	In Field	15.12.15	Cas. List 106
"	"	Discharged to Duty	"	17.12.15	" " "
14.4.16	O.C. 18th	Granted 8 days' leave to England		20.3.16	Part II no. 16.
19.11.17	W.O.R	No. 10 C.F.A.	France	19.11.17	No. 67 Extension
22.11.17	"	Adm. Cant. Mil. Hosp.	Winchester	19.11.17	No 71. Daily Sev.
26.11.17.	W.O.R.D.	Evac. sick & posted from 18th Bn	B'Shott	Pte. 19.11.17.	P.II. O. 225. 18th Bn. 88 d/ 28/11/17
24.12.17	W.O.R	Ex to King Can. Red X Con. Hosp	Bushey	" 21.12.17	No 3.97

W.O.

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					
						4th Res. Bn Pt 39 d 15-2/18
14.2.18	W.O.R.D.	Attd. 4th Res Bn pending disposal by D.C. Depot	Bshott		13.2.18	Pt. II. 38.
						Cancelled in 4th Pt 01154/3 5/18 ~~4th Res Bn Pt 2/18~~
7.3.18	WORD	attach 4th Res Bn Pend Disp cease to be attach of	—	Pb	7.3.18	P.W.O. 576 WORD. P.W.O. 67. d/20.3.18
21.3.18	4th Res Bn	proc. to C.D.D. Buxton for rem to Canada	—	—	19.3.18	P.W.O. 68
20.4.18	W.O.R.D.	leaves On bom 6 D.D. Buxton + S.O.S to Canada for disposal by A.G.	—"—		9.4.18	— 94

AMENDED.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

EN.

LAST PAY CERTIFICATE

DEPT. MILITIA & DEFENCE
SEP 19 1918
H. Q. ..... Ottawa
PRIPLICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 2571c, C.E.F., 1916).

Regimental No. 54289 Rank PTE. Name BURKE James

Corps 18th Bn. who was* Discharged

On 15-5-18 191...; to .....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 15-5-18 to Sept. 191..., the inclusive date of transfer or discharge. As adjusted in the pay list of this unit.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month	20.	60	Bal. Cr. from prev. month		
Advances by Cheques No.			Regt'l Pay ..... days at $ ..... c.		
Advances by Cheques No.			Field Allow. ..... days at $ ..... c.		
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges			Other Allowances* Adv. 20-3 to 2-3 for 1d. pay D.O.80 chgd. twice in error	1.	10
Payment on transfer or discharge No. 4594	11.	10	Other Credits*	10.	
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit) Apl.	20.	60
Total	31.	70	Total	31.	70

*Give particulars.

A monthly stoppage of $ 2o. (†) has ..... (‡) been paid on account of Assigned Pay for the month of pd. to 15-5-18 MAY 191... and Sep'n Allce. for month of ..... 191... (to) Assignee MRS. EDITH BURKE

(Address) 66 Burkley Ave., Niagara Falls, Ont.

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

On Transfer of an Officer

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

REMARKS:—

State (1) date of enlistment unknown

(2) if married and if a Separation Allowance Card has been submitted yes yes

(3) cause of discharge Med. unfit due to gas poisoning, Cate. "E" authority D.O. 26, Disch.

(4) authority for transfer 15-5-18

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

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

PAYMASTER
District Depot No. 1

Date .....

Place .....

SEP 12 1918

for ARMOURING CONSTRUCTION

Paymaster.

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

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

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

M. F. W. 44.

300M.—2-18.
H. Q. 1772-39-903.

BT-661 195

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS DISTRICT #2.

NAME OF SOLDIER J. Burke, 132 St. Lawrence Ave., Niagara Falls. Ont.

REGIMENT ..... RANK Pte. No. 54289

Referred to Dr. Turner 290 Victoria Ave., Niagara Falls Ontario.
for examination.

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.

Condition on first Examination	Date		Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Oct	22	20			Trench Mouth										Partial Lower 9 teeth 2 clasps Partial Upper 12 teeth 2 clasps						John W Turner		The patient has a bad case of trench mouth and will have to lose the teeth marked X Kindly make an allowance for remaining treatment 7 teeth infected Remaining

exam - 2.00
9 T. Lower - 11.00
12 T. upper - 14.00
4 clasp - 6.00
extractions - 10.00
treat trench mouth - 6.00
$49.00

M.F.B. 405.
150M.—1-18.
1772-39-950.

Form R & Q 6045
1288-130M-29/11/16.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Bushy Park 24-1-18 1916.

No. 54289 Rank Pte. Name Burke J.

Local Unit... Overseas Unit 18th Battn Age 30

Examination held at The King's Canadian Red Cross Special Hospital, Bushy Park Hampton Hill M'sex.

DISABILITY.
Overseas—Local.
(scratch one out)

D.A.M.

PRESENT CONDITION.

Face slightly livid.
Limit of cardiac dullness at left nipple line, ~~Axxytoixcxmurmur~~ 9 c.m. from mid-sternum. A systolic murmur at the apex and very faintly at aortic cartilage. Average pulse 70
Sibilant rales present all over chest. When admitted had dyspnoea, palpitation, vertigo and praecordial pain. Has improved under graduated exercises.

BOARD RECOMMENDS:—

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

Signatures:—

Members { L.M. Murray Major CAMC ..... President.
H.H. Eyres Capt. CAMC .....
W.N. McCormick Capt. CAMC .....

APPROVED

Dated at Bushy Park 24-1-18 1916.

L. M. Murray Lieut-Col

For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

PRESENT CONDITION.

DISABILITY:

Cause—Local

Origin

Where and when contracted

Result

Duration

Treatment

Is it recurrent?

Is it likely to become permanent?

Is it aggravated by Service?

Is it likely to be aggravated by Service?

Is it likely to be aggravated by Civil Employment?

Is it likely to be aggravated by Climate?

Is it likely to be aggravated by Exposure?

Is it likely to be aggravated by Marching?

Is it likely to be aggravated by Standing?

Is it likely to be aggravated by Sitting?

Is it likely to be aggravated by Stooping?

Is it likely to be aggravated by Lifting?

Is it likely to be aggravated by Carrying?

Is it likely to be aggravated by Pushing?

Is it likely to be aggravated by Pulling?

Is it likely to be aggravated by Climbing?

Is it likely to be aggravated by Kneeling?

Is it likely to be aggravated by Crawling?

Is it likely to be aggravated by Jumping?

Is it likely to be aggravated by Running?

Is it likely to be aggravated by Walking

ORIGINAL

MEDICAL HISTORY SHEET.

54289

Surname Burke Christian Name James

Examined { on 18th day of March 1915
at London Ontario

Approved by
Geo C Hall Capt.

Birthplace { City or Town Halifax
County Yorkshire England

Rank R.A.M.C. & Batt M.O.

Apparent age 25 years 8 months

Trade or occupation Teamster

Height 5 Feet 5 Inches.

Weight 130 Lbs.

Chest measurement { Minimum 33 inches.
Maximum expansion 4 inches.

Physical development good.

Small-Pox Marks none.

Vaccination Marks { Arm Right. Left. 3
Number 3

When Vaccinated last as a child

(a) Marks indicating congenital peculiarities or previous disease none

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

Date	Fit or Unfit	Examined for Re-engagement,
		M.O. 24 NOV 1916
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
March	Good	G C Hall M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
April	Good	G C Hall M.O.
" 13	"	G C Hall M.O.
Nov 1916.	T.A.B	(File R.L. 6-42-18 Vol 3 Fol 45) M.O.

Enlisted on 18th day of March 1915 at London Ontario

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	18 Batt	54289		
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Buckley Park	24-1-18	D. A. H.	B. II
	21/2/18	D.A.H.	B.II A.T.B. IV
London Ont	9-5-18	Bronchitis	B.II "E" Capt AMC

MEDICAL BOARD, BRAMSHOTT.

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.

50M—9-14.
H. Q. 1772-39-439.

CANADA

Surname Burke Christian Name [illegible]

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.
Central Military Hospital Winchester.	19	11	17	20	11	17	293. K.D.H.	32.	To Bushey Park. Hampton Wick	Hellaker Capt
Kings Own Red X Hosp Bushey Park.	20	12	17	30	1	18	D.A.H.	41	Limit Cardiac Dullness at left Nipple Line 9 C.M from mid Sternum. A Systolic murmur at Apex and very faintly at Aorta. Avg. Pulse 70. Dis to A.D.R.D. Bramshott.	Jarvis Capt. A.M.C.

Surname Burke. Christian Name James.

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.
Central Mil. Hosp. Winchester	19	11	17	29	12	17	293 D.A.H	32	To Bushy Park. Hampton Hill	Helgate. Capt.
Kings Can. Red Cross Hosp. Bushy Park.	20	12	17	30	1	18	D.A.H	41	Limit Cardiac dullness at left nipple line 9 c.m. from middle sternum a. systolic murmur at apex and very faintly at Aorta. Av. Pulse 70. Disc to W.O.P.L. Bramshott.	Signature undecipherable

CERTIFIED TRUE COPY

For O. C. No. 1 District Depot Lieut.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

1. Surname Burke. Christian name James.

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....

3. Consecutive number on schedule of men reporting for service (if he appears on it).....

4. Address (including street and number, if any)... London. Ont,

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 10th day of March. 1915, by the undersigned medical board sitting at London. Ont,

5. Age as stated 34 Years 3 Months. 6. Apparent age..... Years..... Months

7. Height 5 Feet 5 Inches. 8. Weight..... Pounds.

9. Chest measurement { Minimum 33 Ins. / Maximum 37 Ins. } 10. Complexion Fair { Eyes Blue / Hair Blonde, }

11. Physical development. Good. { Good / Fair / Poor } 12. Smallpox marks none

13. Number of vaccination marks { ~~Right arm~~ / Left arm 3. } 14. When vaccinated last as a child

15. Distinctive marks and marks indicating congenital peculiarities or previous disease none

16. Slight defects but not sufficient to cause rejection none.

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category [ ]

17.

(a) Vision R..... L.....

(b) Hearing. R..... L.....

(sgd) Geo C Hale. *President.*

Capt A.M.C

Member. *Member.*

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
Mar-10	Good	G.C. Hale. M.O.	Apr 1	Good	G C Hale M.O.
		M.O.	" 13	"	G. C - Hale M.O.
		M.O.	Nov 1916	TAB	File RL 6-42-1 Vol. 43 M.O.

Joined 10th *day of* March 1915 *at* London Ontario.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	18 Batt.	5-42-89		
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Bushy Park.	24-1-18	D.A.H	B"
	21-2-18	D.A.H.	B" AFB 179 7 M Hollywood. Major
London.	9-5-18.	Bronchitis	E Capt: A M C Canada

N. B.—This sheet is 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.
300M.—10-17.
1772-39-439.

Signature of Man

Forms
I. 1237
10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	54289	Pte	Burke	J.

Year	Unit.	Age.	Service.
1917.	18th Battalion.		33/12. 26/12.

Station and Date.	Disease D. A. H.
	C. M. H. Winchester.
Busley Park	Busley Park 21-12-17
26-12-17.	Occupation. Farmer.
	Family History. Neg.
	Personal History. No Rheumatic fever. Buried Oct 1917.
	History of Present Illness.
	Complains of Dyspnoea, Palpitation, Vertigo, Precordial Pain, Fatigue on exertion & Headache.
	Pulse at rest 74.
	Physical examination. General condition good. Area of cardiac dullness extends to just beyond left mammary line, 10 cm. from mid sternal. A. Systolic murmur is to be heard at the apex and very faintly in aortic area. Sibilant rales present all over chest.
31-12-17	Performed Exercise A with Dyspnoea, Palpitation, Vertigo, Precordial Pain, Fatigue on exertion and Sweating. Pulse 72.

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

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S. P.T.O.

Station and Date.	
24-1-18	Face slightly lived. Limit Cardiac Dullness at Left Nipple Line P. C. m from Mid Sternum A Systolic murmur at Apex and very faintly at Aorta. Avg Pulse 70. Sibilant rales present over chest. Boarded Bij

J. Ellis
Capt. AMC

10 03-73

Supplementary.

LAST PAY CERTIFICATE

Regt.No. 54289 Rank Pte Name Burke Jas.

Corps 18th Bn who was Discharged on May 13/18 to

The following is a statement of the account of the above named

from to 15/5/18 Taddy in Deb

Bal Dr from mon. of from L.P.C.			Bal.Cr. from mon. of from L.P.C.		
ASSIGNED PAY:			Regt.Pay dys. @ $		
			F'ld.All. dys. @ $		
SEPARATION ALLOWANCE: 30/5 to 30/5	20		SEPARATION ALLOWANCE: 30/5 to 30/5 auth AP 02476-1-28-177-57/18	20	
OTHER CHARGES: $2.59			OTHER CREDITS: Clothing Allowance		
PAYMENTS:			Subsistence,		
			Bal.Dr.(to be deducted)	20	60
Bal.Credit (to be pd.)	40	60	(from soldier $) (from Dependent $)	40	60

SEPARATION ALLOWANCE	ASSIGNED PAY	VICTORY BOND
at $ 25 per month	at $ 20 per month	Subscribed $
has been paid to 31/5/18	has been paid to 31/5/18	Pd.by other Units $
& C closed	& C closed	Pd.by this Unit $

Dependent or Beneficiary: Mrs Edith Burke.
Address: 661 Buckley Ave. Niagara Falls, Ont.

REMARKS: Discha 15/5/18 Medical Off. 20-26

Date of Enlistment Unknown
If married and if Separation Allowance card submitted Yes.

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

Date: 18/7/19

London, Ontario.

J D Patterson Captain.

Paymaster No.1 District Depot.

This form must not be used when the Proceedings are for the information of the B.P.C. In such cases, M.F.B.227 is the only form applicable.

FOR ALL RANKS

PROCEEDINGS OF A MEDICAL BOARD (short form).

Place ..... Date .....

Number ..... Rank ..... Name .....

Corps ..... Age ..... Height ..... Weight .....

Religion ..... Has he been Overseas .....

(1) Disease or Injury .....

(2) Cause .....

Where incurred ..... Date .....

(3) Disability .....

(4) Present condition (describe fully) .....

(5) History .....

(6) Probable duration of Disability .....

(7) Is officer or other rank fit for Category, A ..... B ..... C ..... D .....
(answer yes or no).

(8) If for treatment, specify nature of .....

.....

.....

.....

.....

.....

.....President.

.....Member.

Place ..... Date .....

Approved ..... A.D.M.S., M.D.

Place ..... Date .....

M.F.W.180.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

District Depot No. 1
Casualty Co.

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

Regimental No. 54289 Rank pte. Name BURKE, James

Corps 18th Bn. who was* discharged

On 15-5-18 191....., to TRIPLICATE

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 23-2-18 191....,
to 15-5-18 191...., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month ---- LPC	75.	80	Bal. Cr. from prev. month		
Advances by Cheques No.			Regt'l Pay 82 days at $ 1. c	82.	
No. 446	1		Field Allow. 82 days at $ .10 c	8.	20
Assigned Pay and Sep'n Allce. No. ---------- 446	15.		Separation Allowances* (Monthly)		
Other charges CPM	40.		Other Allowances*		
			Clothing	8.	
Payment on transfer or discharge No.			Other Credits* Subs. 16-4-18 to 30-4-18		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)	12.	
				20.	60
Total	130.	80	Total	130.	80

*Give particulars.

A monthly stoppage of $ 20. (†) has been chgd to Apr. (‡) been paid on account of Assigned
{Pay for the month of pd to 15-5-18 191....
and Sep'n Allce. for month of pd in England 191....} (to) Assignee ------
Mrs. Edith Burke,
(Address) 60 King St., E.,
Chatham, Ont.

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

On Transfer of an Officer

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

REMARKS:—

State (1) date of enlistment unknown

(2) if married and if a Separation Allowance Card has been submitted

(3) cause of discharge Due to Gas Poison authority DO 26 disch. 15-6-18

(4) authority for transfer Medically unfit Category E

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

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

Date May 14; 18.

Place LONDON, ONT.

Captain
For Paymaster, District Depot No. 1
Paymaster.

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

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

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

N.B. Wife has returned to Canada. Request has been made for transfer of S/A. & A/S. to Canada. Proper adjustment will be made upon receipt of advice.

M. F. W. 44.
10M.—1-18.
H. Q. 1772-34-903.

۲
۴۴

Oct 28/18.

10th

From Standing Medical Board,
Bell Telephone Bldg.,

To Dr. Victor Ross,
537 King Street E., City.

Will you please make an examination of the chest condition of the marginally noted man, and let me have a report of your findings, under the following headings;-

1. Present condition;

2. Did the condition arise previously to enlistment? If so, has it been aggravated by service?

3. Extent to which his capacity is lessened for earnging a full livelihood in the general labor market.

4. Probable duration (minimum) of the disability.

5. Prognosis;- (1) With Sanatorium treatment. (2) Without Sanatorium treatment.

Adam E. Hilker
Med Exam

For R. P. C.

Capt Hilker
Medical Examiner for B of P.C.

#54289. Pte James Burke.
18th Batt. C.O.R.D.

This man was gassed in France Oct. 1917. He now has a marked degree of emphysema of the lungs. The chest is barrel shaped and expansion very poor. being only one inch measurement at 37-38 The supra clavicular fossae are both sunken as also above the interscapular spaces. On percussion the whole chest is hyper resonant and the area of cardiac dullness is diminished. On auscultation there are scattered dry râles heard all over the chest.

The heart is enlarged the left the left border is just outside the nipple line. Apex beat 5th space outside nipple line. There is a soft mitral systolic murmur heard best at the apex and transmitted into the axilla. There is much increased resonance on percussion over the whole precordial area. The sound is much accentuated in the aortic pulmonary area. He has marked dyspnoea and cyanosis on slight exertion for one minute with heart beat of 120 returning in a few minutes to 80 per minute

Opinion on heart- too pleasfor minute at rest

He has marked dyspnoea on walking at an ordinary pace or 1 city block. He has a deep cough which is worse at night

2. Both arose during service
3. (1) 20% > total 40%
   (2) 20%
4. Chronic.

(5) Unfavourable - Untreated no improvement
If good. Patient always have the condition with exacerbations

Helen Ross

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				
		Whoqau Major for Lt.-Col., A.A.G. Canadian Section, G.H.Q. 3rd Echelon B.E.F.			
26-11-17	W.O.R.D	Evac! S.I. Posted from 18th. Bn	Bohott.	19-11-17	Pt. 30-225- J.P.Clarke LIEUT: FOR LT: COL: I/C RECORDS, C.O.M.F.
~~XXXXXX~~ 14-2-18	W.O.R.D.	Reported to Depot from Fur lough	Bramshott	14-2-18	D.O.# 38
~~25-2-18~~ 20.3.18	W.O.R.D.	On Command to the C.D.D. Buxton pending return to Canada	Do	~~23-2-18~~ 19.3.18	D.O.# ~~47~~ 67 R.T.Wrakn Lt Asst: Adjt: West Ont: Regtl. Depot.

20 MAR 1918 TAKEN ON STRENGTH C.D.D. BUXTON Pt. 11 ORDER No. 67

LONDON, ONT. EMBARKED FOR CANADA FROM LIVERPOOL

C. C. S. District Depot No. 1 18-4-18 D. O. #6.

S. O. S. District Depot No. 1 18-5-18 D. O. #26

DISCHARGED Medically unfit due to Gas Poisoning

F/Lt. Lt. Jr. Lieut.-Col. Commanding Canadian Discharge Depot.

Nans. M. Lanigan Lieut. For O. C. No. 1 District Depot

O. C. Discharge Section, No. 1 M.D.

(9178)—Wt. W12165—2146.—1,250,000.—2-15.—C. & G. Forms B. 103/1.

Army Form B. 103.

CERTIFIED COPY
Canadian Record Office,
Westminster House,
7, Millbank, S.W.

Casualty Form—Active Service.

Regiment or Corps 18th Battalion, C.E.F.

Regimental No. 54289 Rank Pte Name Burke James

Enlisted (*a*) 10 Mar 1915 Terms of Service (*a*) War Service reckons from (*a*) ____

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

Extended ____ Re-engaged ____ Qualification (*b*) ____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
	18th Bn.	Disembarked in France	Boulogne	15-9-15	Nominal Roll.
18-12-15	5th Can Fld Amb.	Inguinal Hernia R. Admitted	5th Can Fld Amb.	15-12-15	A 36, 18 12/15. Des. 74, 28 12/15.
18-12-15	do	Discharged to duty	With Unit	17-12-15	do do.
8-1-16	18th Bn.	Rejoined unit	In the Field	17-12-15	Des. 88, 14 1/16.
24-3-16	18th Bn.	Granted 8 days leave to England		20-3-16	B. 213, 24 3/16. Part II Order 16, 14 4/16.
7-4-16	do	Returned from leave		1-4-16	B. 213. Des. 164.
11-8-17	18th Bn.	Granted 10 days leave to	England	6-8-17	B.213. Pt. II Ord. 58, 21/8/17.
17/11/17	do.	Exhaustion W?	field	12/11/17	Letter Kcl 16/B/1594
17/11/17	A.F. Esquimalt	S.H.L. and posted to Depot Bramshott	W.O. Regl	17/11/17	W 3083/4370 Pt II 088 28/11/17

(*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.

The undermentioned "Medical Documents" have been detached from Discharge Documents and forwarded to B.P.C.

Medical History Sheet, M. F. B. ~~B~~13.....2.....

" " or A. F. B. 178..1.....

Proceedings of Medical Board A. F. B. 179.....

Dental History Sheet, M. F. B. 465.....

Medical Report D. M. S. 1375.....

Miscellaneous Reports.....

Ref BPC — 42 P

.....
GS
R. O.

Date..28/5/18.....

Burke. J
54289

Doc. S. F. #6.

500
5/18.

Pte James Burke. 54284. May 8/18

This man has a well developed chest somewhat emphysematous Breathing harsh. Scattered squeaking wheezing rales over both lungs

Diagnosis - Bronchitis

Remarks. This man cannot be of further service.

D A Craig
Capt CAMC

EPITOME OF HOSPITAL TREATMENT.

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

D.M.S. 1300.

Surname: Burke | Christian Name or Names: J. | Reg. No.: 54289

Rank: Pte | Unit: 18 Bn | Co. | Troop | Batty.

Hospital: # 5 C.C.S. Amb | Date of Admission: W. Out Reg.

Transferred to " " " Hosp. 13.11.17

Cent. Mil. Winchester Hosp. 19.11.17

Kings Lan Red Cross Convt. Bushy Park Hosp. 21.12.17.

Hosp.

Diagnosis: Inguinal Hernia

(1) Later Diagnosis (if changed): Exhaustion

(2) D.A.H. Sev. Ho

(3) V.D. A. Rest

Additional Diagnoses: If more than one state present

DISPOSITION

Date

Duty 17.12.15

REMARKS

Discharged. 30.1.18.

#106

R.A. 31.12.15

20.11.17 abt-2

24-11-17 TB 71-1

27.12.17. B97.

2.2.18. B129.

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

Date.	Remarks.	Pt. 2 Order No.

M.F.W. 192.
60M-3-18. (D.P.) 353.
1772-39-1243.

*Name BURKE, James, Rank Pte. Regtl. No. 54289

Original unit 18th Bn. Present unit 18th Bn. M. or S. Age 30. Religion R.C. Fyle Depot 1 D.D. 10-B-73 Ref. H.Q. I.D.30-B-806

Port, ship and date of arrival

Next of kin Father, William Henry Burke, 1 Hopwood Lane, Halifax, Eng.

Address on leave

Address on discharge 60 King St., East, Chatham, Ont.

Transportation issued ~~Xxx~~ Yes Date 15/5/18 Character on discharge Very Good.

Previous occupation Farmer, Date and place of enlistment London, 10/3/15

Diagnosis Cat. "E" Date of Medical Boards 9/5/18.

Date.	Remarks.	Pt. 2 Order No.
9/4/18	T.O.S. No. 1 District Depot from London Clearing depot.	
18/4/18	Posted to Casualty Company.	6
13/5/18	Discharged from His Majesty's Service Cat. "E", effect 15/5/18.	26

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

(over)

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
106. #5.	Can. Fld. Amb.	15-12-15	Inguinal Hernia
106.	" " " "	17-12-15	Discharged to duty
967 2	10 Can Fld Ambl	13-11-17	Exhaustion.
B71-1.	C. Mil. Winchester	19-11-17	M. A. [illegible] Sec.
P. 97.	C.A. To Kings Can. + Conv. Bushy Park	21-12-17	V. D. H.
B.129	Discharged	30-1-18.	V. D. H. (West. Ont. Regt

NAME Burke J.

RANK AND CORPS Pte. 18th. Batt.

H. Q. FILE No. 649-

REGT'L No. 5-4289

NO. 3244

FOLL.

CABLE	
NO.	DATE

NATURE OF CASUALTY

L. L. Job 87318—M. & D. 6106.

M. F. W. 42—25m.-10-15.
H. Q. 1772-39-893.

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

FORM R. 149.
7106—250m—7/2/17.

James

Name BURKE Rank Pte Reg. No. 54289

Unit 18th Bn

Next of Kin Comrades

Date 1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
13-11	10 C.F.A.		EXHAUSTION	267		8045
19-11	CENTRAL M.H. WINCHESTER		D.A.H., SEV	871		6447
21-12	K.C.R.C.C.H.	BUSHY PK	V.D.H.	247		8870
30-1-18	Discharged		do	169		2870
						WS

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

Name BURKE. James *Rank* Pte *Reg. No.* 54289

Unit 18th. Battalion, 2nd. Canadian Division.

Next of Kin Wm.H. Burke, 1 Hopwood Lane, Halifax. England.

Date 1915	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
15-12	5th. Can. Fld Amb.	Inguinal	Hernia	106		
17-12	Discharged to duty	do		106		

No. 5-4289 RANK Pte NAME Burke, James

T. O. S. 10-3-15
D0123-10-3-15 UNIT 18th Battalion

M. D. /

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
Mar 10	Mar 31	L		
	Apr	L		

UNIT SAILED
APR 18 1915

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Teamster RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE 24 YEARS 3 MONTHS

HEIGHT 5' FEET 5" INCHES

CHEST MEASUREMENT 33 INCHES EXPANSION 4 INCHES

COMPLEXION Fair EYES Blue HAIR Blonde

DISTINGUISHING MARKS 3 Vacc. scars on left arm.

MEDICAL EXAMINATION. PLACE London. Ont.. DATE Mar. 10th. 1915.

31-7-6 Mumford

C.

SURNAME. Burke.

CHRISTIAN NAMES James

REGL. NO. 5-4 2089 RANK Pte.

UNIT 18th. Batt.

FORMER CORPS Nil.

CARD NO.

S.O.S. Dis. 15-5-18. I

Auth. P.C. II. 26. 13-5-18.

NEXT OF KIN.

NAMES IN FULL Burke, William Henry

RELATIONSHIP TO SOLDIER Father

ADDRESS 1 Hopwood Lane, Halifax. Eng.

CHANGE OF ADDRESS

COUNTRY OF BIRTH England Halifax Yorkshire DATE Dec. 9th 1890

PLACE OF ATTESTATION London! Ont., DATE Mar. 10th 1915

O/S 18-4-15 64/7

R/C. 16/4/18 166/8 — I.

L. L. 30458.—M. & D. 6512.

M. F. W. 22. 100m.—1-16. H. Q. 1772-39-6m.

JUN 2

B

Number..542269.....Rank.....Pte.....

Surname..BURKE.....

Christian Names..James.....

Unit...18th Bn. C.M.R.....Theatre of War..France.....

Dates of Service..7-4-15....14-9-15....9-4-18...

Remarks.....

Latest Address.....66 Buckley Ave.....

.....Niagara Falls, Ont.....

13

Page 6 of

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

This space to be for numbers

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page).

No. 54289

Rank Private

Surname BURKE

Christian Name James

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 18th. Battalion C.O.M.F.

Date of Discharge MAY 15 1918

Place of Discharge LONDON, ONT.

Military District No. 1 MAY 17 1918 I. D.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive Marks
Age	30 years months.	
Height	5 feet 1 inches.	
Complexion	Fair	
Eyes	Blue	
Hair	Brown	Tattoo both arms
Trade	Farmer	
Intended place of residence (To be given as fully as practicable.)	66 Buckley Ave Niagara Falls Ont	

2. The above-named man is discharged in consequence of

Being Medically Unfit, Category "E". due to gas poisoning.

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

VERY GOOD

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

FARMER

Received

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

14 C. 7.1.20. com. 31.8.19

W.G. comp. 29-1-18, JB.

5. He is in possession of the following number of G. C. Badges:

NIL

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

NIL

To be copied by the Command-ing Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) LONDON, ONT.

(Date) MAY 15 1918

Jas. M. Livingstone Lt.-Col.
Commanding
O.C. Discharge Section, No. 1 D.D.

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) LONDON, ONT. James Burke X *(Signature of Soldier.)*

(Date) MAY 15 1918 G Reddon *(Signature of Witness.)*
Sgt.

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

James Burke X *(Signature of Soldier.)*

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed) 3 years 66 days.

Total 3 years 66 days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place) LONDON, ONT.

(Date) MAY 15 1918

Jas. M. Livingstone Lt.-Col.
(Signature)
O.C. Discharge Section, No. 1 D.D.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

X

Reservation: see note on ~~attached~~ L.O.C. stating "Proper adjustment will be made upon receipt of advice.

James Burke
X

(OVER)

OPINION OF THE MEDICAL BOARD—(*Continued*).

21. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

and placed in Category "B" as service conditions are likely to aggravate his condition.

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

D. A. Craig Capt MD *President.*

PLACE Armouries, London Ont. D. M. McEachren Capt A.M.C. } Members.

DATE 9-5-18 C. H. McKay Lucas Lieut AMC

APPROVED BY

D. M. McKay Capt AMC
For *Assistant Director of Medical Services.*

DATE 10-5-18

APPROVED BY

Director-General of Medical Services.

DATE

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 soldier 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.....

DATE.....

} Members.

(continued from page 2).
During test lips and face showed cyanosis. His breathing was labored and heavy and very wheezy. This persisted for several minutes following test. States he can walk slowly distances up to two miles beyond which he is very short of wind. States he walks better in warm weather than cold. This man is fit only for very light work. Agree with specialist report on chest condition.
Specialist report on chest London Ont. 8-5-18.
This man has a well developed chest somewhat emphysematous. Breathing harsh. Scattered squeaking and cooing rales over both lungs.
Diagnosis: Bronchitis. Remarks:- This man would not be of further service.

Signed D. A. Craig Capt AMC.

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 soldier 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 soldier'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 soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or 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 8, 9 and 10 be communicated to the soldier, 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 London Ont DATE 9-5-18

1. 1 (a) Unit #1 District Depot (b) Regimental No. 54289 (c) Rank Pte
(d) Surname BURKE (e) Christian name James
2. Age last birthday 30 Date of birth 9-12-87
3. Enlisted at London Ont on 10-3-15
4. Personal description:—
(a) Height 5' 1" (b) Weight 132 (stripped) (c) Complexion fair
(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks Tattoo both forearms.
5. Address after discharge (for the use of the Board of Pension Commissioners) 60 King St. East. Chatham Ont.
6. Former trade or occupation Farmer.
7. (a) Service — Years 3 Days 60

	Periods	
	From	To
18th Battalion C.O.M.F.		
#1 District Depot	10-3-15	8-5-18

(b) Has he been overseas? Yes 8. Original disease or disability Chronic bronchitis and valvular disease of heart
(a) Date of origin 1.Oct. 1917. (b) Place of origin 1. France
(c) Cause* 1.Gas poisoning.
(d) Present disease or disability 1. Debility.
9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (*a*) weakness, (*b*) loss (complete or partial) of any organ or member of its functions, or (*c*) to the necessity for rest of the body or of some of its parts.]

Was gassed in France in Oct 1917. Now complains of pain over chest, shortness of breath, headaches, palpitation and general weakness. He is well developed and nourished. Examination of chest shows a somewhat bowl shaped chest. On percussion there is a high pitched note over the whole chest which with shape would suggest emphysema.

M. F. B. 227.
300M.—2-18.
1772—39—117.

9. Present condition.—(*Continued.*)

He has a loud wheezing inspiration, even at rest. On auscultation, medium and coarse rales are heard over the whole chest but more pronounced over the bronchial areas. States that he is subject to attacks of bronchitis of greater severity, with changes of weather or exposure. Examination of the praecordial area shows the left border at the nipple line. There is a soft blowing systolic murmur heard best at apex and transmitted into the axilla. There is also accentuation of the second sound in the mitral and pulmonary areas. Pulse at rest 64 per min, and on exercise of bending down quickly twelve times pulse rose to 102 and returned to 66 in 5 min.

(Continued page 4)

(b) Are the following systems normal? If not, briefly state abnormality

Nervous yes Digestive yes Respiratory no Cardiac no

Genito-Urinary yes Skin, Middle Ear, Eye or any other part yes

Re-respiratory and cardiac see section (9/.)

10. History: (*a*) of Condition referred to in "a" section 9.

Symptoms and signs as in (9) first present following gas poisoning in France in October 1917.

(*b*) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

none.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service?

not applicable.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? 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? Impossible to state.

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

Hospitals in France and England.

OPINION OF THE MEDICAL BOARD

14. (*Continued*).

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? Only partially.
(If not, briefly state why.)

17. Recommendations

Category "E".

G. Hy Re Lumsden.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

I, the undersigned J Burke 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

J Burke
Signature of soldier 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 criticized.

Agree

19. Is the soldier fit for

(a) General service,	(Category A)	(Yes or No) no.
(b) Service abroad, not general service,	(" B)	(Yes or No) no
(c) Home service, (Canada only),	(" C)	(Yes or No) no
(d) Temporarily unfit.	(" D)	(Yes or No) no
(e) Unfit for service in Categories A, B and C,	(" E)	(Yes or No) yes

20. It is certified that the soldier
(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).

PART III.

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board :—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend :—

Dated at this day of 191

Signatures of the Board

President.

PART I. A.F.B. 179 Canada (Revised).

Reserved for M.H.C.

Regt. No. 54289. Rank Pte. Surname Burke. Christian Name James.

Unit or Corps—(a) Overseas from United Kingdom 18th.Bn. (b) In United Kingdom WORD.

Born at—Town Halifax. County or Province Yorkshire. Country Eng.

Date of Birth—Day 9th. Month Dec. Year 1887. Age 30. yrs. 2 months.

Joined at London.Ont. Date March.10th.1915.

Former Trade or Occupation Farmer.

Permanent marks or peculiarities that will serve for future identification :—

None.

Height—feet 5. inches 5. Colour of eyes Blue.

Signature of Soldier (*for indentification purposes*) J Burke

Medical Report.

☛ *The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.*

1. DISABILITY (*State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted*).
(*Follow the official nomenclature as far as possible.*)

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*). Chronic Bronchitis.

Disabilities Group (*b*). D.A.H.

Disabilities Group (*c*).

2. CAUSE OF DISABILITY. (*Follow the official nomenclature in stating the disease or injury.*)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(*i*) As to Group (*a*) above.	Gas Poisionong.	France.	Oct.1917.
(*ii*) As to Group (*b*) above.	Chronic Bronchitis.	France.	Oct.1917.
(*iii*) As to Group (*c*) above.			

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

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

(*i*) As to Group (*a*) above? No. If yes, has Active Service aggravated it?

(*ii*) As to Group (*b*) above? No. If yes, has Active Service aggravated it?

(*iii*) As to Group (*c*) above? If yes, has Active Service aggravated it?

4. Is the disability due to disease contracted or injuries received while on Active Service—

(*i*) As to Group (*a*) above? Yes.

(*ii*) As to Group (*b*) above? Yes.

(*iii*) As to Group (*c*) above?

PART I. *(continued).*

5. If a cause of disability was an injury received on Active Service, was it received—

(*i*) While on duty ?

(*ii*) While off duty ?

(*iii*) Was a Court of Inquiry held ? Yes.

(*iv*) Where ?

(*v*) When ?

(*vi*) Opinion of the Court ?

6. HISTORY OF THE CASE. *(State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records.)*

Family History Negative. Has always been healthy and has no constitional illness ,Oct.1917 he says he was Gassed was sent to 17thCCS transfered to 8 Gen and from there to Cantral Mil Hosp Winchester,19.11.17 at latter Hosp was diagonized VDH and was transfered to Kings Red Cross Hosp 20.12. then to Bushey Park 30.1.18.and finaly discharged to duty 31.1.18. was boarded B.11.24.1.18.condition is unchanged since leaving Hosp

7. PRESENT CONDITION. *(Give previous and present weight if likely to indicate progress of disability.)*

Skin.Glands,Eyes,Ears,Nose,Throat,Genitourinary System,Nervous System Normal. Teeth had been Pyorrhoea. Heart and Blood ,Glascular System Pulse slightly irregular,average rate 70.deg.Heart beats Normal, except for slight Murmers Apex beats slightly outwards.Lungs Note on per cussion,poor,especially at Apices and at Bases. Rhonchi heard all over chest, general condition only fair.

8. OPERATION. (*i*) Was one performed ? No.

(*ii*) If so, state what.

(*iii*) Was one advised and declined ? No.

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (*i*) Is there loss or decay of teeth attributable to Active Service ? No.

(*ii*) If so, describe.

10. DO YOU RECOMMEND :—

(*a*) Fit for duty ? No.

(*b*) Fit for base duty ? Yes. B.11.not likely to be raised within 6 Months

(*c*) Invalid to Canada ?

(*d*) Discharge from the Service as permanently unfit ?

Date of Report Feb.19th.1918. 191 Signed G.B.Ferguson,Capt. Officer in medical charge of case.

Station Bramshott. Camp.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except xxx

M.W.Thomas, Capt.C.A.M.C. {Officer i/c Hospital / S.M.O. xxxxxxxx Brigade} Strike out one of these.

Dated at Bramshott Station, bn. for Feb. 20th 191 8.

Delete if inapplicable.

PART II.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I (1) ?

If not, indicate it Yes.

12. Is the cause of the disability fully indicated in Part I (2) ?

If not, indicate it Yes.

13. Was the disability caused or aggravated by—

(*a*) Negligence of the Soldier { Caused ? / Aggravated ? No.

(*b*) Misconduct of the Soldier { Caused ? / Aggravated ? No.

14. THE ENTIRE DISABILITY. Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour ? No.
(Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)

15. THE PENSIONABLE DISABILITY—*(see Part I (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate).*
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service ? *(Estimate at none, ⅛, ¼, ⅜, ½, or all).* Not applicable.

16. Permanency of the Pensionable Disability estimated next above in (15).

(*i*) Is it permanent ? Not applicable.

(*ii*) If not permanent, what is its probable minimum duration ?

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable ? Not applicable.

18. Remarks.

19. Recommendation :—(*a*) Fit for duty ? No.

(*b*) Fit for base duty ? Yes. Bii. Likely to be raised within six months.

(*c*) Invalid to Canada ? No.

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

Classification for the Military Hospitals Commission.

Date of Board 21st February 1918

Station Bramshott.

Signatures of the Board F. H. Mayhood, Major. *President.*
W.H.T.Baillie, Capt.
W.R.Stackhouse,Capt.

Approved D.G.Chown Major, D.A.D.M.S. for A.D.M.S., A.D.M.S.

Dated at Canadian Troops, Bramshott Camp Station for G.O.C.& Bramshott 21st February 191 8

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.
	Vaccination:
Mar. 10	Good, G. C. Hale
	Anti-Typhoid Inoculations, etc:
Apr. 1	Good G. C. Hale
" 10	" G. C. Hale
Nov-1916	~~1st~~ Innoc. T.A.B. (File R.L. 6-42-8 Vol 3 Fol 45)

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

MGH

Bpc 3640 CRP 54289

DUPLICATE

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.

MEDICAL HISTORY of

Surname BURKE *Christian Name* James

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Halifax County Yorkshire, Eng.

Examined ... ... on 10th day of March 191 5
at London, Ont.

Declared Age ... ... 25 years 3 mths days.

Trade or Occupation ... Teamster

Height ... ... 5 feet, 5 inches.

Weight ... ... 130 lbs.

Chest Measurement — Girth when fully Expanded. ~~33~~ 37 inches.

Chest Measurement — Range of Expansion ~~37~~ 4 inches.

Physical Development ... Good

Vaccination Marks — Arm ... Right 3 Left 3

Vaccination Marks — Number

When Vaccinated ... ... As a child

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*) Geo. C. Hale

(*Rank*) Capt: R.M.C., 18th Batt, AMC
Medical Officer.

Enlisted ... ... at London, Ont.
on 10th day of March 1915.

Joined on Enlistment ...	Corps.	Regtl. No.
	18th Battn.	54289
Transferred to		

Became non-effective by

on day of 191

(*Signature*)

(*Rank*)

I certify the foregoing to be a true copy of an original entry on the Medical History Sheet of this man.
C. A. M. C.
for the Officer in Charge of Records,
Canadian Contingents.

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. WARD,
Colonel in Charge of Records,
Canadian Contingents.

(1908) Wt. W2869—1662. 20000. 5/15. Sir J. C. & S.

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				

30-B-806

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 54289 RANK Pte NAME (IN FULL) Burke James
(BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes. — DATE EFFECTIVE

TO WHOM PAID Same as A.P. — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 18 Bn — IF IN P. F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY, $ 20 XX — DATE EFFECTIVE

PAYABLE TO Mrs. Edith Burke — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 66 Buckley Ave., Niagara Falls, Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED PLACE London DATE 15/5/18 REASON Med Unfit AUTHORITY 1026 IF ENTITLED TO POST DISCHARGE PAY

District Depot No. 1

MONTH	PAY AND F. A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	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.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account							20		20		A.P.														DR. 20 22-2-19 20				20	60			20	60	20	60			

Ld 30/5/18 30/5/18 Auth. AB.02476 - J-28 - 127 1/18

No I.P.C. on file re 20.00 Hrs.
Asked for. N.A. Dec.
20 60 I.P.C. examined.
A.B. Macfarlane Maj

Audit

MONTH	PAY AND F. A.				OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT						COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3										DEBIT		CREDIT		
			$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

MARRIED OR SINGLE S

1. L.P.C. issued, date. . 22-2-18
2. Authority. . R.O. 3451 . 8-2-18 . B.3.
3. Discharged to. . Canada
4. Pay Book verified. . 22-2-18
5. Balance shown on L.P.C. $. . O Bal 37.40
6. Balance shown in Ledger Sheet $. . 5.23
7. Full particulars of entries making difference between 5 and 6 if any.

No.	Date.	Unit & particulars of entries.	Amount Debit	Amount Credit
6087	16-1-18	Sucky Pak 10/	2 10	
6111	2-1-18	Pa 15 days	24 [illegible]	
206	14-2-18	Kramshall 1-0-0	[illegible]	
	21-2-18	[illegible] pay 20.5d WOAD	[illegible]	
			42 63	

Net Difference $ 42 63

8. Assigned Pay cancelled A.Z.H. Forms rendered. . Still in Force (15.00)

or

9. Separation Allowance and Assigned Pay continued, to dependent in England, and transferred to Accounts Branch for payment. 23-2-18

Certified correct. . . . . Officer i/c Group.

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 54289 RANK Pte NAME Barker, Jas

IF IN PERMT. CORPS } WHAT UNIT UNIT 18th Battn

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION London. Ont

DATE OF ATTESTATION 10th March 15

TRANSFERRED TO N.O.R.D. DATE 1.1.18 AUTHORITY 26/17 - 225

TRANSFERRED TO M.E. II B DATE 1/3/18 AUTHORITY

TRANSFERRED TO DATE AUTHORITY

TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ ~~25.00~~ two 20 DATE EFFECTIVE

PAYABLE TO ~~$~~ ~~Mrs~~ H. Burke, 1 Bond Court, Hopwood Lane, Halifax, Yorks, Eng RELATIONSHIP Father

~~Mrs J. Burke, 1 Albion Court, Orange Street, Halifax, Eng~~

ASSIGNED PAY MONTHLY $ 20.00 DATE EFFECTIVE 1-3-18 Authy: C.O.M. letter 3/5/18. 8.2.44

PAYABLE TO $5 to W. H. Burke, as above $15 to Mrs J. Burke, as above (Returned as Deceased to Canada. 8/4/18) RELATIONSHIP

~~STOP PAYMENT FORM~~ (ASSIGNED PAY) ~~RENDERED~~ (DATE) Stopped EFFECTIVE 1-3-18 REASON Dis to Canada

DISCHARGE DATE AND PLACE to Canada Eff 23-2-18 REASON AND AUTHORITY for Disposal R.O. 3451 8-2-18 B.3.

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

30 SEP 1918

C.1.

	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
		11 53	381 13												169 94	200	2 20	372 14	8 99				
			33 -									261	262			25 -		30 23	11 76				
			34 10	1071	18/5	1107	27/5					255	256			20		25 11	20 75				
			33 00					1158	5/7				523			20		20	33 75				
			34 10					1190	14/7				261			20		27 84	40 01				
			34 10	1242	2/8	1284	12/8					262	262			20		25 24	48 87				
			33	1381	30/8							261				20		27 61	59 26				
			34 10	1374	21/9							262				20		22 62	70 74				
			33 00	1446	10/10	1463	7/11					4 36	3 49			20		27 85	75 89				
			34 10	1515	24/11							11 33				20		31 33	78 66				
			34 10	1589	20/12							261				20		22 61	90 15				
			30 80	1654	2/1							262											
				1634	13/1							261				20		39 83	81 12				
								1799	7/3				5 23										
			34 10	1743	9/3	1896	17/3					262	262			20	260	30 44	84 75				
		11 53	782 63									3916	2698		18154	445	220	69788					
		11 53	782 63									3916	2698		18154		220	69788					

Oct	31		31		31		3 10																	
Nov	30	1 00	30		30	10	300																	
Dec	31	1 00	31		31	10	3 10																	
			61	10																				
Jan	31	1 00	34	10																				
Feby	28	1 00	30	80																				
Mch	31	1 00	34	10			3 60																	
			771	10																				
			771	10																				

Small Ledger Sheet

54289 Pte. Rucke J.

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	ALLOWANCE No. of Days	ALLOWANCE Rate	ALLOWANCE Amount $	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
			77	10	~~77 10~~									11 53	78 63
April	30	1c	33	-	20										53 -
					20										
May	31	1c	34	10											54 10
June	30		33		20										53 -
July	31		34	10	20										54 10
Aug	31		34	10	20										54 10
Sept	30		33	-	20										53 -
			197	10	110									11 53	110 393

ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date
						474536	
		25	4/4			474537	
				RR 54	18/5	511389	
75	27/4					511390	
						515540	
127	14/5	184	3/6			515541	
						A84 805	
						84 806	
						141832	
249	19/6					141833	
315	8-9.					194636	
377	24-7.	499 -				3-68	
409	4/8.	533				3-32-	
439	5/9					194637	

CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE
39 16	26 98		184 84	uus	220	697 88	84 75			
				5						
	2 62			15 20		42 62	95 13			
				15 20						
2 62			134 06	5 5 00		76 68	72 55			
2 67	5 38			15 20		48 02	77 53			
				5 15 20		40 ·	91 63			
2 68				5 15 20		42 68	103 05			103 05
2 68				5						
3 67	2 68			15 20		38 73	97 32			
60 31	40 30		218 60	$65 120	2 20	1006 61				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFT. PAY	DEFT. ALLCE. ENG.
1917 Oct.			~~97 32~~						97 32		
	31 days at $1.10	34 10		229729 } H-2-2			20				20
				229728 } H-2-2							
				a/c 642 1/6 712	97 33				1H 09		
		34 10			97 33		20				20
Nov.	30	33 ·		360410 } H-2-2			20				20
				360411 } H-2-2							
				" 680 12/10 18 Bks	4 46						
				622 29/9	2 67						
Dec.	31	34 10		C6634 ~~£5 5 9~~ ~~C6634~~ £			20				25
				733 29/10 18 Bks	3 57				30 49		
		67 10		AR Chq B 356902 R1-0 6 10	7 0		40				
Jan/18				AR Chq B 359911 £8-45			20				25
				1/1/18 2 days pay Rw. for being Clerk 8th Bn. 24-12-17 until 30 Jun 26/12/17 Bill 3. 1/1/18 WORD.		2 20					
31.68		34 10		Remit 15883 10/1/18	24 33						
				Dr AR 5887 27/12 Buckley Pk.	14 60						
				/ 5944 27/12 ✓	2 43						
		34 10		D. 11484 £8-45	41 36	2 20	20		103	25	
Feb.	22 days P.P.	24 20		D. 4483 1-0-6			20		5 23	25	
				awarded 5 days FP 2 forfeits 5 days pay Rw. on 20/2/18 = 10 days for overstaying Pass from 9 PA 8/9/18 2.30 am. 13/9/18 B/O 44 24/9/18 ARMS		11 00					
		24 20				11 00	20		5 77	25	
Mar.				Dr AR 6166. 30/1/18. Buckley Pk.	24 33.						
				✓ 6101. 16/1/18 ✓ ✓	3 43						
				✓ 306 13/2/18 4 Res.	4 87						
				AR 22824 25/3/18 Bux Ens	2 43.				39 83		
				Awtd. 7 m/m. 20/3/18 to 8 m 29/3/18	34 06						
Apl				Official pay. D.O. 80 3/4/18 Buck		1 80			40 93		
June	a note 6451		40 93			1 80			Nil		
			40 93								

Suppl. Pte. 14/5/18
Dr. Bal. 40 93
Checked Efiell
Checked Harding
L.R.C.

ASSIGNED PAY AND SEPARATION ALLOWANCE BEING PAID IN ENGLAND UNTIL ADVICE FROM OTTAWA OF DISCHARGE OF SOLDIER NAMED HEREIN

15

MARRIED OR SINGLE S

PLACE OF BIRTH Halifax. Eng:

NAME AND ADDRESS OF NEXT OF KIN Wm Henry Burke

1 Bond Court. Hopwood Lane. Halifax. Eng

RELATIONSHIP OF NEXT OF KIN Father

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN Wife

SEPARATION ALLOWANCE MONTHLY $ ~~25.00~~ 20.00 EFFECTIVE (DATE) 1.7.17.

PAYABLE TO Mrs E. Burke

1 ~~X~~ Albion Court Orange Street Halifax Yorks

RELATIONSHIP OF DEPENDANT Wife

a/c rld. checked found correct

31. 3.17 A.MacPherson Lieut

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 54289 RANK Pte NAME Burke, Jas

IF IN PERMT. CORPS WHAT UNIT — UNIT 18th Batt'n

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION London. Ont

DATE OF ATTESTATION 10th March 1915

TRANSFERRED TO M.O.R.D. DATE 1.1.18 AUTHORITY 26/17 - 225

TRANSFERRED TO M.E. D.B. DATE 1/3/18 AUTHORITY

TRANSFERRED TO DATE AUTHORITY

TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ ~~25.00~~ 20.00 DATE EFFECTIVE

PAYABLE TO ~~Mrs~~ Mrs E. Burke, 1 Bond Court. Hopwood Lane. Halifax Yorks Eng RELATIONSHIP Father

~~1 Albion Court. Halifax. Eng.~~ ~~Orange Street.~~ 30 SEP 1918

ASSIGNED PAY MONTHLY $ 20.00 DATE EFFECTIVE 1-5-16 Auth: CRM letter 3/5/16. 82444

PAYABLE TO ~~$5 to Mrs E. Burke~~ $15 to Mrs E. Burke, as above (Returned as per Note to Canada. 8/4/18) RELATIONSHIP

~~STOP PAYMENT FORM~~ (ASSIGNED PAY) ~~RENDERED~~ (DATE) Stopped EFFECTIVE 1-3-18 REASON Dis to Canada

DISCHARGE DATE AND PLACE to Canada Eff 23-2-18 REASON AND AUTHORITY for Disposal RO 3451 8-2-18 B.3.

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

C.1.

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
Mar 31st			336				32	60						11 53	381 13												169 94	200	2 20	372 14	8 99					
Apl 1-30	30	1st	30	-	30	1st	3								33 -									261 ✓	262 ✓			25 -		30 23	11 76				
May 31	31		31		31		3	10							34 10	107	18.5	110	27.5					255 -	256 ✓			20		25 11	20 75				
June 30			30		30		3								33 00			115	5.7					523 ✓				20		20	33 75				
July 31			31		31		3	10							34 10			119	14.7					261 ✓				20		27 84	40 01				
Aug 31			31		31		3	10							34 10	124	2.8	128	12.8					262 ✓	262 ✓			20		25 24	48 87				
Sept 30			30		30		3								33	138	30/8							261 ✓				20		27 61	39 26				
Octr 31			31		31		3	10							34 10	137	21.9							262 ✓				20		22 62	70 74				
Nov 30		1st	30		30	10	3	00							33 00	144	15/10	146	3/11					436 ✓	349 ✓			20		27 85	75 89				
Decr 31		1st	31		31	10	3	10							34 10	151	24/11							11 33 ✓				35 5 20		31 33	78 66				
			61	10																															
Jan 31		1st	34	10											34 10	166	20/12							261 ✓				20		22 61	90 15				
																165	29/1							262 ✓											
Feby 28		1st 10	30	80											30 80	163	13/1							261 ✓						39 53	81 12				
																						3R	29/11/17	264											
March 31		1st 10	34	10			3	60							34 10	174	3/3							262 ✓	5 23 ✓			20	260	30 44	84 45 ✓				
			771	10										11 53	782 63									3916	2698			1815	445	220	69988				
			771	10										11 53	782 63									3916	2698			1815		220	69988				

1a to 31.3.17

Smeaton Ledger Sheet