L.P. 16.9.19

REGIMENTAL DOCUMENTS

NAME BUTT ERNEST WILLIAM Pte REGT. NO. 2383645 UNIT 1st D.B. M.R. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)				55185	
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
2	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
3 2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob
1	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION 1
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					28-11
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					16-11
1	CD, 3					
1	CDC 500 gr					3-12
1	MFW 67					
1	ADD					1
	AFD 123					
	AFB 181					
1	R 122					

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

LO M. D. 1st Depot Battalion Manitoba. Regiment

Regtl. No. 2383645

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname: Butt.
2. Christian name: Ernest William.
3. Present address: Post Office Kenora. Ontario, Canada
4. Military Service Act letter and number: 693339.T.C.
5. Date of birth: April 20th 1896.
6. Place of birth: Kenora. Ontario, Canada.
   (town, township or county and country)
7. Married, widower or single: Single.
8. Religion: Church of England.
9. Trade or calling: Locomotive Fireman.
10. Name of next-of-kin: William. Butt.
11. Relationship of next-of-kin: Father.
12. Address of next-of-kin: Post Office, Kenora. Ontario. Canada. H.R.A.
13. Whether at present a member of the Active Militia: No
14. Particulars of previous military or naval service, if any: No
15. Medical Examination under Military Service Act:—
    (a) Place: Port Atyhur, Ont (b) Date: March 30, 1918 (c) Category: A.2.

DECLARATION OF RECRUIT

Butt Ernest William.

I, ..., do solemnly declare that the above particulars refer to me, and are true.

Ernest William Butt (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age: 21 yrs 11 mths.

Height: 5 ft 7 ins.

Chest measurement: fully expanded 37½ ins.; range of expansion 3½ ins.

Complexion: Medium

Eyes: Blue

Hair: Brown

Distinctive marks, and marks indicating congential peculiarities or previous disease.

None

A. D. C. Sutherland Major

O. C. "H" Coy. 1st. Depot, Battalion,
O. C. Manitoba Regiment Depot Btln.

Regt.

Place: Port Arthur. Ontario. Canada. Date: February 4th 1918

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 2383645 (Rank) Pte

Name (in full) Butt, Ernest William enlisted in

the 1st Depot Bn M. R.

CANADIAN EXPEDITIONARY FORCE at Port Arthur on the 4th

day of February 1918

HE served in 18th Res Bn in England

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

~~Medical Unfitness~~.

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

Age 23

Height 5' 6"

Complexion Medium

Eyes Blue

Hair Brown

E W Butt

Signature of Soldier.

Marks or Scars

/

Date of Discharge

NO. 10 DISTRICT
SUB DEPOT
AUG 26 1919
PORT ARTHUR, ONT.

Issuing Officer.

M C Skinner Capt

Rank

Officer Commanding No. 10 District. Sub. Depot

Date ..... 19.....

N B.- AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL, OTTAWA, CANADA.

M.F.B. 39A.

"M" WING, C.G.C.

"L" Group.

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

L

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

No. 2383645 Rank Private Surname BUTT

(Given name in full) Barnet William

Unit or Corps C.M.G.D. Birthplace Kenora Ontario

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

1. GENERAL DESCRIPTION: Est

Physique Good Weight 138 lbs. Height 5 ft. 6 in. Colour of Eyes blue

Nutrition Good

Pulse 70 regular

Condition of arteries soft

Vision Rt. 6/12 + Left 6/12 +

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

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

Nil.

Opinion as to general health and physical condition Good

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

Nervous System No Genito Urinary System No Cardio-Vascular System No

Special Senses No Integumentary System No Respiratory System Yes

Disturbance of Mentality No Muscular System No Digestive System Yes

Osseous and Joint System No Any other general condition Yes

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

Influenza. June 30 1918 - July 10 1918. - Recovery.
Typhoid Fever sick one month. 1910. - Recovery.

No G.S.W.

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

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Wilsey Camp (Overseas)

Date 21/7/19 Signed Donald Marshall Capt M.O.

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

Signature E. W. Butt.

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

THIS SECTION FOR USE IN CANADA—

Examined at Port Arthur (Canada)

Date Aug 26th 1919 Signed B E Henderson Capt M.O.

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

Signature E. W. Butt

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

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

Can't D.A.S. 14-1-48 8/13/19.

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins "H" Co'y 1st Depot Battalion.M.R.

(2) Regimental Number 2383645.

(3) Full Name of Soldier Butt. Ernest William.

(4) Place of Birth Kenora. Ontario, Canada.

(5) Are you married, or not ? Single.

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

(b) Present Postal Address

(7) Are you a widower ?

(8) Have you any children ?

If so, give number of boys and girls

Also their names and ages

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ?.....William. Butt.....

If so, state name and address ..Post Office. Kenora. Ontario, Canada.....

(10) Is your Mother alive ?....Kate. Butt.....

If so, state name and address..Post Office Kenora. Ontario, Canada.....

.....

(11) If your Mother is a widow.....

Are you her sole support, or not ?.....

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

.....

.....

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

.....

.....

.....

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

.....

(15) Are you insured ?.....Yes.....

If so, in what Company ?Brotherhood of Railroad Fireman.....

Have you made arrangements for payment of your Insurance premium.....Yes.....

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

H R Arthur .....Major

O. C. "H" Coy. 1st. Depot. Battalion,
Manitoba Regiment.

.....

Officer Commanding.

Date.....February 4th 1918.....

Forms
I. 1237.
11

Admitted 29.5.18

Army Form I. 1237.

RAVENSCROFT MILITARY HOSPITAL, SEAFORD.

MEDICAL CASE SHEET.*

14 CAN HD

EASTBOURNE

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	238645	Pte.	Butt,	E. W.

Year	Unit.	Age.	Service.
29.5.18	1st Can Inf.	22	4/12

Station and Date.	Disease
29.5.18	Influenza.

Complaint -

General aches & pains

" Malaise

Headache.

Duration - Two days.

Past Illnesses

Health generally good.

Examination -

Coughing slightly - began

@ chills & general pains & aches.

Temp. elevated - Appears fairly ill.

Chest expansion good - equal on

both sides.

No dullness obtained. Showers of

râles heard over Right Base Posteriorly.

Otherwise R.S. normal.

Abdo. systems apparently

normal.

DISCHARGED
10 JUN. 1918
To
Category A

O J Steele Capt.

10 JUN 1918 Discharged to Duty Category "A".

O J Steele Capt. RAMC

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

(23205) Wt.W 4234—M 627. 1,000,000, 8/16. C.F.&S. Forms/I. 1237/11, P.T.O.

Station and Date.

MILITARY HOSPITAL SE FORD

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

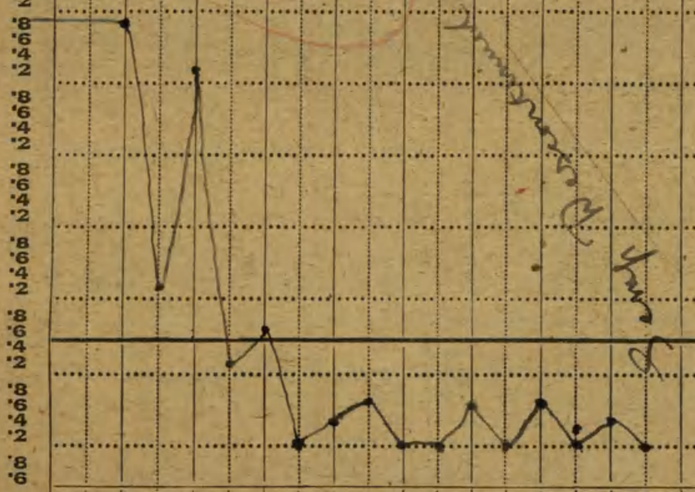
Corps 18 Can Res.

Military Hospital

No. 2383645 Rank and Name Mr. Butt, E. W. Age 23 Service 4/2

Disease Influenza Date of admission 29.5.18 Date of discharge 10 JUN 1918 Result

Dates of Observation	May 29	30	31	1	2	3	4	5	6
Days of Disease									
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.
107°	5	8	8	8	5	8	5	8	5
106°									
105°									
104°									
103°									
102°									
101°									
100°									
99°									
98°									
97°									
Pulse per Minute	100	96	98	88					
Respirations per Minute	22	20	21	20					
Motions per 24 hours									



(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature D. J. Shiele Capt. In charge of case.

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps_____ Military Hospital_____

No._____ Rank and Name_____ Age_____ Service_____

Disease_____ Date of admission_____ Date of discharge_____ Result_____

Dates of Observation

Days of Disease

Temperature Fahrenheit — Time 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

(6378) Wt. W4612/P565 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature_____ In charge of case.

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 Butt Christian name Ernest William

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 693339 T.C.

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

4. Address (including street and number, if any) Kenora Post Office Ontario Canada

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 30th. day of March 1918 by the undersigned medical board sitting at Port Arthur.

5. Age as stated 21 Years 11 Months. 6. Apparent age 21 Years Months

7. Height 5 Feet 7 Inches. 8. Weight 135. Pounds.

9. Chest measurement Minimum 34 Ins. Maximum 37½ Ins. 10. Complexion medium Eyes blue Hair brown

11. Physical development good (Good / Fair / Poor) 12. Smallpox marks none.

13. Number of vaccination marks Right arm none Left arm none 14. When vaccinated last March 3rd. 1918

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 A II

17. (a) Vision R. ~~20~~ 20 L. ~~20~~ 20 (b) Hearing. R. ~~20~~ 20 L. ~~20~~ 20

J Neuzan Major President.

G R Brown Major Member. J Grant Lieut. Member.

Signature of Man Ernest William Butt

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
2-3-18		G R Brown M.O.	9-2-18		G R Brown M.O.
		M.O.	16-2-18		G R Brown M.O.
		M.O.	2-3-18		G R Brown M.O.

Joined 4th day of February 1918 at Port Arthur, Ont.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	Ist. Depot Batt. M.R.	2383645		4-2-18
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

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.

Surname............................. Christian Name.............................

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

ORIGINAL

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 Butt Christian name Ernest William

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 693339 T.C.

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

4. Address (including street and number, if any) Kenora Post Office Ontario Canada

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 30th. day of March 1917, by the undersigned medical board sitting at Port Arthur.

5. Age as stated 21 Years 11 Months.

6. Apparent age 21 Years Months

7. Height 5 Feet 7 Inches.

8. Weight 135. Pounds.

9. Chest measurement — Minimum 34 Ins. Maximum 37½ Ins.

10. Complexion medium — Eyes blue — Hair brown

11. Physical development. good (Good / Fair / Poor)

12. Smallpox marks none.

13. Number of vaccination marks — Right arm none — Left arm none

14. When vaccinated last March 3rd. 1918

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

16. Slight defects but not sufficient to cause rejection

The man denies having had (Rheumatism / Tuberculosis / Syphilis) none 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 A II

17.
(a) Vision R. ~~20~~ 20 L. ~~20~~ 20
(b) Hearing. R. ~~20~~ 20 L. ~~20~~ 20

J. A. Murphy President.

G. R. Boomer Major Member. J. Pratt Lieut. Member.

Signature of Man Ernest William Butt

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
2-3-18		G. R. Boomer M.O.	9-2-18		G. R. Boomer M.O.
		M.O.	16-2-18		G. R. Boomer M.O.
		M.O.	2-3-18		G. R. Boomer M.O.

Joined 4th day of February 191 8 at Port Arthur, Ont.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment				
Transferred to.....	1st. Depot Batt. M.R.	2383645		4-2-18 APR 8 1918

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

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.

Surname ..... Christian Name .....

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.
[illegible] CANADIAN GENERAL HOSPITAL HEADS, EASTBOURNE, SUSSEX		29	5	18	10	6	18	Influenza	13	General Malaise pains all over body. Rales pressure at base of right lung posteriorly Now recovered Discharged C.A.A.	[illegible] MAJOR, C.A.M.C. REGISTRAR.

FORM OF WILL.

I, Ernest William Butt. (Name in full)

Regimental Number 2383645. serving in "H" Co'y 1st Depot Battalion.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

To my Mother. Mrs Kate Butt.
Post Office Kenora, Ontario, Canada

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

To my Mother, Mrs Kate. Butt.
Post Office, Kenora. Ontario, Canada.

Name and Address of person or persons to receive personal estate* *(See note).*

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF.

this 4 day of February A. D. 1918

Ernest William Butt Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness Charles Christopher Jay

Address of Witness "H" Co'y 1st Depot Battalion M.R.

Occupation of Witness Soldier

Signature of Second Witness William Cloos.

Address of Witness "H" Co'y 1st Depot Battalion M.R.

Occupation of Witness Soldier

F. W. 82
100M-5-16.
1772-39-983.

C.A.D.C. 509A

"M" Wing "L" Group

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

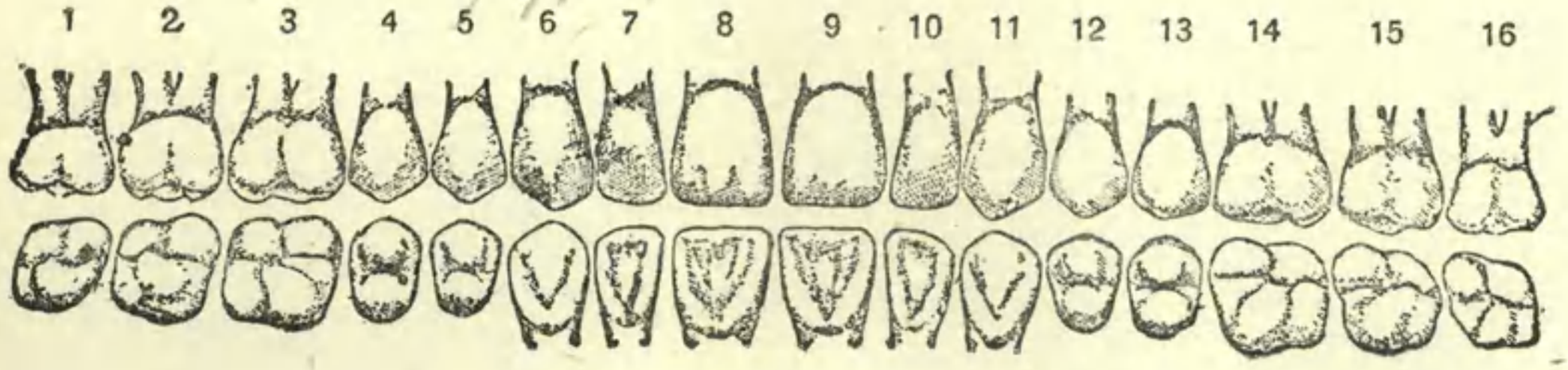
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) BUTT, Earnest William

REGIMENT C. M. G. R. RANK Private No. 2383645

Date of Examination in England 21/11/19. Date of Examination in France



DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 9.
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT ?

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

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

Signature of Dental Officer C C Graham Capt

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. 1st. Depot Battalion M.R.

Regimental No. 2383645 Rank Pte. Name Butt Ernest William

C. E. F.

Enlisted (*a*) 4-2-18 Terms of Service (*a*) perior of war Service reckons from (*a*) Feb.4,1918

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				
		Transferred to #4 Draft. 1st Depot Battn M.R.		1-4-18	
1/5/18	o/c 18th Res Batt	Taken on strength on arrival from CANADA	Seaford	18/4/18	Part 2 D.O. 121
JUN 24 1918	18th Res: Bn	on Command to 6th Res Battn	SEAFORD JUN 24 1918		Part II D.O. 176
27.6.18	O.C. 6th Res.	Attached 6th. Res. Bn from 18th. Can. Res.	Seaford.	24/6/18	Pt II. BO. 151
10.10.18	O.C. 6th. Res	Ceases to be attached from 18th Can Res Bn	Seaford	11/10/18	Pt II Bo 240
14-10-18	18th.Res. Btn.	Ceases "on command" to 6th Res. Btn.	Seaford	11-10-18	Pt.II.Ord.287

E. J. Thomas. CAPTAIN
Adjutant
18th Can Reserve Battalion

J. H. Currie Lt.
OFFICER i/c RECORDS 6th CAN. RES. Bn

(*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				
6.6.18	18th Res	SOS & posted to MRD as o/c to C. M G D.	Seaford	7.6.18	DO #157
					O. L. Pearne Lieut. CAPTAIN Adjutant
10.6.19	Com CMGD	att from 18th Res.	Seaford	7.6.19	Pt II DO 134
27-6-19	Com CMGD	Taken on Strength,	Seaford.	7-6-19	Depot Order Pt. II No. 144
12-7-19	C.M.G.D.	S.O.S. to CMGCD Witley	SEAFORD	10-7-19	D.O. PT.II. No. 161
					[signature] Lieut. ASST. ADJT. C.M.G.D.
16.8.19		S.O.S. ON PROCEEDING TO CANADA. Pt II No. 129.			[signature] LIEUT. FOR OFFICER COMMANDING, "M" WING, C.C.O.
		16.8.19 T.O.S. Dispersal Station			D.O. 241 Para 2
		and Dispersed 26.8.19			D.O. 241 Para 3.
		[signature] Lieut. for O. C. 10 District Depot			

Embark S.S. BELGIC Liverpool 13.8.19
[signature] Lieut.

D.M S. 1300 50M-21-'1 17.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
Butt.	W.	2383645

RANK	UNIT	CO.	TROOP	BATTY.
Pte.	Man.	(18 R.)		

HOSPITAL	DATE OF ADMISSION
14. C. Gen. Eastbourne	30. 5. 18

1. HOSP.

2. HOSP.

3. HOSP.

4. HOSP.

DIAGNOSIS

1. Influenza Riv.

2.

3.

DISPOSITION

CL. 4.6.18 C230

14.6.18 C 239-1

Drs. 10.6.18. DATE

REMARKS

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT

	HOSPITAL	ADM.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Form DMS 1401.

A. & D. CARD

.....HOSPITAL.

No. 14 CANADIAN GENERAL HOSPITAL WESTBURN, EASTBOURNE

CASUALTY U.K.

AT.....

A. & D. No. 2309 Pl. of Action.....

Rank Pte Reg. No. 2 383 645 Unit 18th Can. Res. Sick or Wounded

Name Butter E.W Age 22 Religion C of E

Place in Hospital R

Diagnosis Influenza

Admitted 29 MAY 1918 From A

Discharged 10 JUN 1918 To 18th Res.

Transferred .....

Service at Home 4/12 In Field.....

Results .....

.....

.....

(See Document Card for M.H. Sheet and other Documents.)

P.T.O.

REMARKS.

SURNAME. Butt.

CHRISTIAN NAMES Ernest William

REGL. No. 2383645 RANK Pte

UNIT Man. Regt. 1st Dpo. Bn.

FORMER CORPS Nil

CARD No. 10 4

SOS-Dis. 26-8-19 FOLL. Demob DO. 241 of 29-8-19 HODD.

T. O. S. 4-2-1918

37-6-2-18

D.O. Part II No

NEXT OF KIN.

NAMES IN FULL Butt. William

RELATIONSHIP TO SOLDIER Father.

ADDRESS Kenora, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Kenora, Ont DATE Apl 20th 1896

PLACE OF ATTESTATION Port Arthur, Ont. DATE Feb 4th 1918

R/C 23/8/19 398/102 Pte.

L. L. 26989 M & D. 8191. M. F. W. 22. 100M.—8-17. H. Q. 1772-39-339.

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

Form R. 149.

Name BUTT, Ernest. William Rank Pte. Reg. No. 2383645

Unit 18th Res Bn. - William Butt,

Next of Kin P.O. Kenora. Ontario, Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918.						
30-5	Adm 14 C.G.H.	Eastbourne	Influenza	C230		189422
10-6	Dis.		do.	C239 WK 15/6/18		56446

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

Fwd Mwd

Number 2383645 Rank Ote

Surname BUTT

Christian Name Ernest William

Units MR Theatre of War England

Date of Service 19-4-18

Remarks

Latest Address Kenora Ont

Roll No. A Page H230

200m.-6-21.M.

DEP. JUN 6 1928
REGN. No. 38019

Form R 122.
10287—65M—28-7-17.

LTR

Rank — Name BUTT Ernest William — Reg'l No. 2383645

4th Dft IstBn MANITOBA

Unit — If in perm. Corps, What Unit? — Married or Single Single.

Place and Date of Enlistment Port Arthur, Feb, 4th, 1918. — Place of Birth Kenora Ont. Can.

Name and Address, Next-of-Kin William Butt

P.O. Kenora Ontario Canada — Relationship Father.

Assigned Pay Monthly $ — Payable to

Relationship

Separation Allowance $ — Payable to

Relationship

Discharge, Date and Place — Reason — Character

H/E. R.B. No. 2779
File R.L.
Category ORC

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
		Arrived in England		19-4-18	S/S TUNISIAN
MANITOBA REGT.					
I. 5, 18		18 Res T.O.S FROM Canada		19.4.18.	Pt II O'12I
22-6-18	— —	on Conv to Sig Base, 6th Res Bn	Plo Seaford	24-6-18	Pt II O.173.
14-10-18	— —	leaves on Conv — —	Plo — —	11-10-18	Pt II O. 287.
6-6-19	— —	SOS to MRD	" "	7-6-19	DO 157 MRD DO 162 11/6/19
		182-2-103 S2. 16.8.19			
8 10 19		RECORDS SOS TO CANADA LDN. 16.8.19.			A0.4

2383645 BUTT, E.W.

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.					

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate .....Militia Form W. 23

or Particulars of Recruit.....Militia Form W. 133

Field Conduct Sheet .....Militia Form W. 178 or A.F.B. 122

Casualty Form .....Militia Form W. 54 or A.F.B. 103

Last Pay Certificate .....Militia Form W. 44

Certificate that missing documents are unobtainable .....

Medical History Sheet.....Militia Form B. 313 or A.F.B. 178

Proceedings of Medical Board.....M.F.B. 227, A.F.B. 179 or A.F.A. 45

Dental History Sheet.....Militia Form B. 465

Medical Report .....M. F. W. 129 or D. M. S. 1375

Regimental Conduct Sheet .....Militia Form B. 263

Company Conduct Sheet .....Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 213 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 23)
   (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D.2).
11. Equipment } Statement Q.M.G. Form (D.O.S. 2).
    and Clothing }
12. Last Pay Certificate (P.851). + 29 sup
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group ..... B.

Checked by No. 21

..... AAM

Date 14. 8. 19

O.G. 21
D.A.L.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 2383645
2. Rank. Pte
3. Name. Butt Ernest William
4. Unit. 6 M.G.
5. Date of Discharge AUG 26 1919 | Place Port Arthur
6. Reason for Discharge ..... Demobilization .....
7. Authority.
8. Proposed Residence after Discharge ..... Kenora. Ontario .....

9 CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W.? .....

E. W. Butt

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place .....

Date ..... AUG 26 1919 PORT ARTHUR, ONT.

Signature ..... J. C. Skinner Capt

Officer Commanding No. 10 District Base Depot

(O. C. Discharging Unit.)

M.F.B. 218a (1184) Wt. /P53 5/19 25M (2) D.St.

B.2698

BELGIC

AUDITOR 10 | PAYMASTER 26

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

M. OR S.

REGT. No. 2383645 RANK PTE NAME (IN FULL) BUTT E W

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS | EFFECTIVE DATE | AUTHORITY

26

ORIGINAL UNIT C.E.F. 1 DBMR | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION | TRANSFERRED TO Disp Stn L | DATE AUG 16 1919 | AUTHORITY D, O. 241

DATE OF ATTESTATION 4-2-18 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ Nil | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | W.S.G. W.S.G. W.S.G. ANY CHANGE IN ASSIGNEE OR ADDRESS

Imperial Bank. Kenora. Ont

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE M. D. 10 | DATE AUG 26 1919 | REASON D | AUTHORITY D, O. 241 | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $ C.	OTHER CREDITS $ C.	$ C.	TOTAL CREDITS $ C.	ACQUITTANCE ROLLS COL. NO. 1 NO. DATE	COL. NO. 2 NO. DATE	COL. NO. 3 NO. DATE	CASH PAYMENTS COL. NO. 1 $ C.	COL. NO. 2 $ C.	COL. NO. 3 $ C.	ASSIGNED PAY $ C.	REGIMENTAL CHARGES $ C.	OTHER CHARGES $ C.	$ C.	TOTAL DEBITS $ C.	BALANCE DEBIT $ C.	CREDIT $ C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT					252 67	252 67													252 67	~~D~~ BAL. ENG. L. P. C. 252.67
1/8 5/9	36	110	39 60	35 00						73 00	4 87	294 94								Clothing Allce. 1st payment W.S.G.
				70 00		144 60				9 73	5 00						397 27			~~Advances - Boat - Train~~
										9 73										~~A. P.~~ chgd. on Eng. L. P. C. to.
				W. S. G.									W. S. G.					SOLDIER DEPENDENT		
122 dep				280 00		280 00							70 00					210 00	Nil	~~1st~~ Payment W. S. G. as above
															11 00			199 00	Nil	~~D~~ 11.00 o/p P.T.A.
							Oct 1.					1248324	70 -					129 -	E	70 - 2nd Payment W.S.G.
							Oct 26					1689809	70 -					59 -	E	70 - 3rd " "
							27/11					1703930	59 -						E	4th & final
						280 -							269 -		11 -		280 -	E		

AUDITED NOV 22 1919 1919 Audit Clerk M.D. 10

200M-3-19.—L. L. 58788-... & D. 9985.
M. F. W. 2.96.
1772-39-1390.

NUMBER 2383645 RANK Pte NAME BUTT E W

MONTH 1919	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
Jany	Balce fwd								148 39	135	
Feb	PP.	30 80		AR 3185 9/1/19 18Res	14 60						
March	PP	34 10		" 3480 29/1/19 "	7 30						
				3801 21/2/19 "	7 16						
				4252 14/3/19 "	7 30						
				4509 22/3/19 "	9 73				154 20	165	
		64 90			56 09						
April	PP	33		AR 5962 21/4/19 18Res	14 60						
May	PP	34 10		" 866 12/5/19 " "	7 30				202 40	195	
		67 10			21 90						
June	PPay	33		AR 1272 28/5/19 18Res	9 73						
July	PPay	34 10		" 2169 24/6/19 " "	14 60				152 13		
"	Int on def pay	7 50							255 67	225	
		74 60			24 33				252 67		
Augt				Supple AR 4320 11/7/19 Ch 20.	73						
				" 5154 24/7/19 Cancel	9 73				169 94		
					82 73						
				9650 7/8 Enlt m.	9 73				160 21		
					9 73						

AQ Canada 16/8/19 A. L. 102

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	nil * ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	nil * ENGLAND OR CANADA.
EFFECTIVE DATE:-		EFFECTIVE DATE.-	
AMOUNT:-		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.

NAME: BUTT, Ernest William

NUMBER:- 2383645

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 4th Draft 1st D B nR.

DATE ACCOUNT FIRST OPENED:- 4/ 4-3-18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			18th Res Bn

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

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
6-6	2167	C.M.G.O.	14 60			Lee Baker	252 67
						LPG Baker	26 2 27

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
Pte	1 00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- Demobilised Canada 31/7/19 to 11368 Res Bn 3/7/19 Res Bn 18th Dn.

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
2-4-18	Bal from Canada								13 30		
May	4/4/18 to 31/5/18 P.P.	63 80		AR 208 - 6/5/18 - 18 Res	24 33						
				482 27/5/18 "	14 60				38 17	28	
		63 80			38 93						
JUN		33		680 13-6-18 "	14 60						
				1779 29-6-18 6 Res	7 30				49 27	33	
		33			21 90						
JUL		34 10		AR 2264 16/7/18 "	9 73						
				AR 2679 27/7/18 "	9 73				63 91	48	
		34 10			19 46						
AUG		34 10		AR 3172 12/8 "	7 30						
				AR 3624 28/8 "	9 73				80 98	60	
		34 10			17 03						
Sept		35 -		" 4101 - 14/9 "	7 30						
				On AR 1125 15/9 9 C 9 Bs	3 57			103 11	103 11	75	
		33			10 87						
Oct		34 10		AR 5005 10/10/18 6 Res	7 30						
				On 12376 AR 4535 28/9/18 6 Res	9 73						
				AR 2076 29/10/18 18 Res	9 73				110 45	90	
		34 10			26 76						
Nov	PP	33		AR 3365 11/11/18 18 Res	9 73						
Dec	PP	34 10		" 3444 25/11/18 " "	29 20						
Jany 19	PP	34 10		" 3692 10/12/18 " "	24 33						
				" 3645 19/12/18 53 Bn					114 83	135	
		101 20			63 26						

COMPILED BY [signature]

CHECKED BY [signature]

P.J.O.