5-12-18

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.

Name BUTLER. FRANCIS. STEVERMAN

Regt. No. 529510 Rank Sergt

Corps C. A. M. C.

Med unfit

54823

Docs. to B.P.C. 8/4/20. Spec. — 4018. M.H.

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

Attestation Papers..... 1+4

Declaration of change of name.....

Authority for special enlistments..... 1 R 149

Documents of re-enlisted men.....

Regimental Conduct Sheet..... 1

Compulsory Stoppages.....

Casualty Forms..... 3

Proceedings on discharge..... 1

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids..... 1

Medical History Sheet..... 2

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

M. F. W. 39a — 1

A F B 122 — 2

R 149 — 1

Discharged — 1-7-52

Released

3

14 — 13

14 — 13

1 13

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

Original.

ATTESTATION PAPER.

No. 529510

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? — Francis Steverman Butler
2. In what Town, Township or Parish, and in what Country were you born? — Halifax. Nova Scotia
3. What is the name of your next-of-kin? — Miss Molly Butler. (Sister)
4. What is the address of your next-of-kin? — 264 Robie St. Halifax N.S. Canada
5. What is the date of your birth? — 26th June 1889.
6. What is your Trade or Calling? — Clerk.
7. Are you married? — No
8. Are you willing to be vaccinated or re-vaccinated? — Yes.
9. Do you now belong to the Active Militia? — No
10. Have you ever served in any Military Force? — No
    If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? — Yes.
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? — Yes.

F. S. Butler (Signature of Man).

W. H. Lumbell (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Francis Steverman Butler, 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.

F. S. Butler (Signature of Recruit)

Date July 26th 1915 W. H. Lumbell (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Francis Steverman Butler, 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.

F. S. Butler (Signature of Recruit)

Date July 26th 1915. W. H. Lumbell (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 Lowell this 26th day of July 1915.

(Signature of Justice)

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

J. Cullody Capt.

(Approving Officer)

M. F. W. 23.
200 M.—5-15.
H. Q. 1772-39-841.

Description of [redacted] on Enlistment.

Apparent Age 26 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 8 ins.

Chest measurement: Girth when fully expanded ..... 35 ins.
Range of expansion ..... 3½ ins.

Complexion ..... Fair

Eyes ..... Blue

Hair ..... Brown.

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

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 July 26 1915. [illegible]

Place Sewell Camp ..... Capt.
Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

F. B. Bridges .....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.

[illegible] (Signature of Officer)

Date July 26 1915. OC A Sec No 1 T.A.D. Overseas

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

Copy 2049.

This is to Certify that No. 529510 (Rank) Sgt.

Name (in full) Francis S. Butler enlisted in

the C.A.M.C. (Camp Sewell)

CANADIAN EXPEDITIONARY FORCE at Manitoba on the 26th

day of July 1915

HE served in France

and is now discharged from the service by reason of being found medically unfit for further service

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

Age 29 Years 4 Months

Height 5' 9"

Complexion Fair.

Eyes Blue.

Hair Light Brown.

F. S. Butler

Signature of Soldier

Marks or Scars Three inch wound outer side Right leg above outer malleus.

Lt-Colonel

Issuing Officer

Commanding #6 District Depot.

Rank

Appointment

Date of Discharge Nov 4th 1918

Signed at Halifax N.S. this 4th day of November 1918

in Military District No. Six

File Reference No.

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 52950 (Rank) Sgt. Name Francis S. Butler.

Unit C.A.M.C.

Address on Discharge Moosomin. Sask. Can.

Character and Conduct Very Good

Former Occupation Hardware Salesman

Special Qualifications of Value in Civil Life

Medals and Decorations Military Medal (Passchendale) 26-10-17
One Gold Bar (Passchendale) 30.10.17

Remarks

Signed at Halifax N.S. this 4th day of November 1918

Name of Officer

Lt Colonel

Rank

Commanding #6 District Depot.

Appointment

Uniform not to be worn after Date of Discharge unless written authority has been granted by G. O. C. of District.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

1918-19
No. 6 DISTRICT DEPOT

LAST PAY CERTIFICATE

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

Regimental No 529510 Rank Sgt. Name Butler, F.S.

Corps C.A.M.C. who was* Discharged

On Nov. 4th 191 8, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 5/10/18 191...,

to 4/11/18 191..., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
			Cr. Bal. L.P.C.		
Bal. Dr. from prev. month			Balance Cr. from prev. month	438	20
Advances by Cheques No. 6959	35	00	Regt'l. Pay 31 days at $ 1.35 c.	41	85
Advances by Cheques No.			Field Allow. 31 days at $ .15 c.	4	65
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges			Other Allowances* Cloth. Allce.	35	00
Payment on transfer or discharge No.	484	70	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	519	70	Total	519	70

*Give particulars.

A monthly stoppage of $ 20.00 (†) has been paid (‡) been paid on account of Assigned

Pay for the month of October 191 8
and Sep'n Allce. for month of Nil 191...

(to) Assignee Miss Margaret K. Butler,

(Address) 264 Robie St.,
Halifax, N.S.

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

Nov

On Transfer of an Officer.

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

M.D.No.6
No.53

REMARKS:—

State (1) date of enlistment .....

(2) if married and if a Separation Allowance Card has been submitted No

(3) cause of discharge .....authority D.O. 198

(4) authority for transfer .....

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.

NOV 18 1918

Date .....

Halifax, N.S.

Place .....

.....CAPT
Paymaster No. 6 District Depot
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.

NO. REGISTRY OFFICE DEPOT
NOV 27 1918
B-482
HALIFAX, N.S.

M. F. W. 44.

H.Q. 1772-39-903.
100M-9-18. D.P. 874.

Canadian Army Medical Corps Depot,
Risborough Barracks,
Shorncliffe ..... April 6. 1918

RECORD OF CATEGORIZATION.
To be attached to Medical History Sheet.

No 529510 Rank Sgt Name Butler F.S. Unit CAMC

Date	Category	Remarks	Signature of M.O
6-4-18	A3.		H.O Murray Capt

Canadian Army Medical Corps Depot,
Risborough Barracks,
Shorncliffe 1918

RECORD OF CATEGORIZATION.
To be attached to Medical History Sheet.

No. 529510 Rank Sgt Name Butler F.A. Unit CAMC.

Date	Category	Remarks	Signature of M.O
529510	A III		Hornaway Capt

No. XI CANADIAN
GENERAL HOSPITAL.
MOORE BARRACKS.
SHORNCLIFFE.

Forms
I. 1237
10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
2108	529510	Sgt.	Butler	F. S.
Year 1918	C.A.M.C.	Unit. C.A.S.C.	Age. 29	Service. 3C/12

Station and Date.

Disease Influenza

5/4/18 M.B.H.

Admitted to Hd. T.P.R. 103 - 120 - 30

Complaints: Chills, fever & headache

H.P.I. Began suddenly on the day of admission

P.H. & F.H. Neg.

P.C. T. 103.

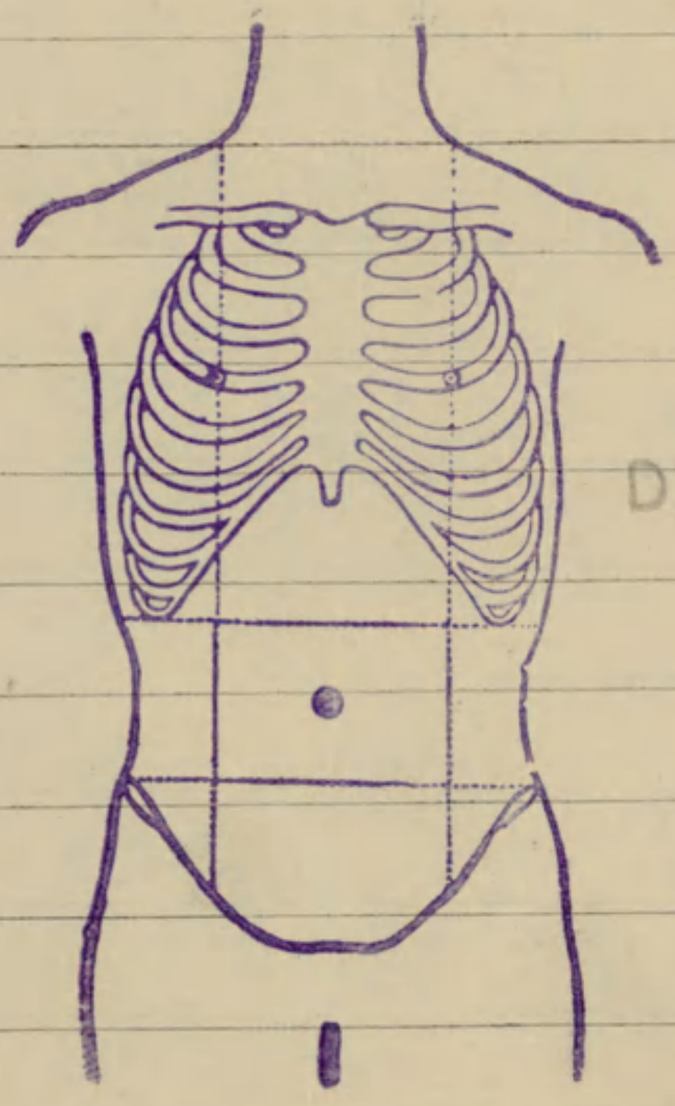
Vomiting. No marked redness of throat

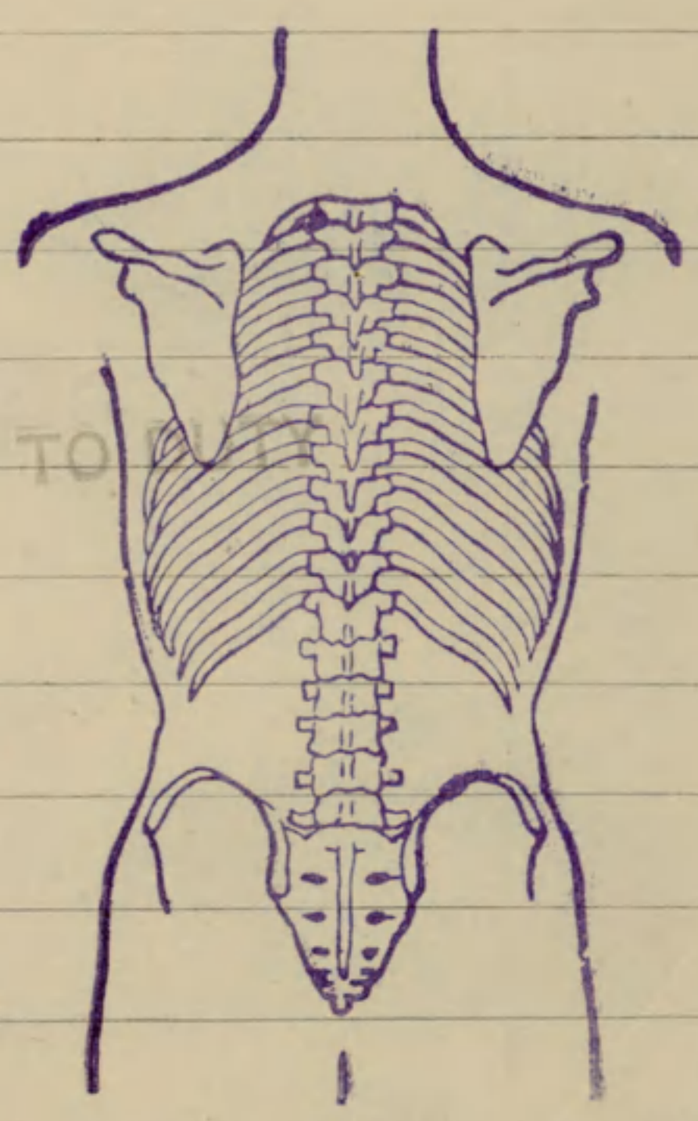
Heart & Lungs Neg.

6. T. 97² in am. 99² in pm

8. T. 99⁴

J. T. Wall





APR 16 1918
DISCHARGED TO DUTY

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

Station and Date.

Forms
I. 1237
10

MIL CNV. HP.
WOODCOCK PK
EPSOM.

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	529510	Sgt	Butler	Frank
	Unit.		Age.	Service.
	10th Can. F. Ambulance		21	2 6/12

Station and Date.	Disease
H.M.H. Devonport Nov 30, 1917	Admitted from France 6-11-17 with S.W. of of right Leg above ankle. Cleaned & Bippered & Stitched Nov 9, 1917. 8 stitches held. Ens of dressings daily. Heal by 1st Int.

*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.

A & D No. 2108.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps C.A.M.C. Military Hospital _____

No. 529510 Rank and Name Sgt Butler Age 29. Service 3 4/12

Disease _____ Date of admission 5/4/18. Date of discharge 16-4-18. Result _____

Dates of Observation	April 5		6		7		8		9		10.		11																					
Days of Disease	8/		2		3																													
Temperature, Fahrenheit	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.	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.	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.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.
107°																																		
106°																																		
105°																																		
104°																																		
103°																																		
102°																																		
101°																																		
100°																																		
99°																																		
98°																																		
97°																																		
Pulse per Minute	120		86		86		80		86		88		86		84		80		80		76		76		72									
Respirations per Minute	30		24		20		20		20		20		20		20		20		20		18		18		18									
Motions per 24 Hours																																		

8 P.M. Admitted
12 M.N.
6 A.M. 10 Aug.
4 P.M.
8 P.M.
6 Aug.
10 Aug.
4 P.M.
8 P.M.
4 P.M.
Temp 4 P.M. 4.

Wt. W3728/M2313—2,000,000—6/17—H. & Sp. (10693)→A.F.B. 181/5 (E. 735)

Signature _____ In charge of case.

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_____

Dates of Observation

Days of Disease

Temperature, Fahrenheit

Time 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

Wt. W3728/M2313—2,000,000—6/17—H. & Sp. (10693)—A.F.B. 181/5 (E. 735)

Signature_____ In charge of case.

10 CFA

Sheet I

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps No. 10 Field Ambulance C.E.F.

Regimental No. 529510 Rank ~~Corporal~~ ~~CORPL~~ SCT Name Butler. Francis Steverman
C. E. F.

Enlisted (a) 26/7/15 Terms of Service (a) Duration of War + 6 Months Service reckons from (a) 26/7/15

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) Clerk

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked at St John New Brunswick March 2nd 1916 Arrived at Bramshott Camp, March 14th 1916			
		EMBARKED FOR FRANCE. Landed At Havre France. 8.4.16. L.R. 5210		3 4 16	S/K 3452 d/2-4-16
20.5.16	8 C.F.A.	Spr. Ankle Adm	Field	18.5.16	A 36 D.C.S. 10 d/25.5.16
21.5.16	10 C.F.A.	do Adm Transfd	do	18.5.16 18.5.16	A 36 D.C.S. 15 d/8.6.16.
24.5.16	N.M.D.	do Adm	do	23.5.16	A 36 D.C.S. 13 d/5.6.16
3.6.16	C.C.S.	do Transfd	do	30.5.16	A 36 D.C.S. 14 d/10.6.16
3.6.16	15 C.C.S.	do Adm	do	30.5.16	A 36 D.C.S. 16 d/9.6.16
11-6-16	10 C.F.A.	Returned to duty	do	6-6-16	B 213 D.C.S. 25 d/24-6-16.
[illegible] 4-16	D.M.S.	Promoted Corpl. Confirmed D.M.S. C.O. 82 ~~[illegible]~~-554	do	13.3.16	Pt II Ords 47 d/21.4.16

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

[P.T.O.

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213 Army Form A. 36, or other official documents.
27 2/17	DMS	Promoted Sergt. a DMS Corp Ord. 50/284	Field	1 2/17	Pt II Ord 21 d 7 3/17
16-6-17	10 C Fl Amb	Proceeded on Leave	do	14-6-17	B213. Pn O #49 of 7-7-17
30-6-17	do	from - Leave	do.	25-6-17	B213. Pn O. #50 of 18-7-17
5.11.17.	H.S. Grantly Ole.	"Wounded" Posted to CAMC Depot Shorncliffe Auth AF N 3083/4263.	"	5.11.17	Pt II Ord. 93 of 16 11/17
					W. H. Brace Capt. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.
24.11.17	CAMC Dep	T.O.S from 10th Fld Amb.	Shorncliffe	5-11-17	Pt II D.O. 328 HS 22/1/18
					H. F. Moody LIEUT: FOR LT: COL: I/C RECORDS, C.O.M.F.
	C.A.M.C.	Apptd Sgt with Pay and Allowances to complete Estb. No.3 Res Coy	Shorncliffe	1-1-18	Part 2 D.O.77
25.2.18	10th F. Amb	Awarded Military Medal	Field		Pt II O. 9 L.G 30501 page 1620 d 14.2.18
					R. Hoopin. Lieut For Lieut Col I/C Records. C.O.M.F.C
23.4.18	CAMC	On Com: Escort Duty to Canada via DMS Cans for:	S'cliffe	21-4-18	Pt II D.O. 113
7/5/18	do	Sgt. to CAMC Cas Depot S'cliffe	do	7/5/18	Pt II 128 CAPT. ASST. ADJUTANT. FOR OFFICER COMMANDING, C.A.M.C. DEPOT

CERTIFIED CORRECT. 15 APR 1918 LONDON

25355/50 Jas2

Paymaster General's Branch.
FEB - 3 1919
Militia Headquarters, Ottawa.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

BUTLER

1. Christian Names Francis Stevenson 2. Surname Butler
3. Rank Sergeant 4. Original Unit Canadian Army Medical Corps 5. Reg. No. 529510
6. Address, in full, to which future payments of gratuity are to be forwarded Moosomin Saskatchewan
7. Date of enlistment in the C.E.F. 10th July 1915
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge None
9. Relationship of such dependent None
10. Address, in full, of such dependent None
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? None
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
Yes. 10th Canadian Field Ambulance in France. Left Canada 28 Feb 1916 in England to 28th March 1916 Then in France with 10th Canadian Field Ambulance till November 1917. Then returned to England till April 1918. Then returned to Canada discharged Nov 4th 1918
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? Yes.
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service No as in service in France and England as above
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served served from 10th July 1915 to 4th November 1918 In canada till Feb 28th 1916. Then in England with 10th Field Ambulance till Mar 28th 1916 Then in France with 10th Field Ambulance till November 1917. Then in England in hospital till April 1918. Then returned to Canada attached to Military Hospital N.B. till discharged November 4th 1918.
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department No
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? No

S. A. & A. P.
FEB 25 1919
O. B.

M.F.W. 2595.
1772—-39—1389.
1160—D.P.—250M-12-18.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units ... No ...

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid ... Yes Three months from Paymaster Military District No 6 ...

20. Have you been issued with a War Service Badge? If so, what class? ... not yet ...

21. Have you, during the present war, served in the Imperial Forces? ... No ...

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled ... No ...

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? ... No ...
(b) If so, was such reversion in consequence of misconduct or inefficiency? ... No ...

24. Are you now serving in the C.E.F. ... No ... If not, give:—(a) Date of discharge ... November 4th 1918 ... (b) Reason for discharge ... Medically unfit ...

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit ... No ...

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit ... Yes ... with 10th Field Ambulance (Canadian) ...

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? ... No ...
(b) If so, are you in receipt of full pay and allowances from that Department? ... No ...

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: Thomas Stevenson Butler (Sgt.)

Place of Residence: Moosomin. Sask.

Declared before me at: Moosomin Saskatchewan

This 28th day of January 19 19

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths.

A Procter a notary public

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
16/11/18	$45.00	—		
16/12/18	45.00 / 50	—		
16/1/19	46	—		

Certified Correct.

District Paymaster.

25355/509

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Except

Name Butler, Francis S.
Surname Christian Name

Regimental Number 529510 Rank Sgt. Address (in full) Moosomin, Sask.

Unit C.A.M.C.

Original Unit

District where paid M.D. 6.

Date of Discharge

P. D. P. Filing Number 15-209-6.

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

L. L. 46038—M. & D. 9245.

Total Credits 91 days	FIRST PAYMENT Cheque No. A	Date	Amount 30 days	SECOND PAYMENT Cheque No. B	Date	Amount 30 days	FINAL PAYMENT Cheque No. C	Date	Amount 31 days	Balance Over-payments to be Recovered	Total Amount Paid
45 00	2681	16-11-18	45 00		16/12/18	45 00		16/1/19	46 50		45 00
136 50											136 50
2150=1st	G46569	19/3/19	70 00								
160201 2nd	G47508	22/3/19	70.00								

M. F. W. 127.
25M.—8-18.
1772-39-1140.

Remarks:

Dec'n No. 529510/506 W. S. G. File No. 92594-J-7

Award 6 days at $70.00 per day $ 420.00

S. A. ..... months at $ .... per mo. $ .... $ 136.50

Less P, D. P. Credited $283.50

Less further debit balance $

Net due paid as below 283.50

TO SOLDIER & DEPENDENT

	0	Ag. No	Ch No	Amount		Ch No	Amount
19/3/19	1	2150	46569	70 -			
22/3/19	2	1602 a	47508	70 -			
8/4/19	3	1567 B	413279	70 -			
22.5.19	4	1510 C	469253	73.50			
	5						
	6						
		Total		283.50		Total	

GEN'L AUDITOR
Posting checked by
[illegible]
Date 17/7/19

Moosomin
Sask

L-L. Job 5470—M. & D. 6888

MILITIA AND DEFENCE A.3500=100

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7-16
H.Q. 1772-39-819

To Whom Miss M. K. Butler

Address 264 Robie St
Halifax
N. S

By Whom Assigned Butler F. S

Regtl. No. 529510

Rank A/S

Corps 10th F. Amb

SPECIAL REMITTANCE

Rate $100.00

Schedule 332. 3.10.17

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April			A 3500 100 -	
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

Sgt. Name Butler Francis Stevenson

M. F. W. 41
100M-1-18.
1772-39-889.

L. P. C. No. B-3655.

Regimental No. 529510.

Name and address of next-of-kin

Unit C. A. M. C.

Date of enlistment Escort duty

Place of "

Married (yes or no) S. A. Nil

Date and place discharged

Amount of pay assigned monthly $20. 1 8/17 to 31 10/18 = $300 closed

Reason for discharge Retained in M D 6. for disposal

To whom payable Miss. Mary K. Butler

Character on discharge auth HQ letter 3/8/18

S.S. Aquitania 30.4.18.

A. S 649-B-21739

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
													40 00			A P. Sept + Oct 1918
	24 4/18							233 70								Eng L P C
25 4/18	4 10/18	163	1 35	220 05	163	15	24 45		478 20						40 00	
													Cr bal		438 20	L P C rendered 8 11/18
									478 20						478 20	+ qd to PMM D 6

A P. Eng L P C 1-8-17 to 31-8-18 $260.00

M. F. W. 41
100M-1-18.
1772-39-838.

Name.....

Regimental No.

Name and address of next-of-kin

Unit

Date of enlistment

Place of "

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly $

Reason for discharge

To whom payable

Character on discharge

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

K.F.

P—56

Rank Cpl Name BUTLER Francis Steveman Reg'l No. 529510

Unit No. 10 Field Amb. If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Sewell, July 26th,15. Place of Birth Halifax,Nova Scot

Name and Address, Next-of-Kin Miss Molly Butler,

264 Robie Street, Halifax, N.S. Canada. Relationship Sister.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance Payable to

Relationship

Discharge, Date and Place Reason Character

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						
Mar 1	Mar 31	31	1.10	34 10	31	10	3 10		37 20			21 90			21 90	15 30	

~~75~~ 30

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						

L. L. Job 23216—M. & D. 8049.

ASSIGNED PAY.
MILITIA AND DEFENCE

M. F. W. 11.
15m.—6-17.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Mrs. Mary K Butler
Address 264 Robie St
Halifax NS

Relation to Soldier wife, child or mother } Rate 20.00 Aug 1/17

Name of Soldier Francis S Butler
Regtl. No. 529510
Rank Pte
Corps 10th Can Field Amb
To what Corps belonging when called out

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			2 M 15/17 Paid 24/8/17
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED ACCOUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
18m.—4-17.
1772—39—819.

Sheet No. 2. Miss M K Butler
(Assignee)

Name of Soldier Francis S Butler

Pte 10th Can Field Amb

L. L. Job 19227—M. & D. 7814.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			20 00 Aug 1/17
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.		X33028	20	c
Sept.		F39611	20	5 $65 00 WDC
Oct.		F48593	20	c
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

YSR

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.				

Requisition Urinalysis

Date April 9th

Reg. No. 529510

Name. Butler (5)

Unit. C.A.M.C.

Ward 20

Diagnosis Influenza

Exam. Req. Routine

.... 1918.

Report

Colour Normal

S.G. 1030

Reaction acid

Sugar nil

Albumen positive +

Microscopic nil

..... Capt. C.A.M.C., O. i/c Laboratory.

Requisition Urinalysis

Date 11/4/18

Reg. No. 529510

Name. Butler.

Unit. C.A.M.C.

Ward 20

Diagnosis Influenza

Exam. Req. Routine

.... 1918.

Report

Colour acid

S.G. 1030

Reaction acid

Sugar neg

Albumen neg

Microscopic

Com Blair Capt.

..... Capt. C.A.M.C., O. i/c Laboratory.

D.M.S. 1800.

Surname: Butler
Christian Name or Names: F. S.
Reg. No.: 529510
Rank: Qb. Gt.
Unit: C. A. M. C.
Co.:
Troop: No 10. C. F. Amb
Batty.:
Hospital:
Date of Admission: Depot.

Transferred No 8 Can Fld Amb — Hosp. 19.5.16
O.C. North Midland Cas. Clg. Station — Hosp. 23.5.16
" " " " " — Hosp. 30.5.16
8 Can. F. Amb. — Hosp. 30-10-17

Diagnosis
(1) Spr. Ankle
Later Diagnosis (if changed)
(2) S.W.R. Leg. Rw.
(3) Influenza. Rw.
Additional Diagnoses: If more than one state present

DISPOSITION

Date: Dis. 16-4-18

Ch. 29.5.16 # a/25
Ch. 8.6.16 A33
Ch. 13.6.16 A36
Ch. 27.6.16 A47
8-11-17 a 56-1
10.11.17 A58.
20.11.17 B66
12.12.17 B84
24-1-18 B118
10.4.18 C1831
19-4-18 C191

REMARKS
O.C. #12 F. Amb. reports:
Rejoined Unit from #15
Cas. Clg. Station 6.6.16
Disc 18-1-18

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

P.T.O.

D 8r

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	No 5 Gen. Rouen	31. 10. 17
2.	Devonport Mil. —	6. 11. 17
	Mil Convl. W'cote Park Epsom.	8. 12. 17.
3.	" C. G. Moore Bucks	7. 4. 18
4.		
5.		
6.		
7.		

No. 5-295-10 Rank Pte-Cpl. Name Butler J. S.

T. O. S. Unit 10th Field Ambulance.

Trans. fr. 1. F.A.D. 11-1-16
(Do 1-15-1-16)

M. D. 10.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Jan. 1.	Jan 31.	✓		
	Feb.	✓	Prom Cpl 1-2-16	Do 5-1-2-16.
	Mar	✓		
	April	✓		

NAME Butler Francis Steverman

REGT'L No 729510

H. Q. FILE No. 649-

RANK AND CORPS Pte. (C.A.M.C.) 10th Fd. Amb.

FOLLOWS No.

CABLE

No.	Date	Nature of Casualty
149-6	C.	Sgt. (from A Sec., FOLLOWS #1 Fld. Amb.)
M.6321-	10-11-17	Adm. #8. Fl. Depot, Ct. 30th 1917. (gsw. rt. leg.)
M.6401-	25-11-17	Mil. Disp. Devonport. (gsw rt. leg. doing very well) (WSM)

L. L. Job 90581—M. & D. 6314.

M. F. W. 42—50M—1-16.
H. Q. 1772-39-893.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A25	O.C. #8 Can Fld Amb.	19-5-16	Spr Ankle
A33	O.C. North Midland Cas Clear Stat	23-5-16	Spr L Ankle
A36	Transto #15 Cas Cl. Station	30-5-16	Spr L Ankle
A47	10 Can Fld Ambulance report's rejoined unit	6-6-16	Spr Ankle
A 56	#8 Can. Fl. Amb.	30-10-17	SW R Leg.
A 58	#5 Gen. Rmen	31-10-17	" " "
B.65	Devonport Mil, Devonport.	6-11-17	S.W. R. Leg
B84	Mil. Conv. Wd. Pk. Epsom	8-12-17	Sw. R Leg 1-1-18
B118	Discharged	18-1-18	GSW R Leg 25-2-18
C183	#11 Can Gen, Moore Barr	[illegible]-4-18	Influenza

FORM R. 149.
7106—250m—7/2/17.

P. FRANCIS STEVERMAN

Name BUTLER *Rank* Sergt. *Reg. No.* 529510

Unit C.A.M.C. ~~10th Fd. Amb.~~ Depot

Next of Kin Canada

Date 1917		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List
30	10	8 C.F.A.		SW R Leg.	A 56	46321		7042
31	10	5 Gen Hos	Rouen	"	A 58			15864/4
6	11	Devonport Mil	Devonport	"	B 65			5636
8	12	Mil Con	Epsom	"	B 84			7925
18-1	18	Discharged	"	"	B 118			2658
7	4	11 Can Gen	Moore Bks	Influenza	C 183			15883
16	4	Discharged		"	C 191			4451

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

NAME Butler. F. S.

REGT'L. No. 529510

H. Q. FILE No 649

RANK AND CORPS Sgt. Depot

FOLLOWS

No.

FOLLOWS

NATURE OF CASUALTY

CABLE

No.	Date

L. L. 31493. M. & D. 8476.

M. F. W. 42—100M.—28-11-17.
H. Q. 1772-39-893.

E.A.M.C.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
C191.	No 11 Con. Gen. H. Moore Bar. Dibsh.	16-4-18	Influenza.

R. 149.

Name BUTLER, Francis Steverman *Rank* Pte. *Reg. No.* 529510.

Unit C. A. M. C. No.10 Canadian Field Ambulance.

Next of Kin CANADA.

Date 1916.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
May 19	No.8 Can.Field Ambulance.		Spr.Ankle.	A25.	E	
" 23	North M.C.C.Station.		Spr.L.Ankle.	A33.		
" 30	Trans.to No.15 Cas	Cl.Stat.	do.	A36.		
Jun.6	Rejoined Unit.		do.	A47.	E	

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

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Clerk RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE 29 YEARS 11 MONTHS

HEIGHT 5 FEET 9 INCHES

CHEST MEASUREMENT 34 1/2 INCHES EXPANSION 2 1/2 INCHES

COMPLEXION Dark EYES Brown HAIR Dark

DISTINGUISHING MARKS Nil

MEDICAL EXAMINATION. PLACE Winnipeg. Man. DATE May 12th 1915

Awarded Military Medal for bravery on field
and Turner R.O. 8/2/18

SURNAME. Butler (M.M.) auth. L.G. 30507

CARD NO.

S.O.S. Dis. M.U. 4-11-18.
D.O. 1989 1-11-18 FOLL. 6

CHRISTIAN NAMES Francis Steverman

REGL. No. 529510 RANK Corpl.

UNIT ~~"A" Sect. No 1. Fld Amb~~ ~~No 10 Fld Amb.~~ (#6.20.20)

FORMER CORPS Nil

NEXT OF KIN.

NAMES IN FULL. Butler, Miss Molly

RELATIONSHIP TO SOLDIER sister.

ADDRESS 264 Robie St.,
Halifax, N. S.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Halifax N. S. DATE

PLACE OF ATTESTATION Sewell, Man DATE July 26th 1915

Auth. N.R. 11/1/16
G.S. 2-3-16 35-2
2

R/C 30-4-18 171/5

L. L. 94504. M. & D. 6512.

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

Mr -

Number 529510 Rank SS/-

Surname BUTLER.

Christian Name Francis Steverman

Units C.A.M.C. Theatre of War France

Date of Service 3-4-16

Remarks

Latest Address ~~Moosomin P.O.~~ ~~Sask.~~

228 - 13th Ave. West.

Roll No. B Page 21270.

Calgary Atta

200m.-6-21.

23 7/31

GRATUITY (IMPERIAL)

CHRISTIAN NAME	SURNAME	REG. NO.
SCHEDULE NO.	LINE NO.	
UNIT RETIRED OR DISCHARGED FROM		
PLACE OF RETIREMENT OR DISCHARGE		
DATE RECEIVED FROM OTTAWA	IMPERIAL DEPOT NO.	
DATE RECEIVED FROM REG. DEPOT.	DATE FORWARDED TO OTTAWA	

DESP. JUN 6 1928
REGN. NO. 38016

DESP. JUL 28 1931
REGN. NO. 5801

Received Dep 28

868—D.P.—40M-1-12-19.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

16549

Date of Assignment Aug. 1/17

RATE OF SEPARATION ALLOWANCE

B

RATE OF ASSIGNMENT

20			

PARTICULARS OF SEPARATION ALLOWANCE

No. 529510

Rank Pte Promoted Reverted Discharge

Soldier's Name Francis S. Butler

Battalion 10. Can. Fld. Amb.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Miss Mary K. Butler

Address 264 Robie St. Halifax, N.S.

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Oct			60	60		2. M - 15/17.
Nov	C 56780		20	20		
Dec	F 59862		20	20	Bo	Soldier returned on Escort Duty, has been retained for duty in MD #6.
1918						
Jany	M 69049		20	20	L.	Acct Closed 31-10-18 - MR 0203. 22/10/18
Feby	C 99664		20	20		Auth Cas. B.M.L. HQ. 649-B-21739.
Mar	A 106921		20	20		
Apl	A 4075		20	20	G	
May	H 18842		20	20	G	
June	E 17770		20	20	G	
July	V 33401		20	20		
Aug.	E 30249		20	20		
Sept.	H 44531		20	20		
Oct	F 48067		20	20		
Nov			300	300		

Ok W

M. F. W. 128.
400M. 6-17—1772-39-M41
L. L. 22320—M. & D. 7993.

CONSOLIDATED ACCOUNT

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128.
400M. 6-7-1772-39-1141
L. L. 22320—M. & D. 1993.

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps C. A. M. C.

Regimental No. 529510 Rank Sgt. C. E. F. Name Butler. F. S.

Enlisted (a) ..... Terms of Service (a) ..... 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) Salesman

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
		T. C. S. #6 D. Depot	Halifax	10-10-18	[signature] CAPTAIN ADJUTANT NO. 6 DISTRICT DEPOT
		Posted to Casualty Co	do	10-10-18	
12-6-18	O/S	Taken on strength of Casualty Comp'y			
4-11-18		DISCHARGED at Halifax, N. S			Geo W Banks LIEUT for O. C. DISCHARGE SECTION NO. 6 DISTRICT DEPOT
4-11-18		STRUCK OFF STRENGTH NO. 6 DISTRICT DEPOT Discharged. Halifax Pt II DO 198.			[signature] CAPTAIN ADJUTANT NO. 6 DISTRICT DEPOT

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

[P.T.O.

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

92431.—W6490/1535.—2,000,000—J. J. K. & Co., Ltd.—Forms B. 103/1.

Sheet II

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps 6 Acll 6 Casualty Depot

Regimental No. 529510 Rank Pte Name Butler, (Francis Stevenson)

Enlisted (a) 26/4/15 Terms of Service (a) D of War Service reckons from (a) 26/4/15

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

Extended _____ Re-engaged Sheet II Qualification (b) Clerk

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
10/5/18	6 Acll 6 Cas Dep	Taken on Strength	Shorncliffe	9.5.18	Pt II D.O. 1
30.8.18	✓	D.O. 1. 10.5.18 cancelled.	✓	✓	D.O. 9 [illegible] 30.8.18 [illegible] Ch Dep Rec. C.A.M.C.C.D
2/9/18	Camb R.R.S.	Pt 2-DC128-2 is cancelled	do		Pt 2-DC246
2/9/18	do	S.C.S. on being rehaired in Canada	do	24/4/15	Pt 2-DC246
12-6-18		G.O.S. Casualty Coy #6 District Depot		D.O. 176	J R Harley Lieut.
4.11.18					[illegible] Capt

Capt. Asst. Adjutant
For O.C. C.A.M.C. Reserve Depot

O.C. CASUALTY COMPANY NO. 6 DISTRICT DEPOT

O.C. DISCHARGE SECTION NO. 6 DISTRICT DEPOT

DISCHARGED [illegible]

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

[P.T.O.

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

K.F.

R—122.

Rank Corpl Name BUTLER Francis Steverman Reg'l No. 529510

Unit No. 10 Field Amb. If in perm. Corps, What Unit? } Married or Single Single

Place and Date of Enlistment Sewell, July 26th, 15. Place of Birth Halifax, Nova Scotia

Name and Address, Next-of-Kin Miss Molly Butler,
264 Robie Street, Halifax, N.S. Canada. Relationship Sister.

N/E

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/E. R.B. No. 3692
File R.L.
Category OR Can

Discharge, Date and Place Reason Sgt. Character O/S.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS: Taken from Official Documents.
		"C"			
		Arrived in England	12 MAR 1916		S.S. Scandinavian
					A.F.B. 103. Chd 6.4.16
		Embarked for France.	3 APR 1916		Pt. II. D.O. 28.
29.5.16	10th Fd Amb	Admd No 8 Can Fld Ambce	Feild	19.5.16	C.L.A.25 Spr Ankle 2
8.6.16	5th A.M.C.	" N. Mid Cas Clearing Stan	"	23.5.16	" A.33 " "
13.6.16	3rd Can M.C.	Trans to No 15 Cas Clearing Stn	"	30.5.16	" A.36 " "
27.6.16		Rejoined Unit ex abse	"	6.6.16	" A.47 " " 2
21.7.16	10th Fd Amb	promoted Corporal	"	13.3.16	pt 2 # 47
9.3.17	"	Granted Sergeant	"	1.2.17	Pt II D No 21
7.11.17	Can M.C.	Adm. No. 8. Fd. Amb.	Field.	Sgt. 30.10.17	C.L.A.56. S.W.R. Leg.
9.11.17	Can M.C.	Adm no 5. Gen. Hosp	Rouen.	Sgt 31.10.17	C.L.A.58 Do.

Called

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.		Date.	REMARKS Taken from Official Documents.
19.11.17	CAMC.	Adm. Devonport Mil Hosp.	Devonport.	Sgt.	6.11.17.	C.L.B.65. S.W. R. Leg.
17.11.17.	10 Fd Amb.	S.O.S to CAMC Depot "Wounded"	Field.	Sgt	5.11.17.	Pt II O.73 & Pt II O 328 D/24.11.17 CAMC Dep.
11.12.17.	CAMC.	Ex Devonport to Mil. Cond. Hosp.	Epsom.	Sgt.	8.12.17	C.L.B.84 S.W. R. Leg.
25.2.18	#10 C. Fld Amb.	Awarded Mil. Medal	Field	Sgt		Pt II D O 9 Lon Gay 30507 page 1620 d/[illegible]
23-4-18	CAMC Dep.	On command on escort duty to Canada via DMS. London	S'cliffe	"	21.4.18	— 113. | CAMC D
9-5-18	CAMC D.	T.O.S from CAMC Dep.	do	"	[illegible].5.18	— 1 | Pt II D.O. 128 d/8/5/18
30.8.18	do	Pt II D O 1 d/9/5/18 is cancelled	do	"		— 98.
2.9.18	CAMC D	S.O.S on being retained in Canada	do	"	24.4.18	— 245.
2.9.18	do	Pt II D.O. 128 d/8/5/18. is cancelled	do			— 245.

025-94-F-7

Newvale

M. & D. FORM. A.2.M.

To be rendered in DUPLICATE

CANADIAN CONTINGENT, EXPEDITIONARY FORCE.

ASSIGNMENT OF PAY (all ranks).

From Paymaster,

of (state unit) No 10 Canadian Field Ambulance.

K&B 7/8/17

A.F.S. SECTION AUG 15 1917

To Paymaster, Assigned Pay Branch,
Westminster House, London, S.W.

I beg to notify the following { new assignment / ~~change in Assigned Pay~~ } to take effect from* 1st August 1917 (*See foot-note).

No. 529510 Rank Sergeant Name in full Butler, Francis Steverman.

Unit in which serving No 10 Canadian Field Ambulance

Original Unit No 10 Canadian Field Ambulance.

If there is an assignment now in force, state amount $ Nil

Name of Assignee at present Nil

Address

K&B 23/8/17

The filling in of the following particulars will cancel all previous assignments unless instructions are given to the contrary.

New amount to be Assigned from above date $ 20.00 (Twenty Dollars)

Name and Address of person to whom new amount is to be paid by Cheque by Mail.

Name K Miss Mary Butler (Sister, partly dependent)

Address 264 Robie Street, Halifax, N.S. CANADA.

NOTE.—Assignments in UNITED KINGDOM can only be made in favour of dependant relatives.

TO BE NOTED.—By Order in Council of the Dominion Government of Canada, dated 23rd January, 1915, on and after 1st April, 1915, all N.C.O.'s and men whose dependents are in receipt of Separation Allowance are compelled to assign an amount not less than 50% of the pay earned by them, unless on receiving the objection of any such N.C.O. or man, the Canadian Government decides, in view of the special fact or circumstance of the case, to waive this condition.

Noted by

Pay Sergeant.

20/8/17

I certify that the above person to whom I wish assignment to be made is a dependant relative.

MAILED TO OTTAWA. AUG 1 1917

F. S. Butler

Signature of Assignor.

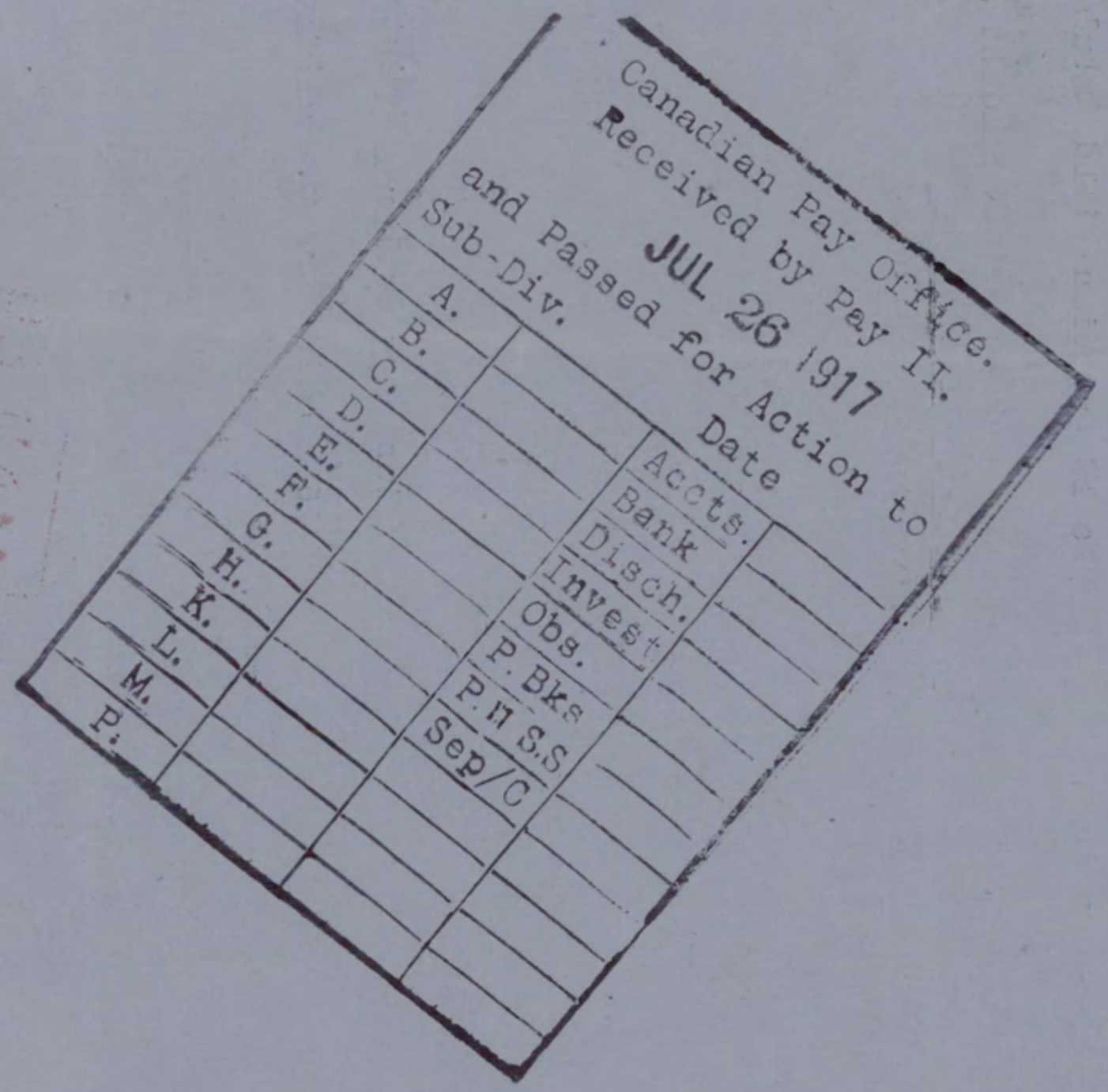
I have satisfied myself that New Assignee is a dependant relative of Assignor.

H. Howard Major C.A.M.C.

Signature of Paymaster.

INSTRUCTIONS.

All new Assignments, changes of Amounts Assigned, Names of Assignees, Addresses, etc., are to be notified on this Form. Changes in the Amounts Assigned and New Assignments can only be carried out once a month, and must be forwarded not later than the **FIRST DAY OF EACH MONTH.** If received after that day the form will be held over by the Chief Paymaster until the following month, but no New Assignments or Changes of Assignment can be made until former Assignment has been in force three months.


Canadian Pay Office.
Received by Pay II.
JUL 26 1917
and Passed for Action to
Sub-Div.
Date
A.
B.
C.
D.
E.
F.
G.
H.
K.
L.
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Accts.
Bank
Disch.
Invest
Obs.
P. Bks
P.n S.S
Sep/C

IV

Original

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Butler *Christian Name* Francis Steverman

Examined on 26th day of July 191 5 at Sewell Camp

Birthplace City or Town Halifax County Nova Scotia

Apparent age 26

Trade or occupation Clerk

Height 5 Feet 8 Inches.

Weight 150 Lbs.

Chest measurement Minimum 35 inches. Maximum expansion 38 inches.

Physical development Normal

Small-Pox Marks Nil

Vaccination Marks Arm Right. 2 Left. Number Two

When Vaccinated last Infancy

(*a*) Marks indicating congenital peculiarities or previous disease Nil

(*b*) Slight defects but not sufficient to cause rejection Nil

Approved by Capt Inman
Lieut. James
Capt Asst.
Rank ..... M.O.

Date	Fit or Unfit	Examined for Re-engagement, 15 NOV 1917
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
29/1/16	O/K	Lieut James M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
Aug 15	O/K	M.O.
Feb 13	O/K	Lieut James M.O.
Dec 18	O/K	Capt M.O.

Enlisted on 26th *day of* July 191 5 *at* Camp Sewell

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	"A" Sec No. 1. F.A.D. Overseas.	529510		
Transferred to..	No. 10. Fld. Amb.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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

M. F. B. 313.

100M.—5-15.
H. Q. 1772-39-439

CANADIAN

Surname Butler Christian Name Francis Stevenson

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	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.
Bramshott No 5 Cas Clg Stn	14/3/16	30	5	16	6	6	16	Spr Lt ankle	7	Rejoined Unit	A 36-47.
Devonport Military		6	11	14	7	12	14	S.W. Rt Leg	32	Received a mild Shrapnel wd of Rt Leg. Cleaned and Bipped and recovery resulted Transferred to Epsom	H Cook Lt M O R C
M.C.H Epsom.		7	12	17	18 JAN 1918			Do.	43	On admission. Sul. back of Rt. Leg open. dressings 2/1/18/ Discharge to Reserve Unit Category A III	J A Carpenter, Capt Same
No. XI CANADIAN GENERAL HOSPITAL, MOORE BARRACKS, SHORNCLIFFE.		6	4	18	APR 16 1918			Influenza	11	Chills, headache & Temp. 103 on admission. No complications A	J Owall Capt

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.

Released 17-3-52

This space to be for numbers

4018 878

Qr. Cond Des. 5-12-18 A.K.

B.P. 6618 20

23/10/33

Proceedings on Discharge.

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

No. 529510

Rank Sgt.

Surname Butler.

Christian Name Francis. S.

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

Corps (Squadron, Battery or Company) C.A.M.C.

Date of Discharge November 4th 1918

Place of Discharge Halifax N.S.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	29 years 4 months.
Height	5 feet 7 inches.
Complexion	Fair
Eyes	Blue.
Hair	Light Brown
Trade	Hardware Salesman
Intended place of residence (To be given as fully as practicable.)	Moosomin Sask. Can.

Descriptive Marks

Three inch wound rear outer side right leg above outer malleolus.

2. The above-named man is discharged in consequence of being found medically unfit for further service

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.)

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

W. S. G. Comp.
8-3-19. a B.

(OVER)

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

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

6. Medals and Decorations ..... Military Medal (Passchendale) 26.10.17 One Gold Bar (Passchendale) 30.10.17

To be copied by the Commanding 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) Halifax N.S. ..... R.W. Dill Capt

O.C. DISCHARGE SECTION NO 6 DISTRICT DEPOT

(Date) November 4th 1918 ..... *Commanding* .....

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) Halifax N.S. ..... T.S. Butler ..... (*Signature of Soldier.*)

(Date) November 4th 1918 ..... M Laing ..... (*Signature of Witness.*)

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.

..... (*Signature of Soldier.*)

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed) 3 years 101 days.

Total 3 years 101 days.

11. **Confirmation of Discharge.**

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

(Place) .....

(*Signature*) ..... LIEUT. COL. No. 6 DISTRICT DEPOT.

(Date) .....

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.)

Would state that I have not received my differed pay amounting to practically three hundred dollars also my pay from April of this year, with the exception of $20.00 per month, assigned. ~~pay~~ Also subsistence allowance for the period of four months namely June July August and September, as an out patient from Pier No 2. Halifax N.S.

T.S. Butler Sgt.

(OVER)

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.

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
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 14. Please read the questions carefully. All questions must be answered.
5. The nomenclature of diseases to be followed is that 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 and Sons.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S AND MEN

MEDICAL HISTORY OF AN INVALID

STATION Halifax, N. S. DATE 13-6-18

1. (a) Unit 10th Fld Ambulance. (b) Regimental No. 529510 (c) Rank Sgt.

(d) Surname Butler (e) Christian name Francis Steverman.

2. Age last birthday 28 Date of birth 26-6-1889

3. Enlisted at Camp Hamilt Sewell Men/ on - 7 -15.

4. Personal description :—

(a) Height 5' 9" (b) Weight 140 (stripped) (c) Complexion Fair

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks

Wound scar outer side right leg. 3" above outer malleolus

5. Address after discharge (for the use of the Board of Pension Commissioners)

354 Robie st., Halifax, N. S.

6. Former trade or occupation Hardware salesman.

7. (a) Service	Years	Days
C.A.M.C.	- 7-15.	Date

(b) Has he been overseas? Yes

8. Present disease or disability (use authorized nomenclature if possible)

Neurasthenia

(a) Date of origin Jan. 1916. (b) Place of origin England

(c) Cause* Hard work under shell fire.

*(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

Complains of being nervous when undergoing any exertion gets all in a tremor and strength fails him for a time. Sleeps poorly and wakes in the morning not feeling rested. Appetite is poor. Bowels move once a day. Had trench fever in July 1915. Was wounded in Nov. 1917. Exam. Heart & Lungs negative. Color is good fairly well nourished. Nervous system. Patellae reflex exaggerated. Trembles when undergoing any exertion or excitement. Tremor of hands. Strong light affects his sight so that sight becomes blurred. Pulse 115 sitting.

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

MILITARY DISTRICT No. 6 HALIFAX, N. S. JUN 27 1918 M. D. No. 6 999

M. F. B. 227.

75M.-12-17.
1772-39-117.

10. History :
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.

Trench fever July 1916 in France. Ill 4 weeks.
Wounded Nov. 1917. In France. Hospital 4 months.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

12. Did the disability arise on or off duty? On duty

13. Was a Court of Inquiry held? No

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

If the answer is in the affirmative, state in percentages, *to what extent the soldier is incapacitated by that aggravation.*

Not applicable.

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No
(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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Indefinite.

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

Nil

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

No

19. Can the former trade or occupation be resumed? No not fully

20. Recommendations I recommend that # 529510, Sgt. Francis Steverman Butler C.A.M.C. be placed in Category CI.

C S Elliot Capt AMC
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.)

I, the undersigned Sgt. F.S. Butler. have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

F.S. Butler
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

Pulse sitting 108. After body bending 16 times in half a minute the rate increases to 138 and regains former rate in one to two minutes. A soft systolic murmur is heard in recumberent position and also after exercise.

22. 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).	Yes
(d) Temporarily unfit,	(" D)	(Yes or No).	No
(e) Unfit for service in Categories A, B and C,	(" E)	(Yes or No).	No

23. 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).

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

Placed in Category CI.

A A Schaffner Lt Col AMC *President*
R F O'Brien Capt } Members.

STATION Halifax, N. S.

DATE 13-6-18.

APPROVED BY

DATE 2-7-18

APPROVED
E. F. Moore Maj
For Director
Assistant Director of Medical Services.

APPROVED BY

DATE

Director-General of Medical Services.

MARRIED OR SINGLE Single

PLACE OF BIRTH Halifax, Nova Scotia

NAME AND ADDRESS OF NEXT OF KIN Miss M. Butler
264 Robie St, Halifax N.S. Can.

RELATIONSHIP OF NEXT OF KIN Sister

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
From Sergeant	1/2/17	A.C.I. 221 9/3/17
awarded Military Medal. Lon Gazette 3056). Bc 1620 4/9/18		2nd T. Amb. A.R.O. 25/7/18 10th C.F.A.

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. No. 529510 RANK ~~Cpl.~~ Sgt NAME Butler, Francis Steverman

IF IN PERMT. CORPS / WHAT UNIT UNIT 10th FLD. AMB. TRANSFERRED TO CANADA DATE 1/11/17 AUTHORITY A.R.

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Sewell. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION July 26th 1915 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 20 DATE EFFECTIVE August 1st 1917 A.B.

PAYABLE TO Miss Mary K. Butler, 264 Robie St. Halifax N.S. RELATIONSHIP Sister

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP OCT 22 1918

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

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 31			34	10			3	10						~~7 50~~	37	20										21	90			21	90	15	30			
Apr. 30	30	1/10	33	-	30	10	3	-							36	-					4	17/4/16			3	49				3	49	47	81			
May 31	31	~	34	10	31	~	3	10							37	20	16 4/5/16 29 14/5/16							3 41 3 41					6	82	78	19			
Jun 1/30	30	~	33	-	30	-	3	-							36	-								6 81							114	19			
July 31	31	-	34	10	31	-	3	10							37	20	60 16.6.16 76 28.6.16		90	13.7.16				3 41	3 49				13	71	137	68			
Aug 1/31	31	-	34	10	31	-	3	10							37	20			117	11/8/16					6 98				6	98	167	90			
Sept 1/30	30	-	33	-	30	-	3	-							36	-	130 28.8.16							3 49					3	49	200	41			
Oct 1/31	31		34	10	31		3	10							37	20	150 28.9.16 140 30.9.16		168	17.10.16				3 45 3 49	3 49				10	46	227	15	132	95	15
Nov 1/30	30	-	33	-	30	-	3	-							36	-	171 27/10							3 49					3	49	258	96 66 90	148	111	16
Dec 1/31	31		34	10	31		3	10							37	20	147 29/11/16 185 1/12							5 23 12 21					17	44	279	42	165	114	42
			30	60			30	60																										
1917 Jan 1	31	1/10	34	20											37	20	230 28.12.16 211 15.12.16 258 30/1/17							5 23 5 23					10	46	306	16	181	50	
Feb 1/28	28		33	60											33	60	245 16/1/17							5 23					10	46	329	30	201	75	
			438	00											438	00								69 35	17 45	21 90			108	70	329	30	201	75	127 55

#529510 Sgt Butler F S

Date	Pay: No. of Days	Rate	Pay Amount $ c.	Field Allowance	Working or Special Pay	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls (No. / Date)	Cash Payments 1	Cash Payments 2	Cash Payments 3	Cash Payments 4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
1917 Fwd			438					438		69 35	17 45	21 90				108 70	329 30		201 75	127 55	
Mar	31	135 / 15	46 50				8 40	54 90	282 27/2, 270 17/2; 214 28/3, 299 9/3; F.R. 101 27/2/17	6 10, 5 23	5 23, 6 98		100			123 54	260 66		214 50	46 16	8 40 ~~Sgts~~ diff Rank Pay Feb.
Apr	30		45					45									305 66				
May	31	"	46 50					46 50	16 29/4, 3 16/4	5 23, 8 72				-		13 95	338 21		255	83 21	
June	30	"	45					45	44 30/5 (~~10 4~~)	10 71				-		10 71	372 50		275 25 (~~270~~)	102 50	
July	31	"	46 50					46 50	74 29/6	5 35, 35 69				-		5 35	413 65		295 50 (~~280~~)	118 15, +28 65	
Aug	31	·	46 50					46 50	69, 57 13/6	5 35, 10 71				20		61 04	399 11				
Sep	30	·	45 —					45 —	167 19/8, 112 30/7, 91 13/7; 223 5/9	5 35, 5 35	5 35			20		46 76	397 35		295 50	101 85	
			759 00					761 40		173 14	35 01	21 90	100								

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
1917 Oct.	Cr. Bal. 30/9	~~397 35~~ C.C.							397 35	295 50	
Oct	Sgt. Pay	46 50						20	46 50 / 443 85		
				8th Gen Hosp. aR 552 20/6	53 53				88 69		
				aR 278 15/9/17 10th Fd Amb	9 81						
				" 335 29/9	5 35						
		46 50			68 69			20	355 16		
Nov								20			
				Dec				20	446 66		
	Sgt Pay Nov	45		on aR 401 13/10 10th F. Amb.	8 03				57 76		
1918	Dec	46 50		Hosp. Remit. 7147. 28/11/17.	9 73			40	388 90		
		91 50			17 76				435 40		
Jan	Sgt Pay	46 50						20	29 73		
				aR 7172 23/12 C.C.H. Epsom	9 73				405 67	296 50	
		46 50			9 73			20	50 76 / 456.43 / 88 13 / 368.30		
Feb.	12 dys. S/Tn. 18/1/18 30/1/18 D.O. 24/1/18.	8 76		aR 1066 1/2/18 Cam.C.D.	9 73						
	Sgt Pay	42 —		aR 882 10/1/18 Epsom	9 73						
				" 3579 18/1/18. "	48 67						
				A/P.							
		50 76		(a9)	68 13			20	368 30		
Mch:	"	40 30		aR. 1622 13/2/18 Cam.C.D.	9 73			20	40 30 / 408.60 / 43 52 / 335 08		
				" 1770 27/2/18 " a25	9.73						
				" 2015 19/3/18. " a28.	24.33						
				on aR. 6588 10/12/17. " a30	9.73						
				A/P.				20	335 08	304 50	
		40 30			53 52			20			

M. 21/4/18 3.0.0

Carried forward to Large Ledger sheet

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY	* [redacted] OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:-	Aug 1st 1917.	EFFECTIVE DATE:-	
AMOUNT:-	20.00/100	AMOUNT:-	

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Miss Mary K Butler
264 Robie St. Halifax 78
Sister.

Stopped off 1/9/18.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT

NAME:- BUTLER Francis Stevenman

NUMBER:- 529510

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
P.O. 21-10th F.A. 9/3/17.	1/2/17.	Sergt.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 10th Field Amb. OCT 22 1917

DATE ACCOUNT FIRST OPENED:-

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
N.R.	1/11/17		CAMC.D.
	1/9/18	20/9/18	"E"

DAILY RATES OF PAY AND ALLOWANCES

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

P.830-25M-21-2-18.

LAST PAY CERTIFICATE.

PARTICULARS.

1. L.P.C. Issued, date 3/9/18 2. Authority OTT CABLE 3558/17/8/18
3. Discharged to Canada 4. Pay Book Verified Not available
5. Balance shown on L.P.A. $ 233.70 6. Balc. shown on Ledger Sheet $ 233.70
7. Full particulars of entries making difference between 5 and 6 if any:-

No.	Date	Unit and Particulars of Entry	Amount Debit	Amount Credit

8. Ass'd Pay Cancelled A3M forms rendered Stopped off 1.9.18
or
9. Sep. Allce. and Assd. Pay continued to dependent in England and transf'd to Acc'ts Br. for payment

Certified Correct.

Officer i/c Group "G"

24/4/18 - Ott. Cable. 3558/17/8/18

RS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
					335 08	304 50	
					~~380 08~~		
				20 -	360 08		
if: (a4)	24 33				315 75 +		
ned a6.	14 60				301 15		
" a10	24 33				276 82		
					283 32		
	6 3 26			20	~~303 32~~ 349 82		
				20 -	329 82	304 50	
				20			
					374 82		
				20 -	354 82		
				20 -			
					401 32		
				20 -	381 32		
				20 -			
					427 82		
				20 -	407 82		
25/4/18 to 31/8/18		193 50			214 32		
12 days @ 1.50							
Overcredited in adj of pay April 6th & should be 6th			30		214 02		
Interest on Def Pay	19 68				233 70		
	6648		19 80				
Sept	Sailing Balance as per debit Note	233 70			Nil		
		233 70					

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY * [redacted] OR CANADA.

SEPARATION ALLOWANCE. * ENGLAND OR CANADA.

NAME:- Butler Francis Steverman

EFFECTIVE DATE:- Aug 1st 1917.

NUMBER:- 529510

AMOUNT:- 20.00/100

AMOUNT:-

PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Miss Mary K Butler
264 Robie St. Halifax NS
Sister.

Stopped off 1/9/18.

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
P.C. 21-10th F.A. 9/3/17.	1/2/17.	Sergt.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 10th Field Amb.

DATE ACCOUNT FIRST OPENED:-

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
N.R.	1/11/17		CAMC D.
	1/9/18	20/9/18	NE 4

DAILY RATES OF PAY AND ALLOWANCES

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

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
						D.S. 233 70	

PARTICULARS OF RENDERING NON-EFFECTIVE:- Transferred to Canada 24/4/18 - On Castle. 3558 / 17/8/18

1918 MONTH	PARTICULARS	CR 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar 31	Balance Forward								335 08	304 50	
Apl:	Sgts. Pay:	45 -							380 08		
				a. P.				20 -	360 08		
				Can. C.P. 2697: 22/4/18: (a4)	24 33				315 75		
				AR 163: 7/4/18: Cancd a6.	14 60				301 15		
				" 182. 9/4/18. " a10	24 33				276 82		
	a/Cr. Sgts Pay Mch:	6 50							283 32		
May:	Sgts Pay:	51 50 46 50			6 3 26			20	303 32 349 82		
		46 50		a/P.				20 -	329 82	304 50	
								20			
June	Sergt. Pay	45 -							374 82		
				C.A.P.				20 -	354 82		
		45 -						20 -			
July	Sergt Pay	46 50							401 32		
				C.A.P.				20 -	381 32		
		46 50						20 -			
Aug	Sergt. Pay	46 50							427 82		
				C.A.P.				20 -	407 82		
				Overcredited Sgt's Pay 25/4/18 to 31/8/18 129 days @ 1.50		193 50			214 32		
				Overcredited in adj of pay April 6.50 Should be 6.20		30			214 02		
	Interest on Def Pay	19 68							233 70		
		6618				19380					
Sept				Sailing Balance as per debit Note	233 70				Nil		
					233 70						

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
29/1/16	Vaccination O.K. A.W.Tanner Lt.Col.
Aug.15	Inoculation " "
Sept.13	" " "
Dec.18	" " "

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
Bramshott	14/3/16				

KT

5b29510

DUPLICATE

ARMY FORM B. 178.

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

MEDICAL HISTORY of

Surname BUTLER *Christian Name* Francis Steverman

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Halifax County Nova Scotia

Examined ... ... on 26th day of July 1915 at Sewell Camp

Declared Age ... ... 26 years ____ days.

Trade or occupation ... Clerk

Height ... ... 5 feet 8 inches.

Weight ... ... 150 lbs.

Chest Measurement: Girth when fully Expanded 38 inches. Range of Expansion 3 inches.

Physical Development ... Normal

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

When Vaccinated ... Infancy

Vision ... ... R.E.—V= L.E.—V=

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

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

Approved by (*Signature*) A.W.Tanner

(*Rank*) Capt A.M.C.

Medical Officer.

Enlisted ... ... at Camp Sewell on 26th day of July 1915

	Corps.	Regtl. No.
Joined on Enlistment ...	A. Sec. No. 1.F.A.D.	529510
Transferred to	Overseas. No. 10. Fld Amb.	

Became non-effective by ____

on ____ day of ____ 191 .

(*Signature*) ____

(*Rank*) ____

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

(5506.) W. 14371/M. 89. 750M. 1/16. C. P., Ltd. Forms B. 178 39 P.T.O.

H. Hamilton Betty
Lieut.-Col.
In Charge of Records,
Canadian Contingent.

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				
No 5 Cas Clg Stn	30	5	16	6	6	16	Spr Ankle	7	Rejoined Unit	A36-47

315/13/8/18

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.

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
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 14. Please read the questions carefully. All questions must be answered.
5. The nomenclature of diseases to be followed is that 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 and Sons.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S AND MEN

MEDICAL HISTORY OF AN INVALID

STATION Halifax, N. S. DATE 13-6-18

10th Fld Ambulance.

1. (a) Unit C.A.M.C. (b) Regimental No. 529510 (c) Rank Sgt.

(d) Surname Butler (e) Christian name Francis Steverman.

2. Age last birthday 28 Date of birth 26-6-1889

3. Enlisted at Camp ~~Sewell~~ Sewell Man/ on - 7 -15.

4. Personal description :—

(a) Height 5' 9" (b) Weight 140 (stripped) (c) Complexion Fair

(d) Colour of hair L/Brown (e) Colour of eyes Blue (f) Identification marks

Wound scar outer sideright leg. 3" above outer malleolus.

5. Address after discharge (for the use of the Board of Pension Commissioners)

364 Robie St., Halifax, N. S.

6. Former trade or occupation Hardward salesman.

7. (a) Service

	Periods		Years	Days
	From	To		
C.A.M.C.	- 7-15.	Date		

(b) Has he been overseas? Yes

8. Present disease or disability (use authorized nomenclature if possible)

Neurasthenia

(a) Date of origin Jan. 1918. (b) Place of origin England

(c) Cause* Hard work under shell fire.

*(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

9. Present condition. (Important. to be a full description of the present disabling condition or conditions).

Complains of being nervous when undergoing any exertion gets all in a tremor and strength fails him for a time. Sleeps poorly and wakes in the morning not feeling rested. Appetite is poor. Bowels move once a day. Had trench fever in July 1916. Was wounded in Nov. 1917. Exam. Heart & Lungs negative. Color is good fairly well nourished. Nervous system. Patellae reflex exaggerated. Trembles when undergoing any exertion or excitement. Tremor of hands. Strong light affects his sight so that sight becomes blurred. Pulse 115 sitting.

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

M. F. B. 227.
75M.-12-17.
1772-39-117.

MILITARY DISTRICT No. 6 HALIFAX, N. S. AUG 27 1918 M. D. No. 6

31

10. History :
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.

Trench fever July 1916 in France. Ill 4 weeks.
wounded Nov. 1917. In France. Hospital 4 months.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

12. Did the disability arise on or off duty? On duty

13. Was a Court of Inquiry held? No

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

If the answer is in the affirmative, state in percentages, *to what extent the soldier is incapacitated by that aggravation.*

Not applicable.

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No
(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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Indefinite.

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

Nil

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

No

19. Can the former trade or occupation be resumed? No not fully

20. Recommendations I recommend that # 529510. Sgt. Francis Steverman Butler C.A.M.C. be placed in Category CI.

C. Elliot Capt. [signature]
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.)

I, the undersigned Sgt. F.S. Butler. have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

F.S. Butler.
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

Pulse sitting 108. After body bending 16 times in half a minute the rate increases to 138 and regains former rate in one to two minutes. A soft systolic murmur is heard in recumberent position and also after exercise.

22. 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) Yes
(d) Temporarily unfit,	(" D)	(Yes or No) No
(e) Unfit for service in Categories A, B and C,	(" E)	(Yes or No) No

23. 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).

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

Placed in Category CII

A.A. Schaffner Lt Col Ame *President*
R F O'Brien Capt
Members.

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STATION Halifax, N. S.
DATE 13-6-18.

APPROVED BY
DATE 2-7-18
APPROVED
E. Illwork Major
For G.C.M.C.
Assistant Director of Medical Services.

APPROVED BY
DATE
Director-General of Medical Services.