Original

#3

Canadian

ATTESTATION PAPER.

No. 491048

U. of T. Training Co.,

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	(ANSWERS.)
1. What is your surname?	K IR B Y
1a. What are your Christian names?	Luther Henry
1b. What is your present address?	355 Huron ST. Toronto Canada
2. In what Town, Township or Parish, and in what Country were you born?	Oshawa Ont. Canada
3. What is the name of your next-of kin?	Hilda Kirby
4. What is the address of your next-of-kin?	Box 390 Oshawa Ont., Canada
4a. What is the relationship of your next-of-kin?	Mother
5. What is the date of your birth?	Apr. 3rd. 1882
6. What is your Trade or Calling?	Chemist
7. Are you married?	Single
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes
9. Do you now belong to the Active Militia?	No
10. Have you ever served in any Military Force? If so, state particulars of former Service.	No
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
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	No
14. If so, what was the nature of the disability?	
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	No
16. If so, what was the reason?	

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Luther Henry 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.

L. H. Kirby (Signature of Recruit)

Date June 19th 1917 191 . (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Luther Henry Kirby, 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.

L. H. Kirby (Signature of Recruit)

Date June 19th 1917 191 . (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 Toronto Canada this 19th day of June 191 7.

(Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of Luther Henry Kirby on Enlistment.

Apparent Age 35 years 2 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 8½ ins.

Chest measurement.
- Girth when fully expanded 37 ins.
- Range of expansion 3½ ins.

Complexion Medium

Eyes Blue

Hair Brown

Religious denominations.
- Church of England
- Presbyterian
- Methodist Method.
- Baptist or Congregationalist
- Roman Catholic
- Jewish
- Other denominations (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).

Mole on stomach
Scar right middle finger

Hearing O.K. Nose & throat O.K.
Each eye D. 20

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 19th 1917 191 .

Place Toronto Canada

Medical Officer.
Toronto Mobilization Centre

*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:—

DECLARED FIT BY MEDICAL BOARD
TORONTO MOBILIZATION CENTRE
M.O.
PRESIDENT

CERTIFICATE OF OFFICER COMMANDING UNIT.

Luther Henry 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.

Malcolm W. Wallace Capt. (Signature of Officer)

Date June 22, 1917. For O.C. COMMANDING, U. OF TORONTO O'S COMPANY

REGIMENTAL DOCUMENTS

NAME Kirby Luther HENRY (Le Cpl) REGT. NO. 491048 UNIT 2nd Lat. C.G.R. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2	ATTESTATION PAPER (M.F.W. 23, 133, or 51)	43	~~To M.D 2~~	~~13-8-19~~	~~Ref 2 — 768~~	DEATH
	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		Returned 30-9-19			Category
1	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)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)				10581	DISCHARGE
6	DENTAL HISTORY SHEET (M.F.B. 465)					Category
4	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Cond Sufit
	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	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)					
2	M F W 71					5-28
1	Misc					19-28
1	Misc					32-28
1	pay card					

Cleared 12-8-50

W. 2589

No. RANK Pte. NAME Kirby D. H.

T. O. S. 19-6-17 UNIT Toronto mobilization Centre
(D.O 170 - 19-6-17)

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 June 19.	1917 June 19.	m.	Transfd to O/s U.S. Coy 19.6.17	D.O 170 19.6.17

No. 491048. RANK Pte. L/Corpl. NAME Kirby L. H.

T.O.S. Trans. from Toronto Recruiting Depot. (20. 146 of 20-6-17.) UNIT Can. Officers Training Corps. University of Toronto.

M.D. 2.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917. June. 20.	1917. June. 30.	✓		
July.		✓		
Aug.		✓		
Sept.		✓	Prom. L/Corpl. 27-9-17.	20. 238 of 27-9-17.
Oct.		✓		
Nov.		✓		
Dec.		✓		
1918.	1918.			
Jan.		✓		
Feb.		✓		
Mar.		✓		
Apr.		✓		
May.		✓		
June.		✓		

LEDGER NO. 861. SERIAL NO. A43736

REG. NO. 491048 NAME Kirby L. H

RANK F/C CORPS 2 C G R AGE 38 SERVICE C 5/12 C 14/12

	HOSPITALS	DATE OF ADMISSION
1	Stationary Ex Camp Toronto	30-1-19
2		
3		

DIAGNOSIS General debility

TRANSFERRED TO Whitby Mil 13-2-19

DISPOSITION invil 20-3-19 CATEGORY E

M.F.W. 2553.
1126-D.P.-50M-12-18.
1772-39-1332.

P.T.O.

REMARKS:

M. F. W. 71—500M.—6 18.
1772—39—951.

NAME Kirby Luther Henry.

REGIMENTAL NO. 491048 RANK ~~Pte~~ L/C

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

DATE 19-6-17

IF SERVED PREVIOUSLY. STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE

NEXT OF KIN Hilda Kirby RELATIONSHIP

ADDRESS OF Rr. 3 10 · Oshawa Ont

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c
	NO.	DATE	
T.O.S. 27-11-18	160	7-12-18	
Struck off 24-3-19	87	28-3-19	

ASSIGNED PAY

To whom Olive Evelyn Kirby (Mrs L.H. Kirby)

Address 21 Grayson Ave.

Toronto, Ont.

Amount per month, $ 20.00

By whom assigned L-Cpl L. H. Kirby

Fill in Rank

Corps O.-I. Tr. Coy, Univ. of Tor. C.O.T.C.

Former Corps ———

M. F. W. 10

200m.-12-15—H. Q. 1772-39-817

M. F. W. 71.—500M.—5-16.
1772—30—961.

NAME Kirby. Luther Henry

REGIMENTAL NO. 491048 RANK Lance Corporal

ENLISTED AT TORONTO, ONT. PROMOTIONS, &c. AND DATE

DATE June 19/1917

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN Hilda Kirby RELATIONSHIP Mother

ADDRESS OF Box 390 - Oshawa, Ont

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II, D. O.		REMARKS IF IN HOSPITAL, NOTE NAME &c.
	No	Date	

491048 (C.E.F.)

KIRBY, Luther H. 491048 L/Cpl.

Medals Prev. Desp.

(25-9-50)

Cross Widow - Mrs. Olive Kirby,
101 Millwood Road,
Toronto, Ontario.

DESP. OCT 27 1950
REGN No. 1554

Mother - ? DECEASED

SOS 29-3-19

SOS

CLINICAL CHART.

Corps 2nd. CCR — Toronto Stationary — Hospital Station Ex. Camp

No. 491048 — Rank and Name Pte. KIRBY Luther Henery — Age 38 — Service 15 Months F. & Eng.

Disease General Debility — Date of Admission Jan/30th — Date of Discharge Feb/13/19 — Result Improved — Serial No. A. & D. Book B329 B 32

Dates of Observation	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Days of Disease	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Temperature Fahrenheit — TIME a.m. p.m.																			
Pulse per Minute		76	76	68	80	74	70	66	80	70	64	70	76	74	68				
Respirations per Minute						20	20	20	20	20	20	20	18	18	18				
Motions																			

M. F. B. 288.

50M—4-18.
H. Q. 1772-39-513.

Signature W. E. Tindale Capt. In charge of case.

URINALYSIS

Name Pte Kirby

Ward or Unit Centre

Color Light Amber

Reaction Acid

Spec. Gravity

Albumen negative

Sugar negative

Microscopic

Laberatery Toronto Stati nary Hospital

Date... February 7/19

Examined b... Peterson Sgt

URINALYSIS

Name Pte Kirby

Ward ~~or Unit~~ Centre

Color Amber

Reaction Neutral

Spec. Gravity 1·047

Albumen negative

Sugar negative { Haines Purdys Fehlings

Microscopic Sq. Squamous Epithelial Cells
Granular Casts
Carbonates

Laboratory Toronto Stationary Hospital

Date... February 11/19

Examined by... J. W. Eston Sgt

24 hour Specimen measures

1185 cc.

CASE HISTORY SHEET.

Toronto Stationary Hospital. Exhibition Camp Station.

No. 49108 A Rank Pte. Name KIRBY Luther Henery Age 38

Unit 2nd. CGR Completed years of service Where and how long 15 Monthe France England

Date of admission January 30th Date of discharge Feb 13/19

Diagnosis General Debility Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE No complaint of any kind - sent here by the Discharge Board.

P.H. Flu - Dec/18 - 2 wks. a_2

Well developed active man. mentality above average exam shows nothing except slight irregularity in rhythm of pulse. Valves normal.

Feb. 4 - No complaints.
" 6 - B.P. 175-55.
" 13 - no albumen in urine - see reports attached

FAMILY HISTORY nil
(Tuberculosis, mental or nervous diseases.)

no T.B.

TREATMENT Parr Food 3 ii ~~tis~~ pc.
(Especially any specific or special form.)

Pot-iodide mixt qid.

CONDITION ON DISCHARGE, Transf to Whitby.
(and disposal made of case.)

Date Feb 13/19

W. E. Tindale
Medical Officer i/c case. capt.

M. F. B. 313a.
200M. - 5-18.
1772-39-439.

CASE HISTORY SHEET.

WHITBY MILITARY HOSPITAL FEB 13 1919

Hospital. Station.

No. 491048 Rank L/C Name Kirby L.H. Age 36

Unit Completed years of service Where and how long 5/12 C 14/12 E

Date of admission Date of discharge

Diagnosis Debility Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE 13-2-19 J. A. Altsought

15.ii.19 S.B.P. 162 D.B.P. 90, M.H. Soules, Lieut.
19.ii.19 Urine, 24 hr. specimen, 825 c.c., S.G. 1026, no sugar, no alb., micro-neg., M.H. Soules, Lieut.

22/2/19. Patient had influenza last December. Not conscious of heart until after that attack. Notes that heart beats rapidly after exertion recently. No other subjective symptoms of heart trouble. Had several diseases of childhood including scarlet fever - no other infections as adult. At Board it was noted he had slight irregularity of pulse and hypertension.
Objectively patient fairly well nourished. Looks healthy but nervous and introspective.
Heart: Apex beat diffuse with some epigastric pulsation. Cardiac dullness 10 cm to left. No marked irregularity, only slight at times. Pulse rate at rest 88. under excitement of examination goes up to 120+
After exercise (touching floor 12 x) rate is 120 and remains so for about 2 minutes. Slight dyspnoea. No cardiac murmurs heard.
Blood pressure 165 systolic, 120 diastolic. Some tremor of fingers
Impression (D.A.H. - slight irregularity, with hypertension
Advise renal function test. + dental examination. B.A.C. Ohne Capt.

FAMILY HISTORY 25.ii.19 Dental report by Capt. Hodgins states:-
(Tuberculosis, mental or nervous diseases.) Apparently source of infection is root under bridge - would advise removal as X-Ray shows absorption - Also mouth wash H_2O_2
M.H. Soules, Lieut.

TREATMENT 28.ii.19 Renal function test.
(Especially any specific or special form.) After 1st hour 45%
" 2nd " 25%
Total 70% M.H. Soules, Lieut.
5.iii.19 Root of tooth removed. Pus came away.

CONDITION ON DISCHARGE, 18.iii.19 Discharge 227
(and disposal made of case.)
227 Medical Board Cat E
We recommend that he be discharged "Having been found medically unfit for service."
M.H. Soules, Lieut.

WHITBY MILITARY HOSPITAL MAR 18 1919

Date WHITBY MILITARY HOSPITAL MAR 20 1919

Medical Officer i/c case.

M. F. B. 313a.
200M. 5.18.
1772-39-139.

Discharged to 2nd C.G.R. for Disposal

A43736

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 2

NAME OF SOLDIER Kirby Luther

RANK

REGIMENT 2nd C.G.R.

No. 491048

INSTRUCTIONS

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

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

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

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Disch		No previous history																				
Exam																						
Whitby		Dentally Fit																		H. J. Hodgins		Capt
Mch 18 49																						

M.F. 200M 1772-[illegible]-950.

49[illegible]48 L/Cpl. L. Kirby.

Heart Findings.

P.M.I. in 6th space but not out.

Systolic murmurs heard in all valves areas after exercise especially aortic & mitral where they are also heard before exercise.

SBP. 170 DBP 100 – Faught?

Diagnosis – Endocarditis due to semin.

Recommend – That he be placed in hospital under I.S.C. as a bed patient

Ex Camp to Out.
29/1/19.

H G Macfarlane
Mochet Clinic

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps U. OF TORONTO O'S COMPANY

Regimental No. 491048 Rank L/Corp. C. E. F. Name Luther Henry Kirby

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				
28-3-19	2nd Det. C.G.R.	S.O.S. on Disch. "Medically unfit for service" R.O. #1420	Toronto	29-3-19	Pt.2. D.O. 87

C. B. Stocking Lieut.
O. i. C. Records, 2nd Det., Can. Gen. Regt., C. E. F.

(*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				

Duplicate

A2

MEDICAL HISTORY SHEET

Surname Kirby *Christian Name* Luther Henry

Examined { on 13th day of June 1917
at Toronto Canada

Birthplace { City or Town Oshawa
County Ont., Canada

Apparent age 35 yrs. 2 mos.

Trade or occupation Chemist

Height 5 feet 8½ Inches

Weight 122½ lbs

Chest measurement { Minimum 31 inches
Maximum expansion 34½ inches

Physical development Fair

Small-pox Marks Nil

Vaccination Marks { Arm Right Left 1
Number 1

When Vaccinated last 1902

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

(*b*) Slight defects but not sufficient to cause rejection
Hearing O.K Nose & throat O.K.
Each eye D. 20

Approved by

Rank

Toronto Mobilization Centre M.O.

Date	Fit or Unfit	Examined for Re-Engagement
		DECLARED FIT BY MEDICAL BOARD TORONTO MOBILIZATION CE... M.O.
		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 19th *day of* June 191 7 *at* Toronto Canada

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	U. of T. Training Co.,	491048		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
WHITBY MILITARY HOSPITAL	MAR 18 1919	D.A.H. influenza	DISCHARGE [illegible] Capt. for PRESIDENT STANDING MEDICAL BOARD.

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Kirby Christian Name Luther Henry

STATION	Date of Arrival at the Station	Dates of Admission into Hospital: Day	Month	Year	Dates of Discharge from Hospital: Day	Month	Year	DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
Toronto Stat.	Hosp.	30	1	19	13-2-19			General Debility	14	Improved. Transferred to Whitby M.H.	A.A. Moss Capt
WHITBY MILITARY	HOSPITAL	13	2	19	18	III	19	D.A.I.I. following Influenza.		Discharge 227	M.H. Soiles, Lieut.

2nd Detachment,
MAR 29 1919
2nd Det., C. G. R., C.E.F.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 491048 (Rank) Lance Corporal

Name (in full) KIRBY, Luther Henry, enlisted in

the University of Toronto Training Corps.

CANADIAN EXPEDITIONARY FORCE at Toronto, Ontario. on the 19th,

day of June 1917.

HE served in .....CANADA and ENGLAND.....

and is now discharged from the service by reason of

"MEDICALLY UNFIT FOR SERVICE"

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

Age 36 years 10 months

Height 5 feet 8½ inches

Complexion Medium

Eyes Blue

Hair Brown

Marks or Scars

Scar right middle finger.

L. H. Kirby
Signature of Soldier

Issuing Officer

O. C. 2nd Bn., Canadian Garrison Regt.
Rank

Appointment

Date of Discharge March 29th, 1919.

Signed at Toronto, Ontario. this 29th, day of March 1919.

in Military District No. 2

File Reference No.

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

M. F. W. 39a.
250m.—6-18.
H. Q. 1772-39-832.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

28-8-54

his space to be for numbers.

Proceedings on Discharge.

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

No. 491048

Rank Lance Corporal

Surname KIRBY.

Christian name Luther Henry

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

Corps (Squadron, Battery or Company) 2nd Dist. C. G. R. C. F. F.

Date of discharge March 29th, 1919

Place of discharge TORONTO

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 36 years 10 months.

Height 5 feet 8½ inches.

Complexion Medium

Eyes Blue

Hair Brown

Trade Chemist

Intended place of residence (To be given as fully as practicable.) Oshawa Ont.

Descriptive marks

Scar right middle finger

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

"MEDICALLY UNFIT FOR SERVICE"

A.D.M.S. M.D.#2, of March 26th, 19 19

Authority for discharge ROUTINE ORDER #1420

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

Medical Documents forwarded to S. C. R. or B. P. C. on 10/4/19

3. Conduct and character while in the service have been; according to the records, etc.

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

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

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

RECEIVED RECORD OFFICE APR 11 1919

REFERRED TO ACTION TAKE

M. F. B. 218.

200M.—5-18.

H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, *(Squadron or Battery,* and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date).....

Commanding.....

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place) TORONTO L. H. Kirby *(Signature of Soldier.)*

(Date) March 29th, 1919 C. B. Stocking Lieut. *(Signature of Witness.)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

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

10. **Statement of Service.**

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

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

11. **Confirmation of Discharge.**

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

(Place) TORONTO

(Signature) Major

O. C. 2nd Det., Can. Garr. Regt., C. E. F.

(Date) March 29th, 1919

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

None

L. H. Kirby

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a
or		
Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form	B. 313
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper	Militia Form	W. 23
or		
Particulars of Recruit	"	W. 133
Proceedings on Discharge	"	B. 218

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

Is there another Cas. Sheet or a Record Sheet, pls.

~~No~~ cas sheets shown as rec'd with dois pls
D
24/8/34 R. O.

MAY 31,1929.

N 50/100 ▷37.50

K, 53,579 T

—

.,

IS ST.,

TO 2, ONTARIO. 471169

D 23562

MAY 31,1929.

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 Whitby Mil.Hospital DATE March 18, 1919.

1. 1 (a) Unit 2nd. C.G.R. (b) Regimental No. 491048 (c) Rank L/Cpl.

(d) Surname KIRBY, (e) Christian name Luther Henry

(f) Home address 21 Simpson Ave., Toronto, Ont.

(g) Next of Kin Mrs. Olive Kirby (h) Relationship Wife

(i) Address of Next of Kin 21 Simpson Ave., Toronto, Ont.

2. Age last birthday 36 years Date of birth April 3, 1882

3. Enlistment, or Appointment (if an Officer) (a) Place Toronto, Ont. (b) Date June 19/1917

4. Personal description:

(a) Height 5 ft. 8½ in. (b) Weight 128 (stripped) (c) Complexion Fair.

(d) Colour of hair Fair (e) Colour of eyes Blue (f) Identification marks, Scars, etc. One vaccination mark left arm.

5. Former trade or occupation Chemist.

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
	1 9/12	

PATIENT'S OWN STATEMENT.	PERIODS From	To
Canada	Jan. 19, 1917	Nov. 19, 1917
England	Dec. 3, 1917	Jan. 11, 1919
France or other theatres of War		
Canada	Jan. 26, 1918	Present date.

7. Original disease, or injury Influenza.

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

(c) Cause Infection.

M. F. B. 227.

300M.—8-18.
1772-39-117.

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.)

Slight loss of function of Cardio-vascular system.

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.)

Objective Signs: Capt. Cohoe states, Feb. 22, 1919 - "Patient fairly well nourished. Looks healthy but nervous and introspective. Heart: Apex beat diffuse, with some epigastric pulsation. Cardiac dullness 10 Cm to left. No marked irregularity. Only slight at times. Pulse rate at rest 88, Under excitement of examination it goes up to 120, after exercise (touching toes 12 times) rate is 120 and remains so for about 2 minutes. Slight dyspnoea; No cardiac murmurs heard. Blood pressure 165 systolic 120 diastolic. Some tremor of fingers. Impression (D.A.H. - slight irregularity with hypertension) Advise renal function test and dental examination. On Feb. 24, 1919 removal of root tooth under bridge was advised as X Ray showed possible source of infection and also showed absorpion. On Feb. 28, 1919 renal function test was done. After 1st. hour 45% of dye had come away; After second hour 25%. Total 70%.
On March 5th. 1919, root of tooth was removed. Pus came away.

Subjective Symptoms: Notes that heart beats rapidly after exertion recently. No other subjective symptoms of heart trouble.

(*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..Urine..Neg. (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*).)

Had Influenza in December 1918. Not conscious of heart until after that attack. In bed 1 week and 1 week later resumed responsible duties requiring a lot of standing. Had trying voyage while returning to Canada in Jan. 1919. Had only felt general weakness following Influenza until after reaching Canada except that he had slight praecordial pain in Eng. Now, by testing his own pulse he often finds it rapid after slight exertion or excitement.

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).)

Had several diseases of childhood including Scarlet Fever.

No other infectious diseases as adult.

(c) (Here give a description of wounds, scars and deformities.) Nil except 1 vacc. scar left arm.

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.)

Not applicable.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? 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? 12 months.

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

In Hospital since returning to Canada in Jan. 1919.

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

Discharge.

W. H. Soules Lieut.

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.....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.....

L. H. Kirby Rank.

Signature of invalid examined.

W. H. S.

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.

We concur.

19. Is the invalid fit for

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

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.)

We recommend that he be discharged "Having been found medically unfit for service".

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.

President.

PLACE WHITBY MILITARY HOSPITAL

DATE March 18, 1919.

} 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

Assistant Director of Medical Services.

DATE 26/3/19.

APPROVED BY

Director-General of Medical Services.

DATE.....

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 Exhibition Pk. DATE January 29th 1919.

1. 1 (a) Unit 2nd C.G.H.R. (b) Regimental No. 491048 (c) Rank L/Cpl.

(d) Surname Kirby. (e) Christian name Luther.

(f) Home address Toronto Ont. 38 Winchester St.

(g) Next of Kin Kirby (mrs) Olive (h) Relationship wife.

(i) Address of Next of Kin Toronto Ont. 38 Winchester St

2. Age last birthday Thirty Six 36 yrs Date of birth April 3rd 1892

3. Enlistment, or Appointment (if an Officer) (a) Place Toronto (b) Date June 19th 1917

4. Personal description:

(a) Height 5' 8" (b) Weight 127 (stripped) (c) Complexion fair

(d) Colour of hair Lt Brown Colour of eyes Blue (f) Identification marks, Scars, etc.

5. Former trade or occupation School Teacher.

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
	1	224.

	Periods	
	From	To
Canada	June 19th 1917.	Dec 6th 1917.
England	Dec. 6th 1917.	Jan 26th 1919 Dec.
~~France or other theatres of War~~ Canada	Jan 26th 1919	Date.

7. Original disease, or injury Influenza

(a) Date of origin Dec 1918 (b) Place of origin England

(c) Cause General Service Conditions

M. F. B. 227.

300M.—8-18.
1772-39-117.

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.)

Partial disability of Cardio Vascular System

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) Man somewhat underdeveloped & undernourished.

Pulse.	At rest	Touching toes ten times	After 1 minute rest
	120	130	120
Resp.	20	30	20

See Special report,

Subj: No cough or expectoration except (has had slight cold past last couple days, getting better). No dyspnoea. Had influenza in December, but feels all right again. No malaise. Is gaining in wt

(*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 — Digestive System — Muscular System

Osseous and Joint Systems — Any other general condition

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

Family history negative. Past history negative

Had influenza last December, sick 5 days.

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*).)

.....

.....

.....

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

.....

11.—(*a*) Did the disabling condition have its origin before enlistment ?

(*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.)

.....

.....

12. Was the disability caused, or aggravated ; (*a*) by intemperance, or improper conduct ; or (*b*) by unreasonable refusal to accept treatment ?.....

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 ?.....

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

.....

.....

.....

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)

.....

.....

16. Can the former trade or occupation be resumed ? .....
(If not, briefly state why)

17. Recommendations.....

.....

.....

.....

.....

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.....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.....

.....

.....

.....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.

.....

.....

.....

.....

.....

.....

.....

.....

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.)

.....

.....

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.

.....

.....

.....*President.*

PLACE..... .....
} Members
DATE..... .....

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

.....
Assistant Director of Medical Services.

DATE.....

APPROVED BY

.....
Director-General of Medical Services.

DATE.....

2nd Det. C.G.R.

AUDITOR 3Ph | PAYMASTER J

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

M. OR S. Married. REGT. No. 491048. RANK Pte. NAME (IN FULL) KIRBY, Luther Henry. L.P.C.

NEXT OF KIN Mrs. Olive E. Kirby, RELATIONSHIP Wife,
ADDRESS 21 Simpson Ave., Toronto.
IS SEPARATION ALLOWANCE PAID? Yes. DATE EFFECTIVE 29.1.19.
TO WHOM PAID As above RELATIONSHIP Wife
ADDRESS " "

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. C.O.T.C. IF IN P.F. WHAT UNIT? (BLOCK LETTERS, SURNAME FIRST)
PLACE OF ATTESTATION Toronto 19-6-17. TRANSFERRED TO DATE AUTHORITY
DATE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY
ASSIGNED PAY, $ 20.00 DATE EFFECTIVE Jan. 1919.
PAYABLE TO Mrs. Olive Evelyn Kirby, RELATIONSHIP Wife, ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS 21 Simpson Ave., Toronto, Ont.
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE
DISCHARGED PLACE Toronto DATE 29.3.19. REASON Med'y Unfit AUTHORITY D.O. 87 IF ENTITLED TO POST DISCHARGE PAY Yes.

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $ C.	OTHER CREDITS $ C.	$ C.	TOTAL CREDITS $ C.	ACQUITTANCE ROLLS COL. NO. 1 NO. DATE	COL. NO. 2 NO. DATE	COL. NO. 3 NO. DATE	CASH PAYMENTS COL. NO. 1 $ C.	COL. NO. 2 $ C.	COL. NO. 3 $ C.	ASSIGNED PAY $ C.	REGIMENTAL CHARGES $ C.	OTHER CHARGES $ C.	$ C.	TOTAL DEBITS $ C.	BALANCE DEBIT $ C.	CREDIT $ C.	PARTICULARS OR REMARKS
1919																				
Balance from previous account Jan. 29	3	1.10	3 30		10	13 30											-		13 30	Pd. by Admiralty, auth. LPC from O.T.C., COTC
Feb.	28	..	30 80			30 80		36113					20 -				20 -		10 80	Ceases to be a/c. to Admiralty 29.1.19 D.O.29. Adm. C. Hosp. 30.1.19. D.O.30.
Mar.	29	..	34 90	35 62		128 90		582517 581559	582518			139 70	29 - 83 -		1 30		253 00	124 10		Disch. Whitby Mil. Hosp. 20.3.19. D.O.80. Kit Stop S.A. 29.1.19 to 29.3.19.
			69 00	97	10	173 00						139 70	132 -		1 30		273 -	124 10 100 -	24 10	W.S.G. 70.00 + 30.00, Overseas Service MFC 5/2 Apr.

1st payment W.S.G. 100 100 100

a/c closed sent to Ottawa

ACCOUNT CLOSED. NOT SIGNED.
RESPONSIBLE OFFICER S.O.S. PRIOR T
H.Q. CIRCULAR No. 102 (LOCAL 120).

ASST. DIRECTOR PAY SERVICES, M.D. No.

60m.-11-18. L. L. 51777. M. & D. 9585.

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3										DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

AUDITOR | PAYMASTER

29

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

M. OR S. M.

REGT. No. 491048 RANK L/Cpl NAME (IN FULL) Kirby. L. H. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes | DATE EFFECTIVE

TO WHOM PAID Mrs. O. E. Kirby | RELATIONSHIP

ADDRESS 21 Simpson Ave. Toronto Ont

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. C.O.T.C. | IF IN P.F. WHAT UNIT? Same

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 19-6-17. | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE Toronto | DATE Mar 29-19. | REASON NW | AUTHORITY W.O. 87 | IF ENTITLED TO POST DISCHARGE PAY Yes

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $ C.	OTHER CREDITS $ C.	$ C.	TOTAL CREDITS $ C.	ACQUITTANCE ROLLS COL. NO. 1 NO. DATE	COL. NO. 2 NO. DATE	COL. NO. 3 NO. DATE	CASH PAYMENTS COL. NO. 1 $ C.	COL. NO. 2 $ C.	COL. NO. 3 $ C.	ASSIGNED PAY $ C.	REGIMENTAL CHARGES $ C.	OTHER CHARGES $ C.	$ C.	TOTAL DEBITS $ C.	BALANCE DEBIT $ C.	CREDIT $ C.	PARTICULARS OR REMARKS
																		Due		RO
			W.S.G.		S.A.							W.S.G.	S.A.					Soldier Dep.		
122 dys			280 00		120 00	400 00				Mar 29		70 00	30 00				100 00	210 00	90 00	1st W.S.G. pd by P.M. C.G.R. as per L.T.C.
										April 28	266975	70 -	30 -	266976			200 00	140	60	CK mailed 30/4/19
										May 22	363872	70 -	30 -	363873.			300 -	70	30 -	" " 22/5/19
										June 11	705737	70 -	30 -	705738.	CR 73.		400 -	0	6	CR 73.
			280 -		120 -	400 -						280 -	120 -				400 -			

W.S.G. PAID IN FULL

CAPTAIN
FOR PAYMASTER WAR SERVICE GRATUITY

final

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

Date of Enlistment

Married 31-10-17

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

296

Date of Assignment

RATE OF SEPARATION ALLOWANCE

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

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No. 49 1048

Rank L/Cpl Promoted Reverted Discharge

Soldier's Name Luther Henry Kirby

Battalion University of Toronto Overseas Training Company

Beneficiary Mrs Olive Evelyn (Burns) Kirby

Relationship Wife

Address 21 Simpson Ave Toronto.

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2 None

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Nov 1917	E 50945	20		20 00	R	Mailed 26-11-17
Dec.	D 58249	20		20 00	Br.	
Jan	S 70166	30		30 00	~~D~~	
		70 00		70 00	✓	

Paymaster Paying

From 1 2 - 18

M. D. #2.

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.
4'Om. 6-7—1'72-39-1141
L L. 22320—M. & D. 1933.