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

Attestation Papers.....2.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet .....1.....

Compulsory Stoppages.....

Casualty Forms.....1.....

Proceedings on discharge.....

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

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.....21.....

1 Pay Card
1 Pay Card
1 Pay Card

M. F. W. 62.
50M.—9-16.
H. Q. 1772—39—935.

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No. 649A7001

Name Durno, Ervin

Regt. No. 163186 Rank Private

Corps 19th Overseas Battery

Deserter

Docs Desp. to MD2 on M.F.W. 2505 Ref 2—4041 d/20/12/18 MR

42142

24.18
34.18
29-18
1

H.E.

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Durno *Christian Name* Ervin

Examined { on 18 day of December 1915
at Milton

Approved by R. K. Anderson
Rank Major M.O.

Birthplace { City or Town Bracebridge
County Muskoka

Apparent age 21

Trade or occupation Laborer

Height 5 Feet 9¾ Inches.

Weight 170 Lbs.

Chest measurement { Minimum 36 inches.
Maximum expansion 38½ inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right. Left. –
Number None

When Vaccinated last Never---Smallpox 4 years ago

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

None

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

Circular scar on left knee; ~~slight~~

Sight somewhat defective

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

Date.	Result.	Vaccinations.
1/9/16	OK	R. W. Digby Capt. M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
20/3/16	OK	R. W. Digby M.O.
30/3/16		R. W. Digby M.O.
		M.O.

Enlisted on 18 *day of* December 1915 *at* Milton

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	164th Battalion	663086		
Transferred to	69th Bty.			May-7-17
	~~Struck off as deserter~~			~~May 31-17~~

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.

200M—11-15.
H. Q. 1772 29-439.

Surname Suarez Christian Name Ernest

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.
Camilla		28	2	17	8	3	17	Gonorrhoea	12	Cured	S.R. McGregor, Lieut.
Camilla		29	3	17	29	3	17	Gonorrhoea	1	Transferred to Base Hospital	
Base Hospital Toronto		29	3	1917	4	5	1917	"	37	cured	J.F.C. Kerton, Lieut.

No. 663086 RANK Pte. NAME Durno. E.

T. O. S. UNIT 69th. Depot Battery. C.F.A.

Trnsfd. from Casualties 7-5-17.
D.O. 127 of 17-5-17.

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917			
May 8	May 31	n.		
June (no	dates given.)	n.	A.W.L. 21 days.	
			S.O.S. Deserted by C.of E. 31-5-17	D.O. 171 of 20-6-17.
1918	1918			
Jan 13	Jan 31	n.	T.O.S. from Prov. Marshall.	D.O. 27 of 27-1-18.
Feb. 1	Feb. 25	✓	Trnsfd. to #2 S.S. Coy. 25-2-18	D.O. 56 of 25-2-18.
			S.O.S. Dester. by court of. Enquiry 31-5-17.	Feb. Paylist.
			a/c closed by payment S.	

REG. NO. 663086 NAME (SURNAME FIRST) Downo E

RANK Pte CORPS 164 Batt

AGE 22 SERVICE

NAME OF HOSPITAL Stationary PLACE Hamilton

DATE OF ADMISSION 28. 2 - 17

DISEASE G. B.

DISCHARGE 8. 3 - 17

OPERATION

DISCHARGED TO DUTY Yes

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

100M—9-17—H.Q. 1211-8-30.

REMARKS .....

M. F. W. 71—500M.—5 13.
1772—39—951.

NAME DURNO. Ervin

REGIMENTAL NO. 663086. RANK Private

ENLISTED AT Milton. Ont. PROMOTIONS, &c. AND DATE

DATE December 18th. 1915.

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE Married

NEXT OF KIN Mrs. E. Durno RELATIONSHIP Wife

ADDRESS OF 69 Oak St. Toronto.

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE N[illegible]E, &c.
	No.	Date	
Trans. to Base Hosp from #26 G.S.R. as from 16-8-18.	Auth	Disl Order 204 (1) dy. 28-8-18)	
S.O.S. Base Hosp. 16-12-18. R.O. 1328.	#351.	17-12-18.	"Demobilization"

(649-D-7001)

CARD NO.

SURNAME. Durno.

CHRISTIAN NAMES Ervin.

REGL. No. 663086 RANK Pte.

UNIT ~~164th~~ 69th Bty.

FORMER CORPS Nil.

FOLL. S.O.S. Dis. 11-5-17. 3
Apprehended
S.O.S di Demob Bn.
16-12-18 does.

NEXT OF KIN.

NAMES IN FULL Durno, James

RELATIONSHIP TO SOLDIER Father.

ADDRESS Milton, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Bracebridge, Ont. DATE Sept. 16th 1884.

PLACE OF ATTESTATION Milton, Ont. DATE Jan 26th 1916.

Trans from 164th to 69th Bty. Aut B.H.Q. 649-D-7001. Letter M.D. #2 - 5-5-17. 9.71

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Labourer. RELIGION Methodist.

DESCRIPTION.

APPARENT AGE 22 YEARS 9 MONTHS

HEIGHT 8 FEET 9 3/4 INCHES

CHEST MEASUREMENT 38 1/2 INCHES EXPANSION 2 1/2 INCHES

COMPLEXION Fair (Ruddy) EYES Blue Grey. HAIR Lt. Brown.

DISTINGUISHING MARKS Circular scar on L. knee.

MEDICAL EXAMINATION. PLACE Milton, Ont. DATE Dec. 18th, 1916.

Present Address, Milton, Ont.

No. 663086 RANK Pte. NAME Durno Erwin

T. O. S. 18-12-15 DO 97 of UNIT 164th Battalion C.E.F.
25-1-16.

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Jan 1	Jan 31	✓	cr. $14.60 shown p. prev. month	Jan. paylist.
Feb		✓		
Mar		✓		
Apr		✓		
May		✓		
June		✓	Det. A.W.L.	DO 104-27-6-16.
July		✓		
Aug		✓		
Sept		✓		
Oct		✓		
Nov		✓		
Dec		✓		
1917				
Jan		✓		

1917.			
Feb	c		
Mar	c	aw L.48 hrs detn for insubordination	DO 41 - 26 - 3 - 17
		aw L. 28 hrs " " "	DO 44 - 29 - 3 - 17
Apr	n	Transf to Cas	DO 47 -

No. 663086. RANK Pte NAME Durno, E.

T. O. S. Trans. from 69435 25.2.18. (Do. 54 of 23.2.18.) UNIT No 2. Special Service Co.

M. D. 2.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918	1918.			
Feb. no a/c,		n.		
Feb. 26	Mar. 31	✓.		
April		✓		
May		✓.		
June.		✓.		

CANADIAN CONTINGENT EXPEDITIONARY FORCE

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. 663068 Rank Pte Name Durno. E.

Corps C.A.M.C. Base Hospital who was* S.O.S.

On December 16th 1918, to Civilian Life.

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from December 1st 1918, to December 16th 1918, the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month	9	50
Advances by Cheques No.			Regt'l Pay 16 days at $ 1 c.	16	00
No. A.R. 177	5	00	Field Allow. 16 days at $ c. 10	1	60
1800	31	00	S.A. and Adjustment	31	00
Assigned Pay and Sep'n Allce. No. 33006	30	00	Separation Allowances* (Monthly)		
Other charges			Other Allowances* Civ. Cloth.	35	00
	22	10	30 dys P.D.Pay	33	00
Payment on transfer or discharge No. 33005	68	00	Other Credits 30 dys P.D.S.A.	30	00
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	$156	10	Total	$156	10

*Give particulars.

A monthly stoppage of $ (†) has (‡) been paid on account of Assigned Pay for the month of 191 and Sep'n Allce. for month of December 1918 (to) Assignee Mrs L. Durno.

(Address) 69 Oak Street. Toronto. Ont.,

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

On Transfer of an Officer

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

REMARKS:—

State (1) date of enlistment 18-12-15

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

(3) cause of discharge Demobilization authority D.O. 351

(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.

Date 6-12-18.

Place 40 RichmondStreet W. Toronto. G. Ormsby Lunt Paymaster.

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

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

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

M. F. W. 44.

100M.—1-18.
H. Q. 1772-33-903.

ORIGINAL.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

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. 663086 Rank Gunner Name DURNO, E.

Corps 69th Depot Battery, C.E.F. who was* Struck off as a deserter

On May 31st 1917, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from May 8th 1917, to May 31st 1917, the inclusive date of transfer or discharge.

Dr.	$	c	Cr.	$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. ~~month~~ L.P.C.		90
Advances by Cheques No.			Regt'l Pay 24 days at $ 1. c 00	24.	00
Advances by Cheques No.			Field Allow. 24 days at $ c 10	2.	40
Assigned Pay No.			Other Allowances*		
Other Charges* A.W.O.L. 21 days.....	23.	10			
Payment on transfer or discharge No.			Other Credits*		
Balance Cr. (~~to be paid by the new unit~~) carried forward	4.	20	Bal. Dr. (to be deducted by new unit)		
Total	27.	30	Total	27.	30

*Give Particulars.

A monthly stoppage of $ NIL (†) has - - - - (‡) been paid on account of Assigned Pay for the month of - - - - - - 191 to (Assignee) - - - - - -

(Address) - - - - -

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

On Transfer of an Officer.

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

REMARKS:—

State (1) date of enlistment 1-1-16,

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

(3) cause of discharge and authority DESERTER- Court of Enquiry, dated 3-6-17.

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date (Kit Shortages of $11.96, as per Declaration of Court of Enquiry, has not been charged against this man's account)

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

Date 19-6-17,

Place Petawawa Camp, Ont.

E. E. Armour Lt. Col.
PAYMASTER, DEPOT ARTILLERY BRIGADE
Paymaster

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

M. F. W. 44.

150M.—4-17.
H. Q. 1772-39-998.

Reference copy of original C.E.F. Discharge Certificate issued to the soldier shown hereon.

This copy is to be attached to a soldier's discharge documents and must contain the exact wording which appears on the original certificate, and must be signed by the Officer carrying out discharge.

This is to Certify that No. ---6630680--- (Rank) -------P R I V A T E------

(Name in Full) ----------DBU R N O, E r v i n ---------- enlisted in

164th Overseas Battalion, Canadian Expeditionary Force.-------

Canadian Overseas Expeditionary Force, on the Eighteenth of December-------

191 5, and ~~accompanied said unit to~~

was ~~returned to Canada, and~~ discharged from the service at Toronto, Ontario---------

on the ----16th----- of --December------- 191 8, in consequence of---------

----------D E M O B I L?I Z A T I O N----------

DESCRIPTION ON DISCHARGE

Age ------24 yrs. & 8 mos.------

Height ------5 ft. 10½ ins.-------

Complexion -------Medium----------

Eyes ----------Gray----------

Hair----------Brown----------

Trade --------Machinist------ ---

Marks or Scars ----------

----1 Vaccination Scar Left Arm---

Signature of Man Ervin Burno

E. B. Hardy Lieut. Colonel, A.M.C.

Officer in charge Discharge Depot.

BASE HOSPITAL
MILITARY DISTRICT No. 2

Place and Date 16th December, 1918, Toronto, Ont.

M. F. W. 39 a.
50m.—8-17.
H. Q. 1772-39-882.

CANADIAN OVERSEAS EXPEDITIONARY FORCES

Discharge Certificate

No. --663068----

Rank --PRIVATE------

Name --DURNO, Ervin---------

Unit C.A.M.C., Base Hospital, M.D.#2

Address on Discharge

69 Oak Street,
Toronto,
Ontario.
Canada.

His conduct and character while in the Service have been : Indifferent

Place Toronto, Ontario.

Date December 16th, 1918. Commanding E. B. Vardy Lieut. Colonel, A.M.C.

BASE HOSPITAL
MILITARY DISTRICT No. 2

Campaigns ----------N I L----------

Medals and Decorations ----------N I L----------

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

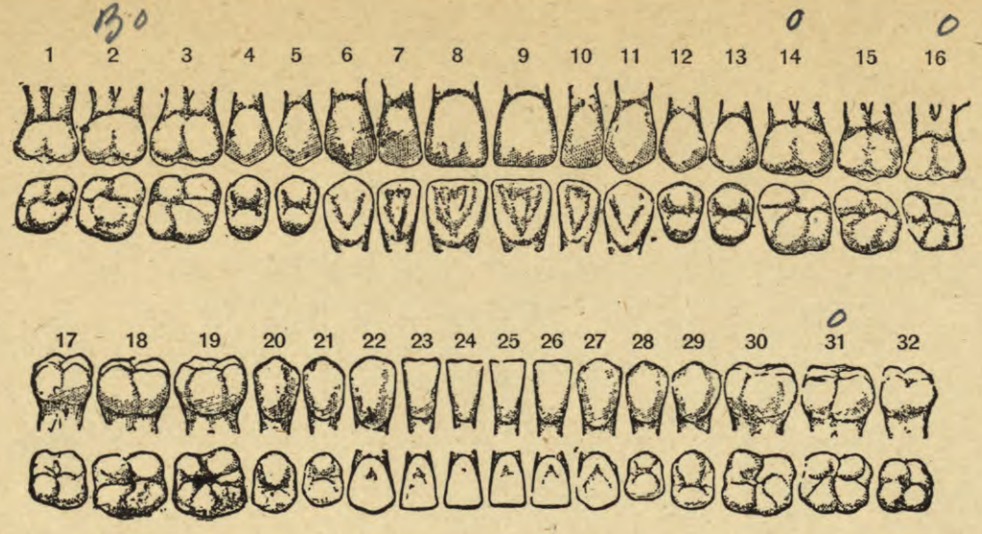
DISTRICT .....

NAME OF SOLDIER Dunn, E.

RANK .....

No. 663 0 E 6

REGIMENT .....



INSTRUCTIONS

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

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

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

	Date		Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination																							
Sept. 12																					J. H. Gunter		Exam.
Nov.	30		1																		J. H. G.		

M.F.B. 465.
200M.—6-18.
1772-39-950.

Certificate correct.
Thos. Ayre 34
Unavailable

DEPARTMENT OF MILITIA AND DEFENCE.

29415

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.

1. Christian names Erwin ~~James~~ 2. Surname Durno
3. Rank Private 4. Original Unit 164th 5. Reg. No. 463086
6. Address, in full, to which future payments of gratuity are to be forwarded
69 Oak St
Toronto
7. Date of enlistment in the C.E.F. ~~Nov 18th~~ 1915 18-12-15 a.a. 8 mo 2 2 mo 34 ou 65
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Wm. E. Durno
9. Relationship of such dependent Wife
10. Address, in full, of such dependent 69 Oak St Toronto, Ont.
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? no
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:—
None
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? no
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service Served in Canada
164th Batt. Enlisted Nov 18/15 Transferred April/17
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 164th Batt. Nov 18/15 till April/17
Special Service April 1917 till Dec 1917
Army Medical Corps from Dec till Nov 16/18
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

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 .... no .....

20. Have you been issued with a War Service Badge? If so, what class? ..... no .....

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? .....

24. Are you now serving in the C.E.F.? ..... no ..... If not, give:—(a) Date of discharge ~~Nov~~ Dec 16/1918 ..... (b) Reason for discharge ..... Medical 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 ..... no .....

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: Irvin Burns

Place of Residence: 69 Oak st

Declared before me at: Toronto

This 10 day of March ~~00~~ 1917.

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

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
~~No record P.D.P. Toronto~~				
	33.00	30.00		

Certified Correct. CAPTAIN C.A.P.C., C.E.F. for PAYMASTER, MILITARY DISTRICT No. 2

District Paymaster.

EB

Est M.

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

294157/587

Name Durno, E.
Surname Christian Name

Regimental Number 663068 Rank Pte

Address (in full) 69 Oak St
Toronto, Ont.

Unit CAMC

Original Unit

District where paid M.D. 2

Date of Discharge 16-12-18

P. D. P. Filing Number

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			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

Remarks: $33.00 Pd. 2-1-19 Units Post Discharge Pay.

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

Dec'n No 29418/587 W. S. G. Filed in ....

Award..... days at $ .... per day $

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

Less P, D. P. Credited $ .....

$

Less further debit balance $.....

Net due pai[illegible] as below

TO SOLI[illegible] [illegible]IDENT

0	Ag. No	[illegible]	[illegible]	[illegible]	[illegible]	Amount	
1							
2							
3							
4							
5							
6							
	Total			Total			

M. F. W. 41
1 0M—7-16
1772-39 889.

Name Pte E Durno

Regimental No. 663086

Unit 164

Date of enlistment 1/1/16

Place of "

Married (yes or no) No.

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Form 5351—M. & D. 6880.

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.
Apr 1	30	30	1	30	30	10	3	33	33					Dr Bal. 1760 1620 6	Dr Bal 680 00 80 68	
														Dr Bal 680	90	Trans. 69th Bty No. 107.
May 1	7	7	1	7	7	10	70		770							

Venereal

M. F. W. 41
1 0M—'-16
1772-39 889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

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					

20/6/39

This space to be for numbers.

Proceedings on Discharge.

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

No. --------663046--------

Rank--------P R I V A T E----------

Name--------D U R N O, E r v i n----------
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) C.A.M.C., Base Hospital, M.D.#2

Date of Discharge ----16th December, 1918---------

Place of Discharge ----Toronto, Ontario----------

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age --24---- years ---8---- months.
Height ---5---- feet --10½---- inches.
Complexion ---Medium----------
Eyes -------Gray----------
Hair ------Brown----------
Trade ----Machinist-------
Intended place of residence (To be given as fully as practicable.) 69 Oak Street, Toronto, Ontario.

Descriptive Marks
--1 Vaccination Scar Left arm--

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

------- " D E M O B M I L I Z A T I O N"---------

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.

Indifferent

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

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

- - - - - - - - - - -Machinist- - - - - - - - - - - - - -

M. F. B. 218.

50m.—3-16.
H. Q. 1772-39-113.

(OVER)

W S G 28/3/19 ac.

22-1-19 RB

E. R. d.

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

-------N I L-------

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

6. Medals and Decorations.....

----------N I L----------

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) Toronto, Ontario

(Date) 16th December, 1918

E B Pardy
Lieut Colonel A.M.C.
Commanding .....

CASE HOSPITAL
MILITARY DISTRICT No. 2

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) Toronto, Ont. Ervin Downs (*Signature of Soldier.*)

(Date) December 16th, 1918. Sgt. W.R. Carruthers (*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).....years.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

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

(Place) Toronto, Ontario.

(Date) 16th December, 1918

(*Signature*) E B Pardy
Lieut Colonel, A.M.C.

CASE HOSPITAL
MILITARY DISTRICT No. 2

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.)

"Nil"

Ervin Dewart

(OVER)

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.

Name Durno Enl. 18-12-15.

Date of Embarkation for England

Proceeded to France. Returned to England.

Date returned to Canada. served Canada only

P.R.2855.

6/8/24

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

M. F. W. 54. (A. F. B. 203.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 164th. Battalion. C.E.F.

Regimental No. 663086. Rank Private. Name Durno. Ervin.

Enlisted (a) 18/12/15. Terms of Service (a) Duration of War & 6 MO. Service reckons from (a) December 18th. 1915.

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) Laborer.

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				
16-12-18.	S.O.S.	BASE HOSPITAL MILITARY DISTRICT No. 2 on being discharged "Demobilization" (Auth. R.O. 1328).			D.O. Pt. 2 #351. 17-12-18

(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				

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 663068 86 RANK Pte. NAME (IN FULL) DURNO, E.

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes — DATE EFFECTIVE

TO WHOM PAID Mrs. E. Durno, — RELATIONSHIP wife

ADDRESS 69 Oak St., Toronto

PARTICULARS	EFFECTIVE DATE	AUTHORITY

CANADA ONLY

ORIGINAL UNIT C.E.F. 16th Bn. — IF IN P.F. WHAT UNIT? Home — (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 18.12.15 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Toronto — DATE 16.12.18 — REASON Demob. — AUTHORITY D.G.S. 351 — IF ENTITLED TO POST DISCHARGE PAY Yes

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~~ P.S.P. $	C.	S.A. P.D.P. $	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT			W.S.G.				S.A.																														
61 dys.			140	00			60	00	200	00																	33	00	30	00	63	00	107	00	30	00	AMOUNT DUE SOLDIER DEPENDENT
																	June 11	681453	681454				107		30						200						
			140				60		200														107		30		33		30		200		76				W.S.G. PAID IN FULL

CAPTAIN FOR PAYMASTER WAR SERVICE GRATUITY

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

(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 Sudbury, Ont DATE Dec.7.-1917.

1. (a) Unit 164 O.S. Bn.C.E.F (b) Regimental No. 663086 (c) Rank Private

(d) Surname D U R N O (e) Christian name Edwin

2. Age last birthday 24 Date of birth Sept.16-1893

3. Enlisted at Milton on December 1915.

4. Personal description :—

(a) Height 5ft. 10½ (b) Weight 175 (stripped) (c) Complexion Fair

(d) Colour of hair Lt.Brown (e) Colour of eyes Blue (f) Identification marks None

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

6. Former trade or occupation Machinist

7. (a) Service

	Years	Days

	Periods	
	From	To
164th. O.S.Battn., C.E.F. Casualties.	Dec1915. May 1917.	May-1917 Present

(b) Has he been Overseas ? No.

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

(a) Date of origin April, 1917. (b) Place of origin Hamilton, Ont

(c) Cause* Gonorrhoea

*(Here include original disease or injury)

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

Complains of pains in both hips and left Arm.
No impairment of Motion evident.

[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.

150M.-6-17.
1772-89-117.

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

Upon being stripped there is no evidence of any trouble and is in other respects A2.

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

Not at all

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?

Yes..... No.....

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

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? By Vices 100%

(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? 1 Month if Treated

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

Base Hospital Toronto, April-1917,- May-1917 .
" " Hamilton Feb.-1917-April-1917

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

Yes treatment in Hospital if found necessary under observation.

19. Can the former trade or occupation be resumed? Yes.

20. Recommendations That he be placed in Hospital for observation and treatment.

R R Patterson

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 E Dunpa 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

E Dunpa

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.

We Concur.

22. Is the soldier fit for

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

23. It is certified that the soldier

(a) Does require treatment.
(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).

We recommend that he be put in Hospital for Treatment and observation.

H. M. Torrington — President.
R. R. Patterson
W. Dales — Members.

STATION Sudbury Ont
DATE Dec 7 - 1917.

APPROVED BY
DATE 13/12/17
Armagwood Capt
Assistant Director of Medical Services.

APPROVED BY
DATE
Director-General of Medical Services.

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. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
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.