ATTESTATION PAPER.

No. 39

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? ..... Bert Kirby
2. In what Town, Township or Parish, and in what Country were you born? ..... Croydon Surrey England
3. What is the name of your next-of-kin? ..... (mother) Elizabeth Kirby
4. What is the address of your next-of-kin? ..... National Buck Co Delson Jct Que Can
5. What is the date of your birth? ..... July 6 1894
6. What is your Trade or Calling? ..... Brakesman
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

Bert W Kirby (Signature of Man).

R Callen (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, ..., 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.

Bert W Kirby (Signature of Recruit)

Date JUN 4 - 1915 191 . R Callen (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, ..., 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.

JUN 4 - 1915 Bert W Kirby (Signature of Recruit)

Date ..... 191 . R Callen (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 Kingston Ont. this 5th day of June 1915

9.40. am. G Hunter Ogilvie (Signature of Justice) Colonel J.P.

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

..... (Approving Officer)

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

Description of Bert Kirby on Enlistment.

Apparent Age 21 years 10 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 7 ins.

Chest measurement.
Girth when fully expanded 34¼ ins.
Range of expansion 3¼ ins.

Complexion fair

Eyes blue

Hair Light Brown

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

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Scar left elbow

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 June 1st 1915 S. J. Reyes

Place Kingston Capt. Anne
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.

.....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.

.....(Signature of Officer)

Date.....191 .

REGIMENTAL DOCUMENTS

NAME Kirby Bert William (Gnr) REGT. NO. 6307 UNIT RCHA H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)	RCHA		R 4/20		DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
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)					
2	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)				10490	DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
3	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Honble
	MEDICAL EXAMINATION (M.F.W. 129)					
1	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
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					9 2 29
	PARTICULARS OF CHARACTER (A.F.W. 3226)					28 29
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					28 30
1	Casualty					2
1	8149					
1	9122					

Record 22-1-61

W. 2589
100M-11-18
[illegible]

CANADIAN EXPEDITIONARY FORCE

War Service Badge
Class "A" No. 317590

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 6307 (Rank) Driver

Name (in full) K I R B Y Bert William enlisted in

the R. C. H. A.

CANADIAN EXPEDITIONARY FORCE at Kingston on the 4th

day of June 1915

HE served in R. C. H. A. England and France

and is now discharged from the service by reason of Demobilization. ~~Medical Unfitness.~~ medically unfit for general service

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

Age 22

Height 5 ft. 7 in.

Complexion Fair.

Eyes Blue

Hair Light Brown

Marks or Scars

Scar Left Elbow

B W Kirby
Signature of Soldier.

Date of Discharge

Dispersal Station "B"
JUN 5 1919
Military District No. 6

J. D. Gunn Capt. Major
Issuing Officer

Rank

Date MAY 29 1919 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.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

MEDALS & DECORATIONS

1915 Star

1.—That discharge certificate must be carried when wearing uniform.

2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and

3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

1 OR Gent

L. L. Job 80137—M. & D. 5683.

526

M. F. W. 12.
20m.—5-15.
H. Q. 1772-39-819.

2nd Contingent

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Env
GOR

To Whom Mrs E Kirby
c/o A. Perkiss
Address ~~Delson Juct.~~
24 B Pindham Road ~~Quebec~~
Thornton Heath, Surrey, Eng.
Rate $5.00 JUL 1 1915

By Whom Assigned Kirby B W
Regtl. No. 6, 307
Rank Gr.
Corps C Bty R. C. H. A.
Nolan

PAYMENTS

Month	Year	Cheque No.	Amt.		REMARKS
Aug.	1914				ENGLISH
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1915				
Feb.					
March					
April					
May					
June					
July		J. 1057	5	00	
Aug.		W 1488	5	--	
Sept.		X. 867	5	—	Duplicate sent to England.
Oct.		Y 2260	5	—	
Nov.					
Dec.					
Jan.	1916				
Feb.					
March					

L. L. Job 85095—M. & D. 5953.

14865

2nd Contingent

Duplicate

M. F. W. 12.
20m.—9-15.
H. Q. 1772-39-819.

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

a P & S A ledger sheet checked & found correct J T Allison

W Lane

To Whom Mrs. E. Kirby
Address c/o A. Perkiss
24 B Pridham Road. Thornton
Heath. Surry. England.
Rate $5 from July 1st 1915

By Whom Assigned Kirby B.
Regtl. No. 39. 6307
Rank Gr.
Corps C. Patty. R. C. A.

W L C Matthews

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July		S 1057	5 00	
Aug.		u 1488	5 00	
Sept.		x 867	5 00	
Oct.		y 2269	5 00	
Nov.				
Dec.		98191	10	
Jan.	1916			
Feb.				
March				

$ 30.00 Carried Forward.

RECEIVED FROM
NOV 29 1915
OTTAWA.

ASSIGNED PAY.

By whom assigned Kirby. P.

Regtl. No. 6307 39 C. Batt. R.C.A.

Month	Year	Cheque No.	Amt.		Pay Sheet	REMARKS.
			30			
Jan.	1916	105414	5	/		
Feb.		131812	5	/		
March		156348	5	/		
Apl.		118?8.	5	/		
May.		42059	5	/		
June		66459	5	/		
July		97905	5	/		
Aug.		133333	5	X		
Sept.		167982	5	X		
Oct.		202954	5	X		
Nov.	85 ✓	253768	5	X		
Dec.		284291	6	X		
Jan.	1917	323253	5	X		
Feb.		363744	5	X		
March		411757	5	/		
Apl.			105			
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						

Rank Gr. Name KIRBY Bert W. Reg'l No. 6307

Unit R.C.H.A. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Kingston. Ont. 4th June.1915. Place of Birth Croydon. England.

Name and Address, Next-of-Kin Elizabeth Kirby, ~~National Creek Co. Delaware Ohio.~~ c/o W Perkins. 2 H B Fiddlehim Rd Thornton Heath. Surrey.

Relationship Mother

Assigned Pay Monthly $5.00 Payable to Next of Kin

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
1/7/15	31/7/15	31	1.00	31 -	31	.10	3 10	28 60	62 70			52 50	5 -		57 50	5 20	Pay & Allce. 5/8/15 & 30/8/15
								1 40	1 40			52 50				6 60	✓
1/8/15	31/8/15	31	1.00	31	31	.10	3 10		34 10			27 28	5 -		32 28	8 42	
1/9/15	30/9/15	30	1.00	30	30	.10	3 -		33 -			- -	5 -		5 -	36 42	
1/10/15	31/10/15	31	1.00	31	31	.10	3 10		34 10			34 06	5 -		39 06	31 46	
Nov		30	.	30	30	.	3 .		33 .			28 55	5		33 55	30 91	
1/12/15	31/12/15	31	1.00	31	31	.10	3 10		34 10			21 82	5 -		26 82	38 19	
Jan		31	✓	31	31	✓	3 10		34 10			2 61	5		7 61	64 68	
Feb		29	.	29	29	.	2 90		31 90			7 85	5		12 85	83 73	
Mar		31	.	31	31	.	3 10		34 10			2 62	5		7 62	110 21	
				275			27 80	31	335 50			157 79	45		232 29		

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						

ORIGINAL.

6307

MEDICAL HISTORY SHEET.

P/L

Surname Kirby Christian Name Bert.

Examined on 22nd day of February 1915 at Kingston

Birthplace City or Town Croydon County Surrey. Eng

Apparent age 21 yrs 8 mths.

Trade or occupation Brakeman.

Height 5. Feet 6 Inches.

Weight 129 Lbs.

Chest measurement Minimum 33 inches. Maximum expansion 34 inches.

Physical development

Small-Pox Marks

Vaccination Marks Arm Right. ✓ Left. Number 3

When Vaccinated last Infancy.

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Teeth 6 bad. Slight varicocele left side

Scar left elbow

Approved by R B Richardson

Rank Lieut A M C M.O 17K

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.
		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.
		M.O.
		M.O.

Enlisted on 4 day of June 1915 at

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment				
Transferred to	R.C.H.A. Depot	6307		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Bramshott	7-5-19.	Def. Hearing	BT C.O. Mills Capt.

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.

6

M. F. B. 313.

50M—9-14.
H. Q. 1772-39-439.

The Medical History Sheets of all men proceeding overseas, must be returned by the Officer commanding their unit to the Record Office when they leave England.

W. R. HARD, Colonel in Charge of Records, Canadian Contingent, London.

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

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			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.
		Day	Month	Year	Day	Month	Year				

Enn 34308

R—122.

Rank 92 Name KIRBY Bert W. Reg'l No. 6307

Unit R.C.H.A. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Reinforcements. Kingston. Ont. 4th June.1915. Place of Birth Croydon. England.

Name and Address, Next-of-Kin Elizabeth Kirby, National Creek Co. Delsonget, Que.

Relationship Mother

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 23696
File R.L.
Category Can Ch

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			A.F.B 103 checked (N.R) 8.12.16 JMC
9.7.15	OC.R.C.H.A.	Taken on Strength	Maresfield	23.6.15	Part II C' Para 229.
2.11.15	OC.R.B.Bde	Taken on Sh 1st Res B Hq	St Cliffe	1.11.15	" " 193
18-11-15	"	Transf to R.C.H.A.	"	18-11-15	"
4.12.15	O/C R.C.H.A.	Taken on Strength	France	20.11.15	" " 19.
21-4-19	"	Proceeded to England	Dux. "	16-4-19	" " 28.
5-5-19	G. wing	T.O.S. Pending R.T.C.	" B. Shott.	17-4-19	" " 16
26.5.19	C wing CBC.	S.O.S to Canada	" "	21.5.19	" 20
		To Canada	66-B-5	21-5-19	

Report		Record of promotions, reductions, transfers, casualties, etc., during aqtive service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				

Canadian Coast Camp Bramshott

To: Office [illegible] R.C.H.A.

The following is a Special Ear Report on the undermentioned. Your M.O's attention should be called to it and the case should now be paraded with this report in triplicate, the Medical History Sheet and the Casualty form to the ~~SHORT~~ LONG Board as there is [redacted] a disability of the EAR.

NAME. Kirby B.W. [redacted] 6307 ....RANK. Drv. UNIT. R.C.H.A.
FORMER OCCUPATION Brakeman
ORIGINAL DISEASE OR INJURY Catarrhal Otitis Media

DATE OF ORIGIN May. 1917. PLACE OF ORIGIN France

PRESENT DISABILITY Deafness.

HISTORY OF PRESENT CONDITION Began about 2 years ago - hearing is better somewhat in dry weather & worse in damp weather

DID THE DISABLING CONDITION [illegible] ENLISTMENT ? No
IF, SO HAS IT BEEN AGGRAVATED [illegible] SERVICE ?
HAS THE DIDABILITY BEEN [illegible] BY INTEMPERANCE OR IMPROPER CONDUCT OR [illegible] TO ACCEPT TREATMENT ? No.
WHAT IS THE PROBABLE DURATION (IN MONTHS) OF THE DISABILITY ? Progressive
CAN THE FORMER TRADE OR OCCUPATION BE RESUMED ? Yes
NOSE:-

Chronic Turgescent Rhinitis
Catarrhal Pharyngitis

EAR:- Rt;;;; 4ft 4" = — 15"/17" scale. Lustreless thickened opaque
VOICE: OFTWATCH: WEBER: RINNIE: SCHWABACH: MEATUS: DRUMHEAD:
LT:- 15ft 2'6" = — 15"/17" normal retracted

Chronic Catarrhal Otitis Media

B1 6/5/19

Walter Graham Capt

CATEGORY RECOMMENDED
DATE

.....MAJOR C.A.M.C.
Officer i/c Eye & Ear Dept
Medical Board CCC Bramshott.

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

M. F. W. 54. (A. F. B. 103.)
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps P. C. H. Q

Regimental No. 6307 Rank Gr. Name Kirby, Bert, W

C. E. F.

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*) .....

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				
		21-5-19 T. O. S. No. 6 D. D. from C. S. and posted Disp Sta B DO 168			" 168
		5-6-19 S.C.S on Dis charge			
		Officer i/c Records No. 6 D. D.			

(*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				

Still with Unit 4-6-18 K.T. 18-11718

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

Verified. RL 2-7-91
R2S 12117

A.F. 101-566

Army Form B. 103. 33

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

Casualty Form—Active Service.

Regiment or Corps R. C. H. A.

Regimental No. 6307 Rank Gr. Name Kirby Berty W.

Enlisted (a) 19 2/15 Terms of Service (a) War. Service reckons from (a) 19 2/15

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) W. S. B. CLASS. A

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.
		Drafted to France Nov 1915. Cecil M Roberts MAJOR O.C. 1st Res. Ba			
23/11/15	Canadian Base Depot.	Having arrived from Eng., as reinforcement is taken on the strength R.C.H.A.	Can. Base Depot.	20/11/15	101/BD/3/75.
26/11/15.	Unit.	Joined Unit.	In the Field	24/11/15.	B213.
28-7-17.	do	Granted 10 days leave	Field	23-7-17.	B213. Pt. II O No 80, dt 4-8-17
11-8-17	do	Rejoined from leave	do	4-8-17	B213. " " " 84 dt 20-8-17
5-7-18	6 Cav F Amb	Influenza	A 6 Cav F Amb R Remaining	3-7-18 5-7-18	A36, = A5221.

(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				
5-7-18	7.C.C.F.A.	Influenza to	6 Cav F Amb	3-7-18	A36, - A 5307.
6-7-18	R.C.H.A	Adm to Hospital	Field	2-7-18	B.213.
12-7-18	6 Cav F Amb.	Influenza.	To duty	8-7-18	A36, - A 5527.
13-7-18	R.C.H.A	Rejoined from Hospital	Field	8-7-18	B.213.
23-8-18	Do	Granted 14 days leave	do	19-8-18	B.213 Pt II. O 71 of 2-9-18.
7-9-18	Do	Rejoined from Leave	do	4-9-18	B.213.
14-9-18	7.C.C.F.A	I.C.T. Heel. (L)	7 C.C.F. Amb	9-9-18	A36, - A 9470
14-9-18	R.C.H.A	Adm. to Hospital	Field	9-9-18	B.213.
24-9-18	7.C.C.F.A.	I.C.T. Heel L. to	Unit	22-9-18	Letter K.T. 17-28
28-9-18	R.C.H.A.	Rejoined from Hospital	Field	21-9-18	B.213.
28-9-18	7.C.C.F.A.	I.C.T. Heel. (L) to	Unit	21-9-18	A36 = A 190.
8-2-19	R.C.H.A	Granted 10 days Leave	France	5-2-19	B213 Pt II O 13 of 17-2-19
15-2-19	Do	Rejoined from Leave	Field	15-2-19	B.213.

Proceeded to England 16 MAR 1919

E A Hewett
Lieut.
for Lt. Col., A.A.G.,
Canadian Section

SKS
Part Embkd Liverpool 21-5-19

PROCEEDED TO CANADA No 20 20/5/19

C.A.D.C. 5009A

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

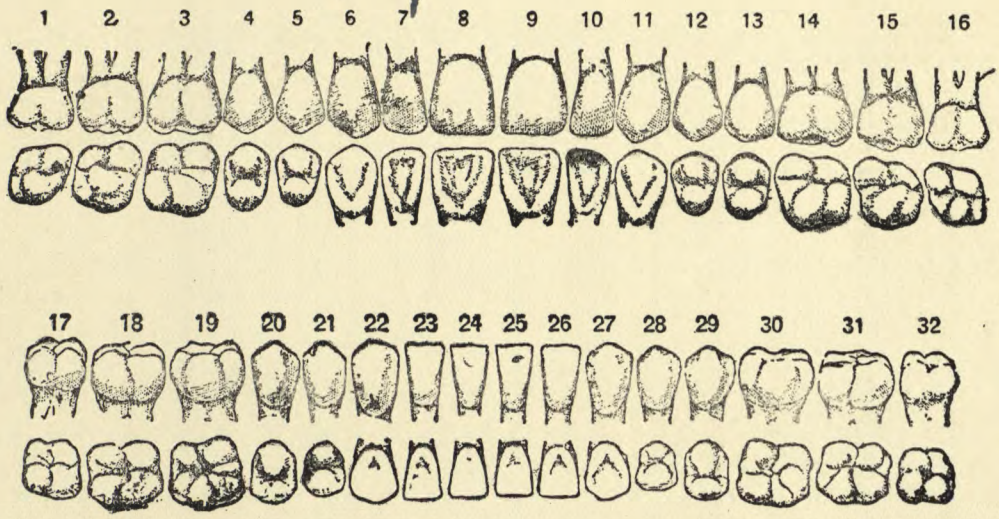
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) Kirby. B.W.

REGIMENT RCHA. RANK Dvr No. 4307

Date of Examination in England 30/4/19 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

RCHA

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 17
2. EXTRACTIONS 2-16
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

ASSISTANT DIRECTOR OF DENTAL SERVICES M. D. NO. 5 MAY 29 1919

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 Yes

BRAMSHOTT CAMP HANTS.

Signature of Dental Officer H Worsley Capt.

D.M.S. 1300-50M-21-11-17.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
Kirby	R.W.	6307.

RANK	UNIT	CO.	TROOP	BATTY.
Dvr	Cant.	RCHA		

HOSPITAL	DATE OF ADMISSION
6 Cav. F. Amb.	3. 7. 18
1. 7. C. Cav. F. Amb.	HOSP. 9-9-18
2.	HOSP.
3.	HOSP.
4.	HOSP.

DIAGNOSIS Influenza. Rw

1. FCT Heel Sp. at

2.

3.

DISPOSITION

Ch 13. 7. 18	a 29 v. 1.
18. 7. 18	a 296 2
21-9-18	a 363.
8. 10. 18	a 367 2

DATE

REMARKS Dis. 8.7.18
Dis. 22.9.18

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.		

NAME Kirby B W

REGT'L No. 6307

H. Q. FILE No. 649.

RANK AND CORPS Pte R C H A

CABLE	
NO.	DATE

NATURE OF CASUALTY

FOLLOWS

No.

FOLLOWS

L. L. 26438. M. & D. 8207.

M. F. W. 42–50M.—8-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
a292	#6 Cav Fe Amb	3-7-18	Influenza
a296	" " " " Disc	8-7-18	"
A353½	7 Can Cav. Fld. Amb.	9-9-18	I.C.T. Heel. Lt.
A367½	7 " " " "	22-9-18	" " " Disch

Form R. 149.

Bert W

Name KIRBY Rank DVR Reg. No. 6307

Unit R. C. H. A

Next of Kin Canada

Date		Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918							
3-7		6 Cav. Fld Amb.		Influenza	a/292		32944
8-7		Discharged		do	a/296		33203
9	9	7 Can Cav. F. A.		2 C 7. Hell Z	a 353.		36896
22	9	Discharged		do	a 367.		37614

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

Number 6307 Rank ~~Pte~~ Gnr.

Surname KIRBY

Christian Name Bert William

Units R.C.H.A. Theatre of War France

Date of Service 20-11-15.

Remarks

Latest Address ~~2136 Avenue Dominion Park~~ ~~Lachine~~

29, 7th Ave.,

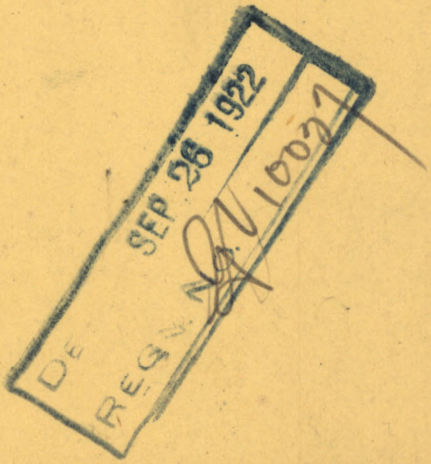
Ville St. Pierre

Montreal

Que.

Roll No. B Page 16758

200m-2-21.M.


SEP 26 1922
REG'D.
No. 10021

MARRIED OR SINGLE: S

PLACE OF BIRTH: Croydon Eng.

NAME AND ADDRESS OF NEXT OF KIN: Elizabeth Kirby.

C/o A. Perkins, 248 Pridhams Rd, Thornton Heath, Surrey

RELATIONSHIP OF NEXT OF KIN: Mother

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

Off. Adjt. altered to four cents Kinsey

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 6307 RANK Gunner NAME Kirby, Bert W.

IF IN PERMT. CORPS WHAT UNIT UNIT R.G.A.

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Kingston

DATE OF ATTESTATION 4 June 15

TRANSFERRED TO / DATE / AUTHORITY

TRANSFERRED TO / DATE / AUTHORITY

TRANSFERRED TO / DATE / AUTHORITY

TRANSFERRED TO / DATE / AUTHORITY

ASSIGNED PAY MONTHLY $ ~~1.05~~ 20/- DATE EFFECTIVE 1st April 1918 A/C/W 27 June 15

PAYABLE TO Elizabeth Kirby. C/o A. Perkins 248 ~~Pridhams Rd~~ 55 Gillott Rd Thornton Heath. Surrey RELATIONSHIP Mother

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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	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
			27 5				27 50							31	33 2 50												177 29	45		232 29	110 21				
April	30	1/-	30		30	1/0	3								38	185					FR 31/4/16			3 49											
																194	14/4	258	28/4					M 36	3 48		14 60	5		30 03	112 28				
May	31	-	31		31	-	3	10							38 1/0	241	11/5	256	31/5					3 41	3 41			5		11 82	134 64				
June	30	-	30		30		3								33			288	12/6		FR 10/9/16 127				3 41		14 60	5		23 01	144 55				
July	31	-	31	-	31	-	3	10							34 1/0	296	30/6	326	17/7					1 71	3 49			5		10 20	168 45				
Aug.	31	-	31	-	31	-	3	10							34 1/0	333	29/7							3 49				5		8 49	194 06	82 -	112 06		
Sept.	30	-	30	-	30	-	3	-							33 -	374	30/8							3 49											
																367	15/8							3 49				5	11 33	23 31	203 75	92 -	111 75		Cs. No 16. Dec 1915. w/St. a/c 20 Dec 1915
																415	26/9				208. 24/9/16			3 49											
Oct.	31	-	31	-	31	-	3	10							34 1/0	491	20/9	435	15/10		208			3 49	3 49		24 33	5		39 80	198 05	102 50	95 55		
Nov.	30	-	30	-	30	-	3	-							33 -	464	31/10							3 48				5		8 48	222 57	112 50	110 07		
																502	2/12							3 49											
Dec.	31	-	31	-	31	-	3	10							34 1/0	481	15/11	529	9/12					3 48	8 72			5		20 69	235 98	123 -	112 98		
Jan.	31	1/- 10	55	34 10			- 55 -								34 1/0	566	1/1				FR 287 1/1/17			1 74											
																545	23/12	587	5/1					2 61	1 74		19 47	5		30 56	239 52	133 50	106 02		
Feb.	28	-	30	80											20 80	630	29/1							3 49											
																606	15/1							3 48				5		11 97	258 35	142 50	115 85		
Mar.	31	-	34	10											34 1/0	677	26/2							3 49											
																655	15/2	717	17/3					3 49	3 48			10/- 5		15 46	276 99				
			704 -											31	734 -									59 17	31 27		250 29	105	11 33	457 01					

6307 Gr Kirby BW.

Date	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.	Acquittance Rolls 1 Date	Acquittance Rolls 2 No.	Acquittance Rolls 2 Date	Acquittance Rolls 3 No.	Acquittance Rolls 3 Date	Acquittance Rolls 4 No.	Acquittance Rolls 4 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			704											31	734									59 17	31 22		250 29	105	11 33	457 01	276 99		152 50		
Apr	30	1 00/10	33												33	7	4/4					458086		3 49				5		8 49	301 50				
May	31		34	10											34	10	67 / 26	29 / 19/4				493650		3 49 / 3 48				5		11 97	323 63				
June	30		33												33		125 / 78	30 / 23/5				a 35596		3 57 / 3 57				5		12 14	344 49				
July	31		34	10											34	10						a 69739						5		5	373 59		192 50		
Aug	31		34	10											34	10	133 / 159	15/6 / 30/6				161187		3 57 / 3 56				5		12 13	395 56				
Sep	30		33												33		242 / 223 / 199		195 / 217		leave 1024 22/7			5 36 / 3 57 / 3 57	3 57 / 3 57	97 33		5		121 97	306 59				
			905	30										31	935	30								96 40	38 36	97 33	250 29	135	11 33	628 71					

Month	Particulars	Dr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Pay	Sep. Allce. Eng.
Balfour		~~306~~	~~59~~						306 59	212	
Oct	G.P.	34	10	a 244896			5		335 69		
									67 10		
		34	10				5		402 79		
									20 71		
				B46491 £1-0-6			5		382 08		
Nov	G.P.	33		AR 272 RCHA 14.9.17	3	57					
Dec	do	34	10	B 73727 £1.0.6			5				
				AR 283 RCHA 14.10.17	3	57					
				" 305 " 27.10.17	3	57			382 08	242	
		67	10		10	71	10				
1918 Jan	G.P.	34	10	C25144 - 1-0-6			5				
				AR 334 20/11/17	5	35					
				" 360 12.12.17	7	14					
				" 375 16.12.17	8	92			389 77	247	
		34	10		21	41	5				
Feb	G.P.	30	80	C70092			5				
				AR 412 6.1.18	7	14					
				" 425 29.1.18	3	57			404 86	252	
									34 10		
		30	80		10	71	5		438 96		
									19 28		
Mar	G.P.	34	10	D36496			5		419 68		
				AR 456 26.2.18	7	14					
				" 502 12.3.18	3	57					
				" 533 22.3.18	10 / 3	71 / 57			419 68		
		34	10		14	28	5				
		34	10		14	28	5				

~~257~~

P 820
12474—375M—13·2·18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ENGLAND OR ~~CANADA.~~	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.	NAME:- KIRBY Bert W.
EFFECTIVE DATE:- 1 apl 1918	EFFECTIVE DATE:-	NUMBER:- 6307
AMOUNT:- 20	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.

Elizabeth Kirby mother
55a Gillett Road. D 30/4/18
Thornton Heath Surrey 23649

Stop 1-6-19

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pr.

UNIT AND TRANSFERS

ORIGINAL UNIT:- Reta.

DATE ACCOUNT FIRST OPENED:-

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO

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
20 3		Lem	~~500~~	Ch Bal			23 50
20 3	720	Clesta	~~466~~	Apr/May			40
13·4	1191	"	~~466~~				
19·4	300	Liding	~~1867~~				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
33649	1	10		
10299				

PARTICULARS OF RENDERING NON-EFFECTIVE:- Desch to Can 30.4-19 Rtd 26 8 Slotted Shot in N 24

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31-3-18	Bal. Ford.								419 68	257	
Apr.	G.P.	33		a39689			20		432 68		
				aR 7 14 4 18	3 57						
				" 35 29/4	3 57				425 54	257	
		33			7 114		20				
May	G.P.	~~34~~ 10		B3287 £4 2 2			20		439 64		
				aR66 15/5	3 57						
				" 91 31/5	3 57				432 50		
		34 10			7 114		20				
June	Ret.	33		B25948 £4-2-2			20				
				aR127 13/6	4 46						
				" 147 28/6	4 46				436 58	257	
		33			8 92		20				
July	GP	34 10		aR B89278 £4.2.2			20				
				aR172. 14/7	4 46						
				" 198 30/7	4 46				441 76		
		34 10			8 92		20				
Aug	"	34 10		aR C41728. £4-2-2			20				
				CP 25008. 19/8/18	446 00						
				F.G. Horse 202 18/8/18	4 46						
				R&HA 235 15/8/18	4 46				300 94		
		34 10			154 92 ISW 92		20				
Sept	"	33		A.P. Cheque C84726 £4-2-2			20		313 94		
		33					20				
Oct	"	34 10		Ch Bal 24195 £4.2.2.			20		328 04		
				Sick 16.10-18 R&HA	466						
				Desch 279 30-9-18 "	892						
				364. 29-10-18 "	466				309 80		
		34 10			1824		20				

NUMBER 6307 RANK Gnr NAME KIRBY. Dw

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Bwd					30980		
Nov	A/P	33		D85542 £4-2-2			20				
Dec	"	34 10		E40183 £4-2-2			20				
Jan	"	34 10		479 27-11-18 Kleeta	1399						
				512 12-12-18 "	466						
				F41474 £4-2-2			20		33235		
		101 20			1865		60				
				540 31-12-18 "	933						
Feb	G Ray.	30 80		Earl E88065 £4-2-2			20				
March	"	34 10		567 29-1-19 "	466						
				4561 10-2-19 "	373						
				Quark 601 4-2-19 "	5597						
				G7165 £4-2-2			20				
				641 28-2-19 Kleeta	466						
				670 15-3-19 "	466				27424		
		6490			8301		40				
	Sup and Def Pay 30/4/19	2025		A27661 £4-2-2			20				
April	A/P	33		A27662 £4-2-2			20				
				6307 Genkem. 20/3/19	500						
				1791 14/4/19 Le Havre	456						
				300 19/4/19 Clog	4867						
				1978 6/5/19 Ens LPC	973						
					6796						
				720 26/3/19 RCAA	466				22387		
		6225			7262	40					
				3739 15/5/19 Ens LPC	2433				19954		
		--			2433	=					

Last Payment of A/P made.

S. of S. to Cav. 21/5/19. S.L. 66. C.B. 4136.

War Service Badge
Class "A" No. 317590

OG 20
DA B

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 6307
2. Rank. Driver
3. Name. Kirby Bert William
4. Unit. R. C. H. A.
5. Date of Discharge 5/6/19 Place
6. Reason for Discharge D. Mob

Deceased 22-1-61

7. Authority. R. O. 1420
8. Proposed Residence after Discharge Montreal. Que.

~~Bank of Montreal~~

2136 Avenue Dominion Park
Lachine

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.?

B. W. Kirby
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

HALIFAX, N.S. MAY 2 1919

Date

Signature J. D. Grimm Capt. Major
O. C. Dispersal Station "B"
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

E. R. J.

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. 313 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. 39)
   (Enclosed in special envelope (260M)),
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D.3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group B

Checked by No. 15 [illegible]

Date 20-5-19

AUDITOR 6 | PAYMASTER 8

M. OR S.

Canada 29-5-19

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

REGT. No. 6307 RANK Gnr NAME (IN FULL) Kirby B.W. (BLOCK LETTERS SURNAME FIRST)

Kirby

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

D Ft 2 Pb

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Torn O	21-1-19	Ldo. 168

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

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 20.00 — DATE EFFECTIVE 1-6-19 — Stopped on 6 by England

PAYABLE TO C Kirby — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 55A Gullett Rd Thornton Heath. — Surrey. — Paid in England Bank of Montreal, Montreal, P.Q.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED D Ft 6 — PLACE — DATE 8-6-19 — REASON Demob. — AUTHORITY Ldo. 190 — IF ENTITLED TO POST DISCHARGE PAY

Doc 4357

MONTH	PAY AND F.A. NO. OF DAYS	PAY AND F.A. RATE	PAY AND F.A. AMOUNT $	PAY AND F.A. AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.		TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	ACQUITTANCE ROLLS COL. NO. 1 DATE	ACQUITTANCE ROLLS COL. NO. 2 NO.	ACQUITTANCE ROLLS COL. NO. 2 DATE	ACQUITTANCE ROLLS COL. NO. 3 NO.	ACQUITTANCE ROLLS COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	CASH PAYMENTS COL. NO. 1 C.	CASH PAYMENTS COL. NO. 2 $	CASH PAYMENTS COL. NO. 2 C.	CASH PAYMENTS COL. NO. 3 $	CASH PAYMENTS COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.		TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					
30-4-19							233	50																													Balance Ldo. Mar. pay. m/o Gnr in 2 En Base Bd. Claude 6093. Advance Eng.
1-5-19 to 5-6-19	36	1 10	39	60	35 00 70 00			378	10							48	7 50	33	4 17							84	06		378	10					
W.S.G. S.A.																																					
182 days					42 00			42	00																			70	00				350	00			1st Pay W.S.G. Gnr.
																												70	00				280	00			15/7/19 Cr 85632
																												70	00				210	00			1/8/19 Cr #89371
																												70	00				140	00			2/9/19 113502
																												70	00				70	00			1-10-19 15035-39
																												70					Nil				1-11-19 17667/18
			42	00		42	0																			420	00				420					

WAR SERVICE GRATUITY W.S.G. S.A.

Certified that all payments due on this acct. have been paid.

CAPT.

For Senior Officer Pay Services, M. D. 6

JUL 10 1919

200M-3-19.—L. L. 38788-M. & D. 9985.
M. F. W. 2696.
1772-39-1390.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid'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 invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Brantford DATE May 6th

1. 1 (a) Unit R.C.H.A. (b) Regimental No. 6307 (c) Rank Pte.

(d) Surname Kirby (e) Christian name Burt William

(f) Home address Lalonde, Brant Co. Nelson St. Que

(g) Next of Kin Elizabeth Kirby (h) Relationship Mother

(i) Address of Next of Kin Lalonde Brant Co Nelson St Que

2. Age last birthday 25 Date of birth July 1894

3. Enlistment, or Appointment (if an Officer) (a) Place Kingston (b) Date 19/12/15

4. Personal description:

(a) Height 5'11" 7 (b) Weight 129 (stripped) (c) Complexion fair

(d) Colour of hair Light Brown (e) Colour of eyes blue (f) Identification marks, Scars, etc. Scar left elbow

5. Former trade or occupation Brakesman

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	4	~~302~~ 93 ow.

	Periods	
	From	To
Canada	19/12/15	6-6-15
England	6-6-15	23-11-15
France or other theatres of War	23/11/15	1 June 19

7. Original disease, or injury Catarrhal Otitis Media CHRONIC

(a) Date of origin May 1917 (b) Place of origin France

(c) Cause Unknown

M. F. B. 227.

400M.—11-18.
1772-30-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

~~Deafness~~ DEFECTIVE HEARING.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Special Report.

Ear	Rt 4 ft 4"	=	—	15/17	scales	Lustreless thickened Opaque
	Voice 6 ft Watch	weber Rinne	Schwabach		meatus	Drumhead
	Lt 15 ft 2'6"	=	—	15/17	Normal	Retracted.

Chronic Turgescent Rhinitis
Catarrhal Pharyngitis.
Signed: Walter Graham - Capt.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System No Cardio-Vascular System No (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System No (Albumen and Sugar will be excluded.)

Special Senses No Respiratory System No Integumentary System No

Disturbances of Mentality No Digestive System No Muscular System No

Osseous and Joint Systems No Any other general condition No

10. (a) History (of the condition referred to in Section 9 (a).)

Soldier states that deafness dates from May 1917 when in France but cannot state the cause

Hearing better in dry weather — worse in damp weather

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

measles in childhood

Influenza 12-7-18 AFB 103

I C T Leel 28 9-18 do

(*c*) (Here give a description of wounds, scars and deformities.

~~Na~~ Scar LT. Eye-Brow. - No disability

11.—(*a*) Did the disabling condition have its origin before enlistment? No.

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

~~a No~~ b Na.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? a No b. No

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Progressive. Six Months

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

Nil. Specialists' Report attached

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

(If the answer is "yes" state nature of treatment required and probable duration)

No.

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

(If not, briefly state why)

17. Recommendations Na.

Douglas Wallace Capt

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned Best Kirby Dr have heard the description of my disability and present condition read, and am satisfied ~~(or not satisfied)~~ with it. (If dissatisfied, statement should follow.)

I complain in addition of Nothing

C.O.M.

Best Kirby Dr Rank.

Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

19. Is the invalid fit for

(a) General service,	(Category A)	(~~Yes or~~ No.)	Yes.
(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.~~)	Cat. B1.
(e) Unfit for service in Categories A, B and C	(" E)	(~~Yes or No.~~)	

20. It is certified that the invalid

(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.)

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

R.T.C. Authority A-G. 9083 of 11-11-18

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

L. A. Richmond Major President.

PLACE Bramshott

DATE 7-5-19

C. V. Mills Capt } Members

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 invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

.....President

PLACE.....

DATE..... } Members

APPROVED BY

[signature]

for Assistant Director of Medical Services.

DATE 7-5-19

APPROVED BY

.....

Director-General of Medical Services.

DATE.....