card
M. M.
25-8-1916

DUPLICATE

ATTESTATION PAPER.

No. 505723

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Kirby.
1a. What are your Christian names?	James Etna.
1b. What is your present address?	Grande Prairie
2. In what Town, Township or Parish, and in what Country were you born?	Dadeville, Dade Co. Missouri U.S.A
3. What is the name of your next-of kin?	William Munroe, Kirby.
4. What is the address of your next-of-kin?	Dadeville Dade Co. Missouri U.S.A.
4a. What is the relationship of your next-of-kin?	Father.
5. What is the date of your birth?	26 May. 1880.
6. What is your Trade or Calling?	Engineers (Steam)
7. Are you married?	yes.
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	yes.
9. Do you now belong to the Active Militia?	~~5th Missouri~~ no.
10. Have you ever served in any Military Force? If so, state particulars of former Service.	5th Missouri Volunteers. Spanish Amer. War.
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.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, James Etna Kirby, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

James Etna Kirby (Signature of Recruit)

Date July 8th 1916. G. W. Stonelake (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.

James Etna Kirby (Signature of Recruit)

Date July 8th 1916. G. W. Stonelake (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 Grande Prairie this 8th day of July 191 .

J. C. M. Johns Lieut (Signature of Justice)

J. P. for Alberta

M. F. W. 23.
400M.—1-15.
H. Q. 1772-39-841.

Description of James Etna Kirby on Enlistment.

Apparent Age 36 years 1 months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 11½ ins.

Chest measurement: Girth when fully expanded ..... ins.

Range of expansion ..... ins.

Complexion Dark

Eyes Blue

Hair Dark Brown

Religious denominations:

- Church of England
- Presbyterian
- Methodist
- Baptist or Congregationalist
- Roman Catholic
- Jewish
- Other denominations Baptist (Denomination to be stated.)

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).

None

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* fit for the Canadian Over-Seas Expeditionary Force.

Date July 8th 1916.

Place Grande Prairie A Bradford 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.

James Etna Kirby 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.

R. Kerfer Capt. for (Signature of Officer)

Lt. Colonel C. E.
O. C. Engineer Training Depot

Date August 9th 1916.

REGIMENTAL DOCUMENTS

NAME Kirby James, Etna (Pte) REGT. NO. 505723 UNIT 1st Eng Reg H. Q. FILE NO. 649 K. 242

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
M	ATTESTATION PAPER (M.F.W. 23, 133, or 51)	49	Docs to B.P.C.	4-9-19	B.P.C.-Spec (7328	DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		Comp to B.P.C.	26/11/19	BPC-Spec 1268 MH	Category Retd
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)			R 12	NF	
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)				10545	DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Unwh
	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)					DESERTION
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	Tb 4 3					
1	M.F.W. 67					

7-29
22-29
26 29

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

SURNAME. Kirby

"M" 10 CARD NO.

CHRISTIAN NAMES James Etna

SOS Dis 24-4-19
Demob FOLL.
auth DO 113 - 24-4-19
10 DD

REGL. No. 505723. RANK Sapper

UNIT Can. Eng. (Training Depot.) (19th R.D.)

FORMER CORPS 5th Missouri Volunteers. Spanish Army. War.

NEXT OF KIN.

NAMES IN FULL Kirby William Munroe.

RELATIONSHIP TO SOLDIER Father

ADDRESS Dadeville, Dade Co. Mo. U.S.A.

also notify:
CHANGE OF ADDRESS
Kirby Mrs. Anna
10210 - 122nd St.
Edmonton
Alta.

L.D.A.A.P. 22-11-16.

COUNTRY OF BIRTH W. S. A. Dadeville, Dade Co. Missouri DATE May 26th 1880

PLACE OF ATTESTATION Grande Prairie. Alta. DATE July 8th 1916.

N/C. 20-4-19 317/63 Pte.

L. L. 94504. M. & D. 6512. M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

MARRIED Yes SINGLE WIDOWER

TRADE OR CALLING Engineer (steam) RELIGION Baptist

DESCRIPTION.

APPARENT AGE 36 YEARS 1 MONTHS

HEIGHT 5 FEET 11½ INCHES

CHEST MEASUREMENT Not stated INCHES EXPANSION INCHES

COMPLEXION Dark EYES Blue HAIR Dk Brown

DISTINGUISHING MARKS Nil

MEDICAL EXAMINATION. PLACE Grande Prairie, Alta DATE July 8th 1916.

Present address - Grande Prairie, Alta.

No. RANK Spr NAME Kirby, J E.

T. O. S. UNIT #23 Draft, Divisional Engineers

M. D. 13

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
July 8	July 31	✓		

FILE No. [redacted]

DENTAL EXAMINATION ON DISCHARGE.

RANK Pte. NAME Kirby J.E. 49 Batt REGT. No. 505723

DATE OF ENLISTMENT July 4/16 SERVICE, WHERE France

IF ANY DENTAL TREATMENT IN ARMY, WHERE Kenmel Park

DISCHARGE EXAMINATION AT Minto Clinic DATE April 24/19

TREATMENT TO BE RECEIVED

Fit

AT Minto Clinic EXAMINED BY Capt. T.G. McCarten

ABOVE TREATMENT COMPLETED BY Capt. J.B. Summerville DATE April 24/19.

COMPLETED HISTORY SHEET FILE No.

OTHER SIDE FOR REMARKS.

NOTE:—THIS IS TO BE PRESENTED TO C.A.D.C. OFFICERS ONLY. AS CIVILIAN DENTISTS ARE NOT AUTHORIZED TO DO THIS WORK AND CLAIMS FOR SAME BY THEM CANNOT BE PAID.

M.F.B. 484.
100M.-12-18.
1772-39-1219.

No. 505723 RANK Pte NAME Kirby J. E.

T. O. S. 4-8-16 (LW 1859 8-8-16) UNIT Canadian Engineers Training Depot

M. D. Val

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PARTICULARS	AUTHORITY
1916 July 8	1916 July 31	✓	L. P. C.	
Aug 4	Aug 31	✓		
Sept		✓	now shown on M. D. 4.	Oct: pay list.
Oct.		✓.	Proceeded O/S. 30.10.16	D.O. 268 of 30.10.16.

Number 505723 Rank Pte.

Surname KIRBY

Christian Name James Etna

Units 49th Bn Can Inf Theatre of War France

Date of Service 25-6-17

Remarks

Latest Address ~~Winnipeg Man~~

G.P.O.

Dodeville

Roll No B Page 16699

Mo.

USA

200m.-2-21.M.

Next of kin

Address on leave

Address on discharge

Transportation issued Yes / No Date

Character on discharge

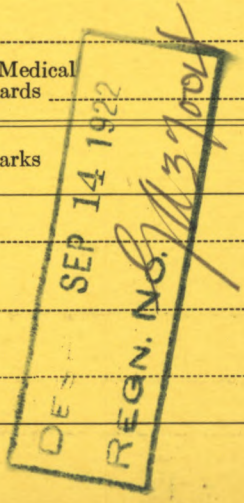
Previous occupation

Date and place of enlistment

Diagnosis

Date of Medical Boards

Date	Remarks



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

Form P. 85
1918—60M—29-11-16.

131826

FORM OF WILL.

Name in full.

I James. Etna Kirby

Regimental Number 506723 serving in 9th Res.

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

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

I DEVISE and BEQUEATH all my real estate unto Father
William Monroe Kirby
Dadeville Missouri

absolutely, and my personal estate I bequeath to my Father
William Monroe Kirby
Dadevill Dade Co Missouri

Name & Address of persons or person to receive personal estate (see Note 1.)

Fill in Date and Year.

IN WITNESS WHEREOF I have hereunto set my hand this 20th day of June A.D. 1917.

James Etna Kirby
(Signature)

Signed by the said Testator as his last Will and Testament, the same having been read over and explained to him, in the presence of us both present at the same time who at his request and in his presence and in the presence of each other have subscribed our names as witnesses.

Name of Witness G H Garrad
Address of Witness 9th Reserve Battn (Alberta)
Occupation of Witness C.S.M. D company.
Name of Witness W. Sidney Addis
Address of Witness 9th Res Batt. (Alberta)
Occupation of Witness 160679.

N.B.—Personal Estate includes pay, effects, money in Bank, insurance policy, in fact everything except real Estate.

Canadian Engineers.

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 Canadian Engineers. ENGINEER TRAINING DEPOT

(2) Regimental Number 505723

(3) Full Name of Soldier Kirby James Edwin

(4) Place of Birth Dadeville Dade Co Missouri USA

(5) Are you married, or not ? Yes

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

(b) Present Postal Address Grande Prairie Alberta

(7) Are you a widower ? —

(8) Have you any children ? No

If so, give number of boys and girls —

Also their names and ages

M. F. W. 67.

200M.—3-16.
I772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address Wm Kirby Dadeville Dade Co Missouri USA

(10) Is your Mother alive? Yes

If so, state name and address Mary E Kirby same address as above

(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.

Send to Wm Kirby
Dadeville Dade Co
Missouri USA

(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.

Yes

(15) Are you insured? No

If so, in what Company? —

Have you made arrangements for payment of your Insurance premium —

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

H. Scott Lieut. C. E.
Officer Commanding. Asst. Adjutant Engineer Training Depot.

Date 14/9/16

CANADIAN EXPEDITIONARY FORCE

WAR SERVICE BADGE
CLASS "A" NO. 167206 ISSUED

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 505723 (Rank) Pte

Name (in full) Kirby James enlisted in

the C. E.

CANADIAN EXPEDITIONARY FORCE at Grand Prairie on the 8th

day of July 1916

HE served in France

and is now discharged from the service by reason of Demobilization Demobilization R.O. 1420 (c)
Medical Unfitness.

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

Age 39

Height 5 11½

Complexion Dark

Eyes Blue

Hair D Brown

Marks or Scars

James E Kirby
Signature of Soldier

Date of Discharge

Dispersal Station "M"
APR 24 1919
Military District No. 10

A. K. Love
Issuing Officer

Lieut
Rank

Date 24. 4. 1919

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.-360M-11-18.
H.Q. 1772-39-882.

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 one liable to usual military discipline, as if on the strength of a unit.

ORIGINAL

MEDICAL HISTORY SHEET.

505723

Surname Kirby Christian Name James Chas

Examined { on 8th day of July 1916
at Grande Prairie.

Approved by A Bea Dgood

Birthplace { City or Town Dadeville
County Missouri U.S.A.

Rank M.O.

Apparent age 36 yrs. 1 month.

Trade or occupation Engineer (steam)

Height 5 Feet 11½ Inches.

Weight Lbs.

Chest measurement { Minimum 40 inches.
Maximum expansion 4 inches.

Physical development

Small-Pox Marks

Vaccination Marks { Arm Right. Left.
Number

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Date.	Fit or Unfit.	Examined for Re-engagement.
29.8.16	Fit	Inwith Capt AMC M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
21.10.16		J Mumphell Capt AMC M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
23.9.16		J Mumphell Capt AMC M.O.
21.10.16		J Mumphell Capt AMC M.O.
14-11-16		E R G
21-11-16		M.O.

Enlisted on 8th day of July 1916 at Grande Prairie

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	Engineers	505723		8-7-16
Transferred to	9th Res. Dn 49th Bn Engrs			24-5-17
				25-6-17

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Witley	18/12/18	Myalgia, Callus Fort Rt. Bn	Jas L. Hammond Capt AMC

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.
400m.—1-16.
H. Q. 1772-39-439.

Surname Kirby Christian Name James Edna

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Discharge from Hospital Day	Month	Year	DISEASE.	Number of days in Hospital	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
Crowborough		21	12	16	24	12	16	Bronchitis	3	Recovered & discharged to duty	C. Magee Capt.

Duplicate Medical History Sheet posted to here. Jo C

C.A.D.C. 5009 A

CANADIAN ARMY DENTAL CORPS, O.M.F.C. M.D. 10.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

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.

NAME OF SOLDIER (Block Letters) KIRBY. J. E.

REGIMENT 49th Batn. RANK Pte. No. 505723

Date of Examination in England 7/1/19. | Date of Examination in France

PRESENT DENTAL REQUIREMENTS

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

HAS HE EVER REFUSED DENTAL TREATMENT? J. D. McCarter Capt

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 Yes
- (c) ~~In France~~.

KINMEL PARK, NORTH WALES.

Signature of Dental Officer J. S. Somerville Capt

CANADIAN ARMY DENTAL CORPS, O.M.F.C. M.D. 10

DENTAL CENTRE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) KIRBY J. E.

REGIMENT 49th Batt. RANK Pte. No. 555723

Date of Examination in Engl. 7/1/19 Date of Examination in France

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

PRESENT DENTAL REQUIREMENTS

1. Fillings
2. Extractions
3. Crowns
4. Dentures
   (a) Full Upper
   (b) Part Upper
   (c) Full Lower
   (d) Part Lower

Has he ever received Dental Treatment?

Has he ever received Dental Treatment? (Tick by "Yes" [illegible] or all of a, b or c)

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

Signature of Dental Officer

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 number of teeth that can will be stated.

R—122
8,401—50,000—21-10-16.

FH

Rank | Name KIRBY, James Etna | Reg'l No. 505723

Unit Dft.19. CETD. | If in perm. Corps, What Unit? | Married or Single Married.

Place and Date of Enlistment Grande Prairie, 8.July.1916. | Place of Birth Dadeville, Dade Co. Missouri, USA.

Name and Address, Next-of-Kin Annie Kirby, Grande Prairie, Alta. Canada | Relationship Wife.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character

N/E. R.B. No. 9119
File R.L.
Category OR. Can

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. "S.S. Caronia".		11.11.16.	A.F.B. 103 CHECKED JUL 1917
13/11/16.	C.E.T.D.	Taken on Strength.	Crowboro'.	12.11.16.	Part II D.O. 268.
27.5.17	9th Rs.	T.O.S. from C.E.T.D.	B'shott	24.5.17	C.E.T.D. D.O. 125 26 5/17 " 122
26.6.17	✓	S.O.S. to 49th Bn. O/S.	"	25.6.17	49th Bn. D.O. 76 3 7/17 D.O. 152
4-1-18	49th	S.O.S. to Sub. Port.	Pte Field	21-12-17	Pt II O.2. Can Lab Pool Rt II 3/7.1.18
25-4-18.	C.S.P.	SOS to 6th A.E. Coy	" —"—	17-4-18	6th A.E.C. Pt II O.24 D/26-4-15 —"— 54.
16-12-18	6 CAE Co	Tfd to Eng + Posted Gen Dep	" "	1-12-18.	DO 55
3-12-18	Gen Dep	TOS from 6 C.A.E. Coy	Pte Witley	2-12-18	DO 287
8-1-19		On Command Sec Camp Rhy.		5-1-19	— 6.
10.3.19	6th CAE Coy	Sentenced to forfeit 3 days pay 10-10-18 for WOAS overstaying leave to U.K. from 6-10-18 to 9-10-18 Forfeits 3 days pay under P & A. regulations			Pt II O.6.

Lead

S.J. 46-M 698/18 4/11

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.
18-3-19	MD 10	TOS of this wing	Gen. Rhyl	18-3-19	Gen Dep DO 154 76
14.4.19	M.D. 10	SOS to Canada M.D. 10	Rhyl pte.	12.4.19	DO 101 2/15.7.19

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps ENGINEER TRAINING DEPOT

Regimental No. 505723 Rank Sapper Name Kirby James Etna

Enlisted (a) 8/7/16 Terms of Service (a) C. E. F. Dofar War Service reckons from (a) July 8th 1916

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) Engineer

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked Canada		1 NOV. 1916	
		Disembarked England		11 NOV. 1916	
20 NOV. 1916	~~Canada~~ C.E.T.D.	Taken on strength of C.E.T.D. Canada	CROWBOROUGH	12 NOV. 1916	Part II Order No. 268
24.5.17	C.E.T.D.	Transferred to 9th Res. Bn	Crowborough	26.5.17	Part II Order No 125 [signature] Lieut. C.E. for Adjutant, C.E.T.D.
27-5-17	O.C. 9th Res. Bn	Taken on Strength 9th Res. Bn	Bramshott.	24-5-17.	Pt II 122.
26-6-17.	O.C. 9th Res. Bn	Proceeded O'seas for Service with 4 9th Bn	Bramshott.	25-6-17.	Pt II 152. [signature] Lieut. ADJUTANT, 9th RES. BATTN. C.E.T.D.
	O. C. C.	B. D. Landed in France	Taken on	Nom. Roll d/	26-6-17
		strength 4 9th Cdn.	Bn. 26-6-17	Pt II D.O. 76 d/	3-7-17
	— do	— Left for 3rd Ent Bn	14-7-17	Nom. Roll d/	14-7-17
	O. C.	Bn. Arrived	16-7-17	" d/	16-7-17

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

[P.T.O.

CERTIFIED CORRECT 18 JUL. 1917 CAN. RECORDS, LONDON.

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.
16.8.17	3rd Ent Bn.	Sentenced to 3 days F.P. No 1, 12.8.17 for while on active service absent from Billets after 9.00 P.M. 5.8.17.		5.8.17	B2069 Pt II ord # 95
23.9.7	"	To Cdn.Cps.Reinforcement Camp.		15.9.17	B213.
2.11.17	S.C.R.C.	Left for Unit	Field	2.11.17	N.R.
14.11.17	Unit	Joined Unit	"	14.11.17	B213.
17.12.17	3C1BD	TOS	Board (ADOS)	17.12.17	UR
16.12.17	Unit	To Base, Unfit.		14.12.17	B213.
21.12.17	3C1BD	Classified B II (Overage Fees)		21.12.17	W3339/286.
28.12.17	C.G.B.D.	L.O.S. on transfer to Canadian Labour Pool		~~24.12.17~~ 21.12.17	NR 493. 21.12.17 UR. KR. 16276. D.O.II. 2, d 4.1.18.
7-1-18	Ob C.R. Pool	L.O.S. from 49th Bn	Field	22.12.17	Pt II D.O. 3
27.12.17.	C.G.B.D.	To No 12 Dist. Hdqrs	C.F.C.	27.12.17.	N/R 855
23/2/18	12 Dist C.F.C.	Cases to be attached on return to C.G.B.D.		23/2/18	B 213
21.2.18	45 Coy CFC	Sentenced to 14 days FP No 2 for When a Active Service a/w/L from 10pm 17.2.18 to 7pm 18.2.18 forfeits 2 days pay under RW.		19.2.18	B2069 Part II Ord 31 d/- 9/3/18
11.3.18	C.G.B.D.	Arrived from APM Paris (prisoner)		11.3.18	N Roll 751
12/4/18	do.	To CCRC		12/4/18	N.R. 1153
13/4/18	C.C.R.C.	Arrived do		13/4/18	NR 10.
18-4-18	AAG.	Transferred from Cdn. Lat Pool to 6th Cdn. Area Emp Co		17-4-18	KR 19480 : 25502/1 P II O 54 d/- 25-4-18

Temporary

SERVICE AND CASUALTY FORM (Part I).

Army Form B. 103—1. Part I.

(1) *Substantative rank Pte

*Acting rank

*[To be entered in pencil to facilitate alteration.]

(2) Regiment or Corps: Can. Engineers

(3) Regtl. No.: 505723

(4) Surname: Ruby

(5) Christian Names: James Etna

(6) Army Form, number of, Attestation Form or Record of Service paper

(7) Whether of British or of Alien origin [*vide* A.C.I. 578 of 1918]: American

(8) Date of birth as stated on enlistment

(9) (*a*) ~~July~~ May. 26- 1880

(10) Enlistment (*b*) July 8th. 1916-

(11) Engagement (*c*)

(12) Service reckons from (*date*) above-

(13) Special conditions (if any) of enlistment (*d*)

(14) Any subsequent variations (if any) of conditions of service

Initials and Rank of an Officer.

(Authority) (*date*)

(15) Category	Date	Medical Authority	Initials and Rank of an Officer

(16) (Record of Occupation in Civil life (*vide* Army Order 93 of 1917)

Industrial Group No.

Trade or Calling: Farmer

Married or Single: Married

Particulars of Trade Test

Occupation Cards despatched on (*date*)

Second Occupation Card despatched on (*date*)

(17) Next of Kin: Wife

(18) Demobilizer (*f*)

(19) Pivotal-man (*f*)

(20) Qualifications (*g*)

(Place)

(Date)

or (21) Corps trade and rate

(Signature of Posting Officer

(22) Extended { 1 21919 EMBARKED FOR CANADA (23) Re-engaged {

(24) Miscellaneous entries:—

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [*vide* A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoeing-smith, &c.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889—PP1150. 1M 5/18 G.W.P.Co (3490)

(A) Report: Date.	(A) Report: From whom received	(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I, 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Oct. 24th 1916			Embarked - Halifax			
Nov 5 - 1916			Disembarked - Liverpool -			
Nov 5 - 1916			T. O. S. Crowborough -			
May 28 - 1917			S. O. S. to Bramshott			
May 28 - 1917			T. O. S. Bramshott			
July 25 1917			S. O. S. Bramshott on proceeding to France.			
July 26 - 1917			Disembarked Staples -			
Dec 1 - 1918			Embarked for England -			
Dec - 2 - 1918			Disembarked & T. O. S. Gen. Depot - Witley -			
Jan 4th 1919			S. O. S. on proceeding to Kinmel Pk Camp -			
Jan 5 - 1919			T. O. S. Kinmel Pk Camp -			

27/3/19 Original Casualty Form not available

J S Fraser Major,
For O/S Representative, Director of Records, M.H.Q.

27-3-19 T O S

C.C.C. Kinmel Park for return to Canada. Part II Orders No. 85

S O S

C.C.C. Kinmel Park on embarking for Canada, Part II Order No: 108

11-4-19

for Commanding 10 Wing, Kinmel Park Camp.

W D Bamsfield Lt.

Nothing to be written in this margin.

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
5m. 6-16.
1772—39—818.

Sheet No. 2. Anna Kirby, Wife

Name of Soldier Kirby, Jas. E Spr.

L. L. Job 4503. Req. 6332.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		Z14776	35	35
Sept.		M16470	20	20
Oct.		G19799	20 —	20
Nov.	10	N22481	20 —	20 Raised 10-11-16
Dec.		M25392	20	20
Jan.	1917	R29339	20	20
Feb.		R32035	20	20
March		R35739	20	20
April		S1911	20	20
May		R5077	20	20
June		S8347	20	20
July		R11881	20	20
Aug.		F15683	20	20
Sept.		F18999	20	X
Oct.		M21054	20	X
Nov.		S23572	20	X
Dec.		X25787	20	20
Jan.	1918			
Feb.			355 00	
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

8-7-16

L-L. Job 310—M. & D. 6574.

MILITIA AND DEFENCE

M. F. W. 11.
50m.—4-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Anna Kirby

Address ~~General Delivery~~ 10210 — 122 Street
Edmonton
Alta

Relation to Soldier wife, child or mother } Wife

Name of Soldier Kirby, Jas. E.

Regtl. No. 505723

Rank Spr.

Corps Can. Engineers

To what Corps belonging when called out }

V

V

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED 7 ACCOUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Sheet No. 2. Mrs Anna Kirby Wife

Name of Soldier Kirby James E.

L. L. Job 4503.—Req. 6832.

505723 Can. Eng

$16.00

NOV 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		N 29058	16	
Dec.		T34673	16	10210-122nd St. Edmonton Alta
Jan.	1917	M39245	16	
Feb.		M451 16	16	
March		G51182	16	16
April		62929	16	16
May		C9727	16	
June		C15251	16	
July		E23217	16	C
Aug.		O30278	16	
Sept.		G36728	16	
Oct.		O 43048	16	
Nov.		Q49087	16	
Dec.		W55941	16	
Jan.	1918		224.00	
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

L. L. Job 4503.—M. & D. 6832.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—6-16.
H. Q. 1772-39-819.

Mrs Wife

To Whom Anna Kirby By Whom Assigned Kirby James E.

Address ~~Gen. Delivery P.O.~~ Regtl. No. 505723

10210-122nd St. Edmonton Rank

Alta Corps Can. Eng

Rate ~~$~~ 1.60 xx NOV 1916

PAYMENTS

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

CONSOLIDATED 3 ACCOUNT

P 820
12474--375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ENGLAND OR CANADA.

EFFECTIVE DATE:- 1. 11. 16.

AMOUNT:- $16.00

SEPARATION ALLOWANCE. * ENGLAND OR CANADA.

EFFECTIVE DATE:-

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.

Anna Kirby Wife
Gen. Del. Edmonton

STOPPED 1.3.19

NAME:- KIRBY James E.

NUMBER:- 505723

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- C. E. T. D. #19 Draft

DATE ACCOUNT FIRST OPENED:- 1-11-16.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			Lab Pool
24. 26.11.18.	1.5.18.	21.5.18.	C/Area Tomp. Coy.

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
						original L.R.C. Coat.	
						Copy issued 17/3/19.	
						L.P.C. Bal. Credit	96 66
						C/Sheet Bal. Credit	96 66

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALLCE
	1 00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- Trans to Canada 28.2.19 N.R. 3242 19.2.19 Rhyl to Rhyl M.O.10

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
March 31	Bal. Forwd								176 40		
Apl.				A.R. 773 Cls BD 14.4.18	4 46				171 94		
				" 766 " 7.4.18	4 46				167 48		
	P.P.	33							200 48		
				Can A.P.				16	184 48		
				D.N. 8 2 Amb. A.R. Lg. 17/8.	3 57				180 91		
		33			12 49			16			
May	RP	34	10	CAP				16	199 01		
		34	10					16			
June	P/P	33		CAP				16			
				A.R. 1503 C.F.C. France 23.2.18	3 57				212 44		
		33			3 57			16			
July	P/P	34	10	C.A.P.				16			
				A.R. 665 2 Bde C.G.A. 2.	8 92				221 62		
		34	10		8 92			16			
Aug	P/P	34	10	C.A.P.				16			
				A.R. 5023 de Paris 20.8.18	17 84						
				" 6297 " 22.8.18	44 61						
				" 4909 " 18.8.18	17 84						
				" 5487 " 24.8.18	44 61						
				" 5655 " 26.8.18	44 61						
				" 5 Bde Carency 2.8.18	8 92				61 29		
		34	10		178 43			16			
Sept.	D.P.	33		C.A.P.				16	78 29		
				A.R. 745. 23rd Lab Group. 8-9-18	4 46				73 83		
		33			4 46			16			
OCT 1918	D.P.	34	10	C.A.P.				16	91 93		
				A.R. C.R. 42308 London. 3/10/18. (9)	48 67				43 26		
		34	10		48 67			16			

COMPILED BY S. Burnside
CHECKED BY J. Duncan

NUMBER 505723. RANK PTE NAME KIRBY. J.E.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Forward.					43 76		
Nov.	RP	33		Bal.				16	60 76		
Dec	"	34 10		"				16	78 36		
				17338 Cls D. 16/7/18.	14 60				63 76		
Jan	"	34 10		C.A.P.				16	81 86		
		101 20			14 60			48			
Feby	"	30 80							112 66		
				C.A.P.				16	96 66		
				P.M. advised 1/19. 10/10/18. AWL. 6/10/18 to 9/10/18. Forfeit 3 days pay							
				Forfeit 3 days pay by F.P.A. D.O.C. 11th Empl Co. 10/3/19.		6 60			90 06		
				3945. Kinmel 31/3/19.	24 33				65 73		
		30 80			24 33	6 60		16			
				1073. Kinmel 11/4/19 Ends	9 73				56 00		
		- -			9 73	- -					

S.O.S. 17/4/19. S.L. 46. M.D. 10

P. 559.
MARRIED OR SINGLE Married

PLACE OF BIRTH Dadeville. Dade Co. Missouri. U.S.A

NAME AND ADDRESS OF NEXT OF KIN Annie Kirby
Grande Prairie. Alta. Canada

RELATIONSHIP OF NEXT OF KIN Wife

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. NO. 505723 RANK Spr. NAME Kirby James Etna

IF IN PERMT. CORPS WHAT UNIT } UNIT 6 E.I.D. TRANSFERRED TO 9th Res DATE 11-8-17 AUTHORITY AR.
No. 19 Draft

PERMANENT FORCE ALLOWANCES TRANSFERRED TO 49th Batt DATE 1.11.17. AUTHORITY Nom Roll

PLACE OF ATTESTATION Grande Prairie TRANSFERRED TO Labor Pool. DATE 14-2-18 AUTHORITY

DATE OF ATTESTATION 8th July 1916. TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 16.00/100. DATE EFFECTIVE 1st ~~Nov~~ Dec. 1916.

PAYABLE TO Anna Kirby, Gen. Del. Edmonton, Alta. RELATIONSHIP Wife.

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) Pay Restricted to 2od per diem. 12 17/76 P II 295. 14 17/76

DATE 1916	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT C.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT C.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT C.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY C	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	C	REMARKS
														14 10	14 10	~~44 11~~															14 10					Bal from Canada
Nov	30	1.00	30		30	10	3								93	2526	28 17/76							9 73				16		16	31 10					
Dec.	31		31		31		3	10							34 10	2813	1 1/76							4 87				16	5 50 05	36 15	29 05					Dft 356. 22 11/76
Jan	31	1.00 19	34	10			6	10							34 10	2645	15 17/76							487				16		20 87	42 28					4 wk. 2 days [DO. 284. 1 13/76. 3 days 3 7/76 Pay restricted to 20¢ per diem 12/14/16. P. II 295. 14 17/76
Feb	28		30	80											30 80	2837	14/1.	3299	3/11.					744	243			16	6 44	21 49	51 59					Dft. 558 - 6 11/76
																		3283	28 11/76						487										
Mar.	31		34	10											34 10	3562	31 3/76	3510	13 3/76					243	243		..	16	2 20	27 93	57 76					2 days F.P. #2 at $1.00. 75. 31 3/76
Apr	30		33	.											33 .													16		16 .	74 76					
May	31		34	10											34 10	184	30/4							2 43				16 .		20 86	88 .					
																76	15/4							2 43											
June	30		33	.											33 .	302	15/5							4 87				16 .		20 87	100 13					
July	31	..	34	10											34 10													16 .		16 .	118 23					
Aug 1-10	10		11												11 .													16		16	113 23					Trans to 9th Res AR
Aug 11-31	21		22	10											22 10																136 33					
Sept	30		33	.											33 .													16		16	153 33					
			361	40										14 10	381 50									34 07	9 73			176	8 37	228 17						

505723. Pte Kirby. J. E.

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
MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS										DR. 1	CR. 2																				
Oct		~~153 33~~																													153 33			
✓	P Pay	34 10														16																			
				D.N.A.R. 265. —									31.5.17	2 43																					
				DNAR. 4 3rd D.R.C.									21/9/17.	2 68																	166 32				
Nov	P Pay	34 10												5 11		16																		
		33		Clear A/C.												16																			
Dec	P Pay	34 10		A.R. 164 4/11/17 2 D.T.R. & R										3 57																					
				D.N.A.R. 332 15/11/17 9th R.C.										4 87																					
				" 102 24/11/17 3 D.R.A.										4 46																					
				" 143 4/12/17 "										4 47																					
				Clear A/C (Rec)										14 34		16															18H 05				
1918 Jan.	P.P.	67 10												17 39		32																		
		34 10		Clear A/C.												16																			
				A.R. 1062 20/11/17 K.Y.R.										12 H4																					
				" H16 26/8/17 3rd Entr. R.										5 36																					
				" 6216 31/12/14 C.E.F.										H H6																					
				D.N.A.R. 21H 18/10/17 3rd R.R.C. Reinf.										22 31 H H6																					
				" 457H 7/4 3rd Entr.										26 3 29 H5																					
		3H 10														16															172 70				
Feby	P Pay	30 80		C.A.P.												16																		
				A.R. 1136 12 D.R.C. 31/1/18										7 14																		180 36			
		30 80												7 14		16																		
Mar.				Clear A/C.												16															164 36			
	P Pay	34 10																													198 46			
				Struck off strength E.F. 3rd 19/2/18 from Athlone on 7/0 AWL Forfeits 2 days pay R.W. No 31 8/3/18											1760																180 86			
				D.N.A.R. 1106 49 Bn									4.12.17	4 46																	176 40			
		34 10												4 46	17 60	16																		

Adriatic

AUDITOR | PAYMASTER

M. or S.

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

REGT. No. 505723 RANK Spr NAME (IN FULL) Kirby J. B. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? yes DATE EFFECTIVE

TO WHOM PAID Mrs Anna Kirby RELATIONSHIP (Wife)

ADDRESS ~~10210—132nd Street~~ General Del. Edmonton Alta

PARTICULARS	EFFECTIVE DATE	AUTHORITY
24		

ORIGINAL UNIT C.E.F. C.B. IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO Dis Stn M — DATE APR 12 1919 — AUTHORITY P.O. 115

DATE OF ATTESTATION July — TRANSFERRED TO 8—16 — DATE — AUTHORITY

ASSIGNED PAY $ 1 60 — DATE EFFECTIVE

PAYABLE TO ~~Mrs Anna Kirby~~ — RELATIONSHIP

ADDRESS ~~10210—132nd St.~~ Edmonton Alta

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

ANY CHANGE IN ASSIGNEE OR ADDRESS: DADEVILLE MO. ~~Bank of Montreal~~ USA (17.10.19) Winnipeg

DISCHARGED — PLACE MD10 — DATE APR 24 1919 — REASON D — AUTHORITY D.O. 115 — IF ENTITLED TO POST DISCHARGE PAY

MONTH 1919	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	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 28-2-19							96	66	96	66							24	33																		96	66	BAL. ENG. L. P. C.
																	9	73																			Can. 96.66
																	4	87																			Clothing Allce. 1st payment W.S.G.
1-363-5	63	1.10	69	30	35	00	96	66	270	96	54441						5	00											48	00			270	96				Advances Boat Train
					30	00											179	03																			A.P. chgd. on Eng. L. P. C. to
																																				Dr A.P. March April + May
			1189	SA							War Service Gratuity,						1189	SA													Soldier Dependent					
153 Days @ Minimum			35	00	15	00	50	00									70	00							600		880				271	20	144	00			1st Payment W. S. G. as above
~~Dr~~ May			16	00																											287	20	144	00			Dr 8 Days O/D P.A. to dis
																																				Cr A.P. May not paid
May 1st																																					Dr 6 Days O/D SA April
											568974						70	00													217	20					70 00 2nd Days O.S.G.
											568975								60	00													84	00			60 00 1st 12nd
19/6											769486						70	-													147	20					70 - 3rd
											— 87								30	-													54	00			30 - SA
21/7											769189						70	-													77	20					70 6th
											— 90								30	-													24	00			70 SA
											1220175						44	20													—	6					44.20 Final
											1223556								24	-													—	624			
							516																															
																															35	20	144	=	1450	516	—

A/c. Released.

AUDITED AUG 1 1919 ..... 1919 AUG 25 1919 ..... Audit Clerk M.D. 10

2000-3-19.—L. ... 58783-H. & D. 9985.
M. F. W. 2596.
177.-39-1390.

Date of Enlistment 8.7.16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch K

OVERSEAS CONTINGENTS

3138

Date of Assignment Nov 1/16

7 L 2 K 3
D.

RATE OF SEPARATION ALLOWANCE

20	$ 25.00 1-12-17 P.C 3257	30	

1/9/18 PC 2753 MO 28252

RATE OF ASSIGNMENT

16			

PARTICULARS OF SEPARATION ALLOWANCE

No. 505723

Rank Spr Promoted Reverted Discharge

Soldier's Name James E. Kirby

Battalion Can Eng.

Beneficiary Anna Kirby

Relationship wife

Address

MFW-2554-30-7-18

PARTICULARS OF ASSIGNMENT

Name Mrs Anna Kirby wife

Address 10210-122nd St. Edmonton Alta.

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	
Dec 31	—	355 00	224 00	579 00	✓
Jan	S 68597	30 00	16 00	46 00	✓
Feb	F 71327	25 00	16 00	41 00	✓
Mar	K 93640	25 00	16 00	41 00	✓
April	K 11151	25 00	16 00	41 00	✓
May	S 19070	25 00	16 00	41 00	✓
June	F 17021	25 00	16 00	41 00	✓
July	P 28162	25 00	16 00	41 00	✓
Aug.	H 39998	25	16	41 00	✓
Sept.	K 42595	25	16	41 00	✓
Oct	N 53629	25	16	41	—
Nov	E 58224	25	16	41	—
Dec	L 62270	45	16	61	—
Jan	K 73886	30	16	46	—
Feby	K 76645	30	16	46	✓
Mch	S 88657	30	16	46	—
Apr	H 3016	30	16	46	—
		800	480	1280	

REMARKS

10116-J-19

Continue S/A per P.O.B 15/1/19.

A/c Closed 30-4-19

Ret'd per adriatic 26-4-19

Date 20-4-19 M.F.W.187

Closed M. Nolan M.D 10

93064

AUDITED.

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 1193.

649-K-2421. Auth. Letter D.R. File 21 6/21.

CHANGE OF ADDRESS.

No. 505723 Rank _____ Surname Kirby Christian Names James E

Address Dadeville, Mo

USA

Ret Dwt 5/7/21.

D-19.
EBM.

Section NB Awards.

1268 673

9-9-35

91768

No. 10 M.D.

SHORT FORM. DISEMBARKED HALIFAX, 20-4.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

M

Group 1.

1. No. 505723 APR 12 1919 EMBARKED FOR CANADA

2 Rank. Pte.

3. Name. Kirby, Jas. E. E

4. Unit. 8th Res. 19th Engrs. Drafts

5 Date of Discharge 24.4.19 Place Wpg.

6 Reason for Discharge Demob

MEDICAL DOCUMENTS FORWARDED TO S.C.R. or P.R.C. 19/3/19

13. Wpg

7. Authority. 20115

8. Proposed Residence after Discharge Wpg.

War Service Badge Class "A" No. 161206

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.? Declared 10-April-1939. 649-K-2421

James E Kirby Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date

Dispersal Station "M" APR 24 1919 Military District No. 10

Signature A. Gove Lieut for (O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

KCD 12.2.20

NB - Dis - Grad

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 (D.M.S. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (A.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 (A.F.B. 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 A

Checked by No. 26

[signature]

Date 11-4-19

Name Kirby Enl. 8-7-16

Date of Embarkation for England 1-11-16.

Proceeded to France. 25-6-17 Returned to England. 1-12-18

demob.

Date returned to Canada. 12-4-19

Chtd

5-10-27

(over)

P.R. 2855.

Cas. Sheer.

14-12-17 — To Base - Unfit.
21-12-17 - Classfd. B2 - Coverage
26-7-18 — " B2.

PART I.

A.F.B. 179 Canada (Revised 1918). 4182 100m. 16/11/18 D.495

Reserved for M.H.C.

Regt. No. 605223 Rank Pte Surname KIRBY Christian Name JAMES ETNA

Unit or Corps—(a) Overseas from United Kingdom 6 Emp. Co. (b) in United Kingdom Gen Hospt

Born at—Town Wadeville County or Province Missouri Country U.S.A.

Date of Birth—Day 26 Month May Year 1880 Age 38 yrs. 7 months.

Joined at Grande Prairie Alta Date 8-7-1916

Former trade or occupation Farmer

Permanent Marks or any peculiarity that will serve for future identification :—

scar on R Hip.

Height—feet 5 inches 11½ Colour of eyes Blue

Signature of Soldier (*for identification purposes*) James E Kirby

Medical Report

☞ *Read carefully the instructions on last page of this form.*

1. DISABILITY.

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

Disabilities Group (*a*) MYALGIA BACK.

Disabilities Group (*b*) CALLOS ~~FEET~~ RT FOOT.

Disabilities Group (*c*) nil.

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	unknown	previous to enlistment	
(*ii.*) As to Group (*b*) above.	active service conditions.	France	Dec 1917
(*iii.*) As to Group (*c*) above.	n.a.	n.a.	n.a.

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

(*i.*) As to Group (*a*) above ? ~~yes~~ If yes, has Active Service aggravated it ? yes

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

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

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

(*i.*) As to Group (*a*) above ? no

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

(*iii.*) As to Group (*c*) above ? n.a.

PART I. (continued).

5. MEDICAL HISTORY. Enlisted 8 July 1916.

Came to England Nov 1916 (statement)
Went to France July 1917 "
Boarded in France 21 Dec 1917 B II
" " " 18 July 1918 B II

states that his pains in back have become severe since in service.
& that in Dec 1917 first began to have callus formation on Rt foot, giving him much pain.
History of gonorrhoea in 1914 - before enlistment.

6. PRESENT CONDITION. Stated age 36 yrs.

Complaints pain in Rt foot on walking.
pain in back after working

Exam - Rt foot - Transverse arch in Rt foot has fallen - foot broader than Lt.
There are large under callus formations over under surface of heads of metatarsal bones - also has some pain in Rt ankle. Which is not a disability -
Back nothing to be seen - complains of severe pain low down in back over erector spinal muscles when working - Back gets stiff in wet weather
Heart - neg - arteries palpable - lungs clear - W.S. N.S. neg.
Spec. Rep Witley - 18-12-18 sig. Spence captain. " There is no evidence of contagious venereal disease urethra - no stricture full size still passes readily."

7. OPERATION. (i.) Was one performed? no (ii.) If so, state what. n.a.

(iii.) Was one advised and declined? no.

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

8. (i.) Is there loss or decay of teeth attributable to Active Service? no

(ii.) If so, describe. n.a.

9. DO YOU RECOMMEND:—

(a) Fit for duty? (state category) B II

(b) Invalid to Canada? no

(c) Discharge from the Service as permanently unfit? no

Date of Report 18 Dec 1918

Signed [illegible] Officer in medical charge of case.

Station Witley

Captain

I have satisfied myself of the general accuracy of the above Report, and concur therein *except Not in Hospital {Officer i/c Hospital / S.M.O. Brigade} Strike out one of these

Dated at ..... Station, on ..... 191.....

*Delete if inapplicable.

PART II.

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

10. Is the disability fully described in Part I. (1)? If not, describe it. yes

11. Is the cause of the disability fully described in Part I. (2)? If not, describe it. yes

12. From the medical information now adduced, was the disability caused or aggravated by :—
(a) Negligence of the Soldier { Caused? no / Aggravated? no
(b) Misconduct of the Soldier { Caused? no / Aggravated? no

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? (*Estimate at none, 5%, 10%, 15%, 20%, etc.*) Ten per cent

14. THE DISABILITY DUE TO SERVICE.—(*See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.*)
What part of the entire disability estimated next above (13) is due to causes arising during Active Service? (*Estimate at none, 1/10, 2/10, 3/10, etc., or all.*) eight tenths

15. Permanency of the Disability due to Service estimated next above in (14).
(*i.*) Is it permanent? no
(*ii.*) If not permanent, what is its probable minimum duration (*in months*)? six months

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? N.A.

17. Can the former trade or occupation be resumed? yes

18. REMARKS :— Authority A.G. 1-(9083)-11-11-18

19. RECOMMENDATION :—
(a) Fit for duty? (*state category*) B ii
(b) Invalid to Canada? no
(c) Discharge from Service as permanently unfit? no

Date of Board 18/12/18

Signatures of the Board { Robert Lowe Cassel President. / Jas. L. Hammond Capt. Cane

Station Witley

Approved [signature] CAPTAIN, For A.D.M.S. CANADIAN TROOPS, WITLEY.

A.D.M.S.

Dated at

Station

HEADQUARTERS A.D.M.S. 19 DEC. 1918 File..... CANADIAN TROOPS, WITLEY.

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Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned.....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 :—

.....
Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.

S.S. Adriatic

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID B. P. C.

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.

10 M. D. APR 24 1917 HEADQUARTERS WINNIPEG

STATION Winnipeg, Man. M.D.#10 DATE April 24, 1919

1. 1 (a) Unit CE/49B/6areaEC/10BD (b) Regimental No. 505723 (c) Rank Pte.

(d) Surname KIRBY (e) Christian name James Etna

(f) Home address Grande Prairie, Alta.

(g) Next of Kin Anna Kirby (h) Relationship Wife

(i) Address of Next of Kin Edmonton, Alta.

2. Age last birthday 38 Date of birth May 26, 1880

3. Enlistment, or Appointment (if an Officer) (a) Place Grande Prairie, Alta. (b) Date July 8, 1916

4. Personal description:

(a) Height 5'9¾" (b) Weight 181 (stripped) (c) Complexion Medium

(d) Colour of hair Greying (e) Colour of eyes Blue (f) Identification marks, Scars, etc. 2" scar under chin. 1" scar middle line of forehead.

5. Former trade or occupation Farming

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

	Periods From	Periods To
Canada	July 8, 1916 April 11, 1919	Nov. 1, 1916 April 24, 1919
England	Nov. 1, 1916 Dec. 1, 1918	July 26, 1917 April 11, 1919
France or other theatres of War	July 26, 1917	Dec. 1, 1918

7. Original disease, or injury 1- Callosities balls of toes right foot. 2- Bronchitis. -3- Myalgia -4- Stricture of urethra. -3- Dec. 1917 (4) 1914

(a) Date of origin 1- Nov. 1917 (2) Dec. 1916 (b) Place of origin 1- Ypres (2) England (3) Canada (4) Alberta, Canada.

(c) Cause 1- Heavy marching (2) Service conditions. (3) Pre-existed enlistment- (Service conditions. (4) V.D.G.

Assistant Director Medical Services No. APR 25 1919 MIL'Y DIST. No. 10 WINNIPEG

M. F. B. 227.

300M.—8-18.
1772-39-117.

E.C.

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.)

1- Slight difficulty in walking. (2) Slight dyspnoea. (3) Difficulty in bending and carrying. (4) Difficulty in micturition.

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.)

1- Can walk five miles slowly on level ground. Rough ground causes limping and pain in the callosities. callosities are hard and situated on ball of foot. (2) A few small mucous rales over larger bronchi of left chest. Has cough in the mornings with thick yellow muco-purvulent expectoration- Difficulty to get up and on occasionally causing him to vomit his breakfast from severity of coughing. There is constant slight soreness above left nipple which is aggravated by coughing. Dyspnoea on exertion or walking fast. (3) Has pain in lumbar region in erector spinae muscles on all movements of the region bending backwards or forwards lateral flection and rotation which are limited by the pain Tenderness on deep pressure over right lumbar muscles. Both tires when he carries weights. (4) Has difficulty in completely emptying bladder. Micturition at times accompanied by burning There is slight thin discharge.

(*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*).)

1- Callosities result of marching on rough heavy ground carrying heavy pack. Improved lately.

2- Bronchitis caused by exposure to wet and cold in camp.

3- Lumbar myalgia aggravated by service conditions in France. No improvement as yet.

4- Pre-existed enlistment.

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*).)

Nil

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

See 4 F.

11.—(*a*) Did the disabling condition have its origin before enlistment? 1-2 No 3-4- Yes

(*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.)

1 & 2 not applicable

3- Yes only very occasional lumbar pain before enlistment. Is more frequent now. -4- No.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? 1-2-3- (a) and (b) No 4-(a) Yes

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? 1-2-3- Minimum period 6 months. 4- Permanent.

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

1- None (2) In hospital 4 days England, medicine.

3- None (4) None.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No

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

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

(If not, briefly state why)

17. Recommendations

DISCHARGE AS MEDICALLY UNFIT.

Wm. S & R. Bond 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 James E. KIRBY 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

James E Kirby Rank. pte

Signature of invalid examined.

Norris

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.)
(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.~~)

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.)

AS MEDICALLY UNFIT.

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.

G. W. Staples Capt. ..... *President.*

PLACE Winnipeg, Man. ..... John H. R. Bond Capt. } Members

DATE April 24, 1919 .....

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 ..... } Members

DATE .....

APPROVED BY [signature] APPROVED BY

Assistant Director of Medical Services. *Director-General of Medical Services.*

DATE APR 28 1919 DATE .....

...y Form B. 103. 2 - Sheet - ...gimental Number 505723

Casualty Form—Active Service.

Regiment or Corps 6th Cdn. area Emp Co

Rank Pte Surname Kirby Christian Name James Etna

Religion ..... Age on Enlistment ..... years ..... months

Enlisted (a) ..... Terms of Service (a) ..... Service reckons from (a) .....

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... } Re-engaged { ..... } Qualification (b) .....

or Corps Trade and rate .....

Occupation ..... Signature of Officer

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
		Embarked			
		Disembarked			KR19480:25502/1
18-4-18	A.A.G.	T.O.S. 6th Cdn. Area Emp. Co		18-4-18	PII024 d/:26-4-18
26-7-18	A.D.D.	Classified B2	Fd	26-7-18	W3339/63/.
	Cdn. Corps.	Dep. Feet & Myalgia			PII0.42 d/6-8-18
~~27-7-18~~	~~A.A.G.~~	~~T.O.S. 6th Cdn Area Emp Co~~	~~Fd~~	~~27-7-18~~	~~PII.0.42 d 6-8-18~~
17-8-18	6 C.A.E.Co.	Granted 10 days leave	Paris	18-8-18	B213. PII A4 31/8/18
7.9.18	6 C.A.E.Co.	Rejoined from leave	Fd.	28.8.18.	B213
21.9.18.	do.	Granted 14 days leave	U.K.	20.9.18.	B213 PII.20.47 9/10/18
12-10-18.	do	Rejoined from leave	Fd.	9-10-18	B213
1-12-18	A.A.G.	Transferred to England		1-12-18	KR 36343/4
		& posted to Can. General			PII055 d/:16-12-18
		Depot Witley			

A.H. Christie

(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) Signaller, Shoeing-Smith, &c.

W. 8635—M2733 2000m 9/17 (35614) C. P. & S., Ltd., Form B./103 E/1807. P.T.O.

Canadian Section. G. H. Q. 3rd Echelon. B. E. F.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
3-12-18	Gen Dep:	T.O.S. from 6th A.E.C.	Witley	2-12-18	Pt II. O. 287
					[signature] Lieut
					For Major i/c Records. O.M.F.C.
8-1-19	Gen. Dep.	On Com. Seg. Camp Rhyl	Witley	5-1-19	D.O. 6
10-3-19	6 C.A.E. Leay	Sentenced to forfeit 3 day pay 10-10-18 for W.O.A.S			
		overstaying leave to U.K. from 6-10-18 to 9-10-18 Pt II O. 6			
		forfeits 3 days pay under P.A. regulations.			
					Lt for Colonel i/c Records, OMFC Lieut.
12.4.19	T.O.S. Dispersal Station M	ZO115 Pa2			
and Dispersed 24.4.19		" do " 3			
	[signature] Lieut. for O. C. 10 District Depot.				

No. 505723 Name Kirby James Sqn., Batty., or Company Corps 49th Batn Date of enlistment G.C. Badges Service or Proficiency Pay

Date of last entry in Company Conduct Sheet No. and date of last drunk Period not reckoning towards freedom from extra fine Sheet No. Temporary Signature O.C. Company, etc. Character

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
				Certified Original not available D McNab Lieut					

Army Form B. 122.

[P.T.O.

[6852] Wt 2359/P368 2,500,000 12/17 E.P.Ltd. (E2237)

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks