

811377

I.D. number  
No. d'identification

BURKE

Surname  
Nom de famille

William

Given names  
Prénoms

**PERSONNEL RECORDS CENTRE**  
**CENTRE DES DOCUMENTS DU**  
**PERSONNEL**

Location  
Lieu

1287



REGIMENTAL DOCUMENTS

NAME *Burke, William*

REGT. NO. *811377*

UNIT *138<sup>th</sup> Bn* H. Q. FILE NO.

**S**

**CONTENTS**

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

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)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

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)

LAST PAY CERTIFICATE (M.F.W. 44)

PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

*1/44*

*Card*

*ground will*

*122*

*M + 237200 RR*

**M**

**51770**

**DEATH**

Category

*RA*

**DISCHARGE**

Category

**E**

**DESERTION**

*Box # 403208*

*Box 1287  
42-4  
4-4  
6-4*

DUPLICATE

1387  
No. 377  
Folio.

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Burke*
- 1a. What are your Christian names?..... *William*
- 1b. What is your present address?..... *Deer Mound. Alta.*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Londonderry Ireland.*
- 3. What is the name of your next-of-kin?..... *Mary Burke*
- 4. What is the address of your next-of-kin?..... *Deer Mound. Alta.*
- 4a. What is the relationship of your next-of-kin?..... *mother*
- 5. What is the date of your birth?..... *25<sup>th</sup> October 1895*
- 6. What is your Trade or Calling?..... *Farmer.*
- 7. Are you married?..... *No*
- 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?..... *No*  
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... *Yes.*
- 12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *Yes.*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *William Burke*, 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.

Date *Dec 14<sup>th</sup>* 191*5*. *William Burke* (Signature of Recruit)  
*[Signature]* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *William Burke*, 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.

Date *Dec. 14<sup>th</sup>* 191*5*. *William Burke* (Signature of Recruit)  
*[Signature]* (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 *Edmonton* this *14<sup>th</sup>* day of *December* 191*5*.  
*[Signature]* (Signature of Justice)

# Description of Burke William on Enlistment.

Apparent Age 20 years ..... months.  
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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.)

Height ..... 5 ft. 6 ins.

Chest measurement { Girth when fully expanded..... 36 ins.  
 Range of expansion..... 4 ins.

Complexion ..... fresh

Eyes ..... blue

Hair ..... brown

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



## 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..... Dec 14 1915.

Place..... Edmonton

W. H. Langford  
 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.

..... William Burke ..... 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.

H. B. Betcher Lt. Col. (Signature of Officer)  
Major-General, C. E. F.

Date..... Dec 14 1915.

1001

# FORM OF WILL.

I, William Burke. (Name in full)  
Regimental Number 811377. serving in 138<sup>th</sup> Overseas Battalion

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

I bequeath all my real estate unto

Mary Burke.  
Drummond, Alberta  
Canada } Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Mary Burke.  
Drummond, Alberta  
Canada } Name and Address of person or persons to receive personal estate\* (See note).

**IMPORTANT NOTE** This must be Signed and Dated by THE SOLDIER HIMSELF.  
this 31<sup>st</sup> day of July A. D. 191 6  
William Burke Signature of Soldier.

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

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

Signature of First Witness Armand L. Provian  
Address of Witness 138<sup>th</sup> O. Battalion C.E.F.  
Occupation of Witness Lane. Corp.

**THE TWO WITNESSES**

**MUST SIGN HERE**

Signature of Second Witness E. G. Connor  
Address of Witness 138<sup>th</sup> O. Battalion C.E.F.  
Occupation of Witness Lieutenant

No. 811377

RANK Pte.

NAME Burke William

T. O. S. 14-12-15

UNIT 138th B att alion C. E. 2!

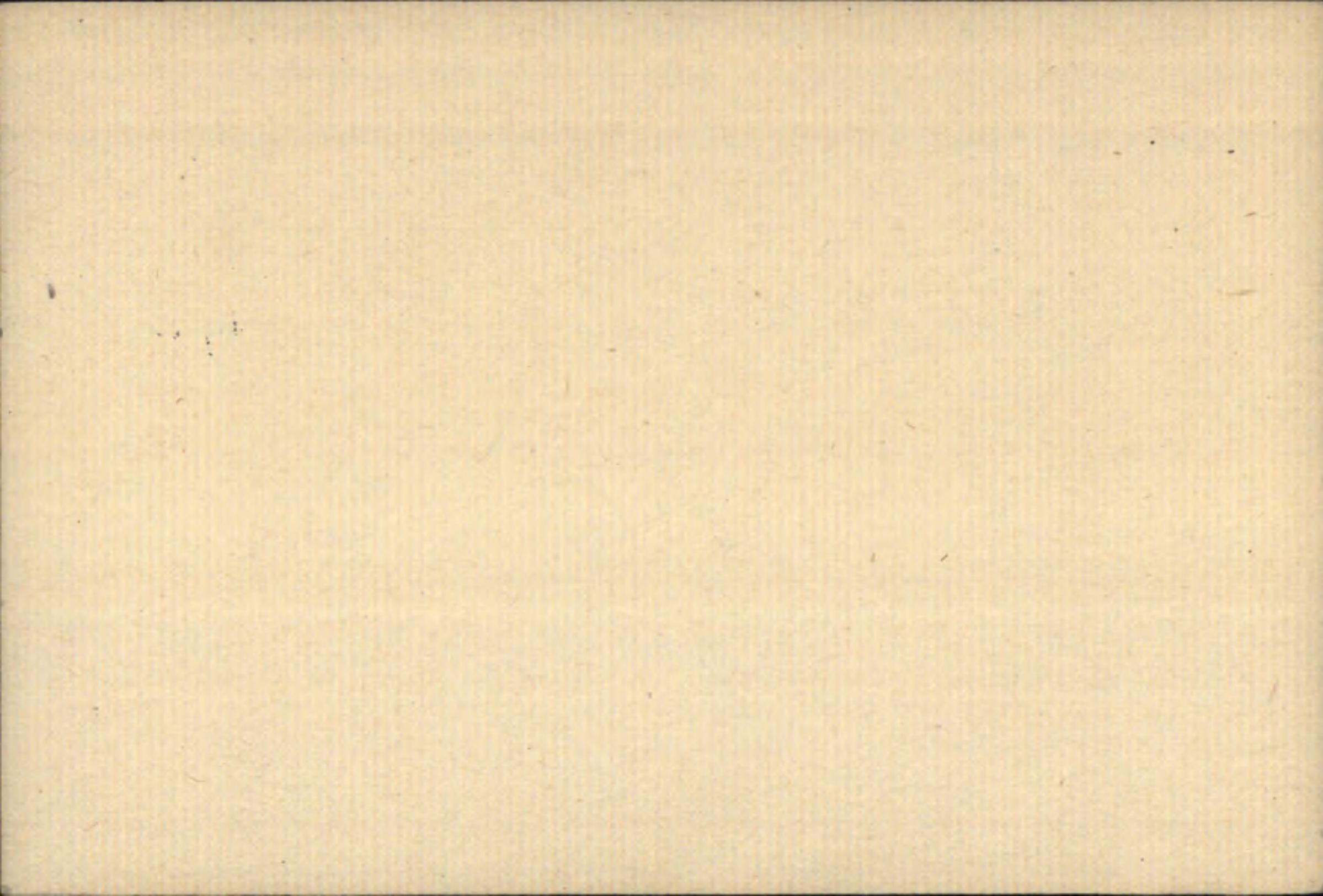
D.O. 13 of 16-12-15

M. D. 13

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Dec. 14	1915 Dec. 31	✓		
1916 Jan.	1916	✓		
	Feb.	✓		
	Mar.	✓		
	Apr.	✓		
	May	✓		
	June	✓		
	July	✓		
	Aug.	✓	Prospects 7 days Pay. Proceeded 8/21-8-16	200189 of 12-8-16

UNIT SAILED

AUG 22 1916



REGT'L NO 811377

H. Q. FILE NO. 649-

NAME Burke William

RANK AND CORPS Plc. 50th. Bn. (Form. 138th. Bn.)

FOLLOWS NO. (30)

CABLE

No.

DATE

6.

NATURE OF CASUALTY

FOLLOWS

No.	DATE	NATURE OF CASUALTY
<u>M. 1525</u>	<u>11-4-17</u>	<u>Killed in action Mar. 31st. 1917. ✓</u>
<u>Q7B 2090a</u>	<u>Romen 7-4-17</u>	<u>Killed in action 31-3-17 (Rec'd 30-5-17)</u>

LIST No

HOSPITAL

DATE OF  
ADMISSION

REMARKS

A 188

Rept. from Base -

31-3-17.

Killed in action -







SURNAME.

*Burke*

*649-B-13903*

CARD NO. ✓

CHRISTIAN NAMES

*William*

FOLL.

*D*

REGL. NO.

*811377*

RANK

*Pvt.*

UNIT

*138<sup>th</sup>*

*Bn.*

FORMER CORPS

*Nil.*



NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Burke, Mrs. Mary*

RELATIONSHIP TO SOLDIER

*Mother*

ADDRESS

*Deer Mound, Alta.*

COUNTRY OF BIRTH

*Ireland Londonderry*

DATE

*Oct 25<sup>th</sup> 1895*

PLACE OF ATTESTATION

*Edmonton, Alta.*

DATE

*Dec 14<sup>th</sup> 1915*

*Sailed from Halifax*

*Per S.S. Olympic*

MARRIED

SINGLE

*Yes*

WIDOWER

TRADE OR CALLING

*Farmer*

RELIGION

*Roman Catholic*

DESCRIPTION.

APPARENT AGE

*20* YEARS

MONTHS

HEIGHT

*5* FEET

*6* INCHES

CHEST MEASUREMENT

*36* INCHES

EXPANSION

*4* INCHES

COMPLEXION

*Fresh*

EYES

*Blue*

HAIR

*Brown*

DISTINGUISHING MARKS

*Not stated*



MEDICAL EXAMINATION.

PLACE

*Edmonton, Alta*

DATE

*Dec 14<sup>th</sup> 1915*

*Present Address*

*Deer Mound, Alta.*

H.O. 649-B-13903.

BURKE, Pte. Wm., #811377, 50th Can. Bn.

M

M. & D. (Mother) Mrs. Jas. Burke,  
Deermound, Alta.

P. & S. (Father) James Burke,  
Deermound, Alta.  
*Per # 812281*

Mem. C. (Mother) Same as above.



Scroll Desp. APR 23 1931 Reqn. No. 2-38449

*not eligible for 14-15 Star*

Plaque Desp. 28 7/8 Reqn. No. 41620/43440

*E.. .. N.M.*

*E.. .. B.W.M.*

*W  
R.R.*

~~M~~

6.39178

DEC 30 1920

943

*P.P.*

Number 811377 Rank Pte

Surname BURKE

Christian Name William

Units 50th Bn Can Inf Theatre of War France

Date of Service 20-1-17

Remarks (M) Mrs. Jas. Burke,

Latest Address Deer mound,  
Alta.

Roll No. B Page 19468.

# GRATUITY (IMPERIAL)

CHRISTIAN NAME

SURNAME

REG. No.

SCHEDULE No.

LINE No.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA

IMPERIAL DEPOT No.

DATE RECEIVED FROM REG. DEPOT.

DATE FORWARDED TO OTTAWA

REG. NO. 311022  
DEPT 311022  
DEPT 311022  
DEPT 311022

Surname

Burke

Christian Name or Names

W.

Reg. No.

811377

Rank

Pte.

Unit

50th. Bn.

Co.

Troop

Batty

Hospital

Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis



(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Killed in action,  
31-3-17

DISPOSITION

Date

C.F. 11-4-17 A/188 (1)

REMARKS

A.M.D. 2 DEPT.

Beh: of D.G.M.S. O M

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

ORIGINAL

811 377 ORIGINAL

MEDICAL HISTORY SHEET.

Surname Burke Christian Name William

Examined { on 14 day of Decr 1915  
at Bennoulin  
Birthplace { City or Town Loudadevry  
County Ireland

Approved by W. Watson  
Rank Capt M.O.

Apparent age 20  
Trade or occupation Farmer  
Height 5 Feet 6 Inches.  
Weight 140 Lbs.  
Chest measurement { Minimum 32 inches.  
Maximum expansion 36 inches

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Physical development Good.  
Small-Pox Marks none  
Vaccination Marks { Arm Right Yes Left /  
Number 3

Date	Result	VACCINATIONS.
<u>29/4/16</u>	<u>OK</u>	<u>W. Watson</u> M.O.
		M.O.
		M.O.

When Vaccinated last 1904  
(a) Marks indicating congenital peculiarities or previous disease none

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>2/12/16</u>	<u>OK</u>	<u>W. Watson</u> M.O.
<u>13/4/16</u>	<u>OK</u>	<u>W. Watson</u> M.O.
<u>15/9/16</u>	<u>J.O.B./1</u>	<u>W. Watson</u> M.O.

(b) Slight defects but not sufficient to cause rejection none.

Enlisted on 14 day of Decr 1915 at Bennoulin

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>128<sup>th</sup> G.P.</u>	<u>811377</u>		<u>Dec. 14. 1915</u>
Transferred to.. ..	<u>145<sup>th</sup> Batt'n C.I.</u>			<u>26-10-16</u>
	<u>21<sup>st</sup> Reserves Battalion (Albania) Seaford</u>		<u>10/1/17</u>	<u>Subj Local Command R.D. 36</u>
	<u>Transferred Overseas to 50<sup>th</sup>, BATTN.</u>			<u>19/1/17</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

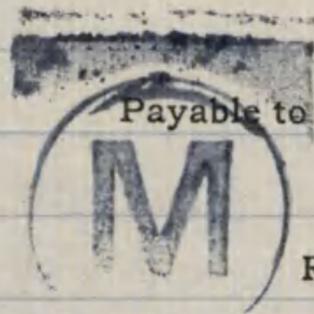
STATION.	DATE.	DISEASE.	RESULT.

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



**A.G.R.** Rank **BURKE, William** ✓ Reg'l No. **811377** ✓  
 Unit **138th Bn.** If in perm. Corps, }  
 What Unit? } Married or Single **Single.** ✓  
 Place and Date of Enlistment **Edmonton, 14th Decr., 1915.** Place of Birth **Londonderry, Ireland.** ✓  
 Name and Address, Next-of-Kin **Mary Burke,** ✓  
**Deer Mound. Alberta, Canada.** ✓ Relationship **Mother.** ✓  
 Assigned Pay Monthly \$ Payable to Relationship **N/E. R.B. No. 2370**  
 Separation Allowance \$ Payable to Relationship **File R.L. 25. B 3173 11/5/17**  
 Relationship **Category K. in A.**  
 Discharge, Date and Place Reason Character

*M-X 23 12-20 R.R.*



**N/E. R.B. No. 2370**  
**File R.L. 25. B 3173 11/5/17**  
**Category K. in A.**

H. W. & V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
	<i>C</i>	Arrived in England S. S. Olympic. 30.8.16			
26. 10. 16.	<i>thru</i> 138 <sup>th</sup> Bn	S. O. S. transfer to <i>thru</i> 175 <sup>th</sup> Bn	Nitely Camp	26.10.16	Pt II D.O. 219
27. 10. 16.	175 <sup>th</sup> Bn	T. O. S. from 138 <sup>th</sup> Bn	" "	26.10.16	" " 336
10-1-17	175th Bn.	S. O. S, To 21st Res. Bn.	Seaford	10-I-17	Pt, 2 D. O. 10
10.1.17	21 Res Bn	T. O. S. fr 175 <sup>th</sup> Bn.	Seaford	10-1-17	Pt II, D, O, 1
19 I 17	21 Rs Bn	SOS to 50 Bn	Seaford	19 I 17	Pt. II. O 10
23-1-17	50th Bn	T. O. S. from 21st Res Bn	In the Field	20-1-17	Part 2 D. O. 15
11. 4. 17.	" "	Repl <sup>d</sup> from Base Killed in Action	" "	31. 3. 17	G. L. A 188.
7. 4. 17	" "	Killed in Action	" "	31. 3. 17	Part II O. 62.

A.F.B. 103 CHECKED

26 JAN 1917



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

*B*  
M. F. W. 54. (A. F. B. 103.)  
250M.—1-16.  
H. Q. 1772-39-920.

Casualty Form—Active Service.

138th O. Bn., C. E. F.

Unit, Regiment or Corps

Regimental No. *811377* Rank *Plt* Name *Burke, William*

C. E. F.

Enlisted (*Dec 14, 1915*) Terms of Service (*Duration of War*) Service reckons from (*Dec 14, 1915*)

Date of promotion to present rank. } Date of appointment to lance rank. } Numerical position on roll of N. C. Os. }

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) \_\_\_\_\_

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				
		<i>Embarked Canada</i>	<i>Halifax, N.S.</i>	<i>21/9/16</i>	
		<i>Arrived England</i>	<i>Liverpool</i>	<i>30/9/16</i>	
<i>26/10/16</i>	<i>S/C 138<sup>th</sup></i>	<i>Trans to 175<sup>th</sup> Batta</i>	<i>Witley</i>	<i>26/10/16</i>	<i>U.2 Pm. Order 249 of 26/10/16 Aulig HQ. C. E. F. BN 25.10.16 of 26/10/16</i>
					<i>R. Keleher</i> Lt. Col. Commanding 138th O. Bn. C. E. F.
<i>27.10.16</i>	<i>S/C 175<sup>th</sup></i>	<i>Taken on the strength by 175<sup>th</sup> Batta</i>	<i>Witley</i>	<i>26/10/16</i>	<i>part 2. Orders 236. 27/10/16.</i>
<i>10/11/17</i>	<i>do H. Q. C. E. F. Seaford</i>	<i>Transferred to 211st Reserve Batta (Alberta)</i>	<i>Seaford</i>	<i>10/11/17</i>	<i>authy local command HQ. 136 date 10/11/17</i>

(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.

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				

CERTIFIED CORRECT  
 30 JAN. 1917  
 RECORDS

19-1-17	From Seaford B. 6-136. 7c 21st Res	Taken on strength of 21st Res. Bn. Alberta 1100 175th Bn. C. I.	Seaford	19-1-17	Part 2 D.O. 210/19-1-17 as mentioned 21st Res. Bn. Alberta
19-1-17	From 21st Res Bn	Transferred Overseas to 50th BATTN. D.O. Pt 2 No 10 d/19/14	Seaford	19-1-17	Pt. 110-10. as mentioned Lieut/A Adj. 21st Res. Bn. Alberta.
20-1-17	O.B. 6 B.A.	Arrived 6 B.A. and I.O.B. 50th Bn	Seaford	20-1-17	N.R. Pt 2 D.O. 15 d/23-1-17.
13-2-17	D.O.	Left to join Unit	Field	13-2-17	N.R. ... 1500 1300 d/5-3-17.
25-2-17	O.B. 50th	Joined Unit	D.O.	19-2-17	B 213 Pt 2 D.O. 43 d/5.
2-4-17	D.O.	Killed in Action	D.O.	31-3-17	N.I. 16/926 Pt 2 D.O. 62 d/7-4-17.

W. G. Cochrane  
 for major diag. Banquets.



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ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

*Mrs Mary Burke*  
(Assignee)

Name of Soldier

*Burke Jm*

PAYMENTS.

*811374 Pte 138 Bm*

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		<i>D 35985</i>	<i>36</i>	
Jan.	1917	<i>37226</i>	<i>18</i>	
Feb.		<i>40604</i>	<i>18</i>	
March		<i>V 44823</i>	<i>18</i>	
April		<i>Q 461</i>	<i>18</i>	
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*18<sup>00</sup> Nov-1/16*

E.F.X. " Date *5-10-17* *m. G. H.*

*18 P.F. (108) C.F.X. J. H. Ostrom 21/4/17*  
*18 Paid*  
*18 Acct. closed 30/4/17. (Cas)*  
*J. H. Ostrom 21/4/17*

*246*

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.				

*Handwritten in red ink:*  
 11/1/19 = 595 11/8/19

MILITIA AND DEFENCE  
 ASSIGNED PAY  
 OVERSEAS CONTINGENTS

295

*Burke*

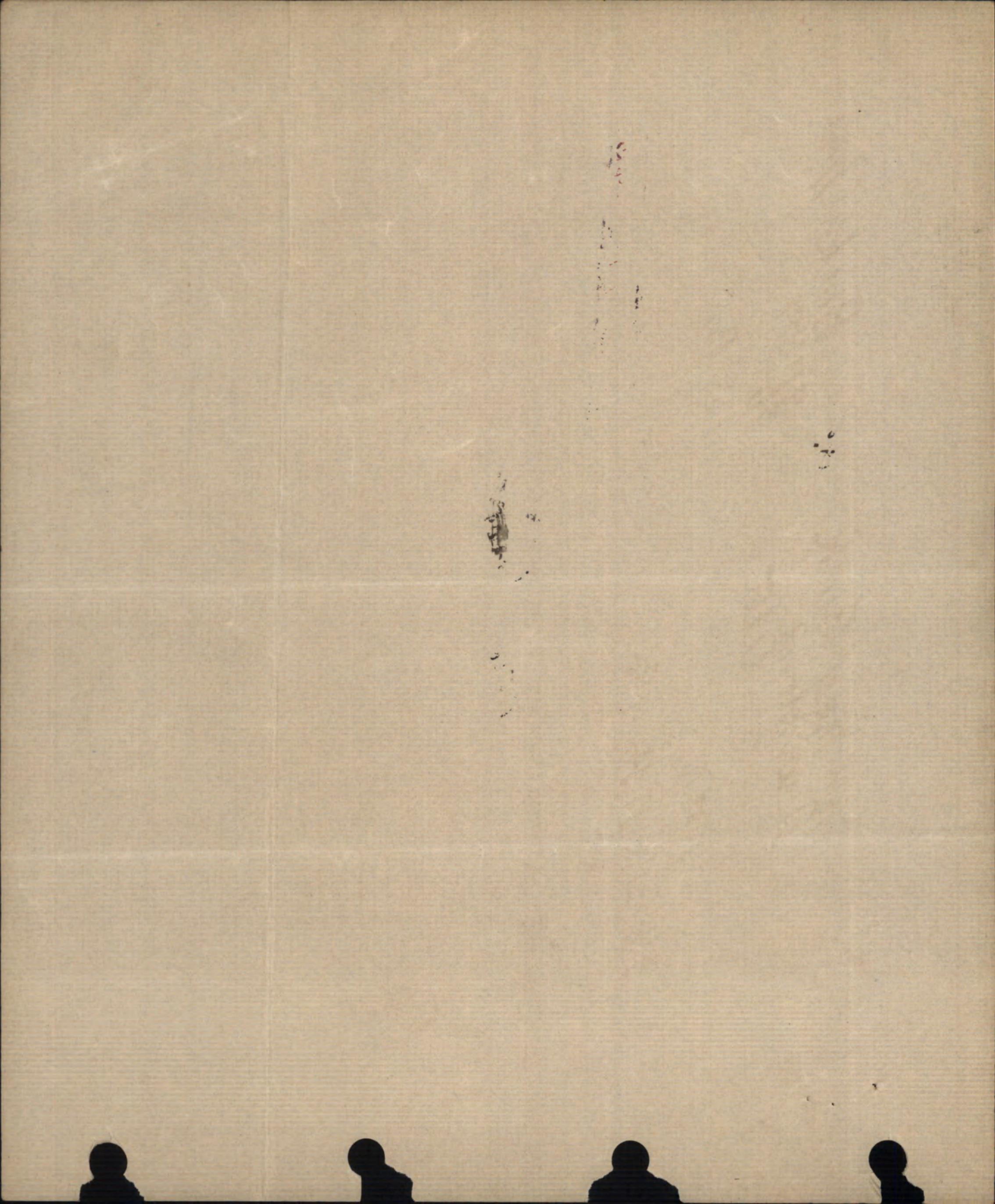
To Whom *Mrs Mary Burke*  
 Address *Deer Mount  
 Alta*

By Whom Assigned *Burke Jm*  
 Regtl. No. *811374*  
 Rank *Pte*  
 Corps *138 Bn*

Rate *18<sup>00</sup> Nov 1/16*  
*2 M. 21<sup>10</sup> H. H. 19<sup>12</sup> /16*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<p><i>Stop Payments May 1/17</i>  <i>Killed in Action</i>  <i>3 M 12/4/17 C.L. 8/5/17</i>  <i>Pres noted by Cas.</i></p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Pensions Notified DATE <i>21/4/17</i></p> <p>Killed in Action DATE <i>31/3/17</i></p> <p><i>C.L. (10) 12/4/17</i>  <i>2218 from 21/4/17</i></p> </div> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>E.F.X. " <i>5-10-17 m.l.t.t.</i></p> </div>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



## List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	Attestation Paper	Militia Form W. 23
Squadron Battery } Company }	Conduct Sheet, " B. 263a	or	Particulars of Recruit " W. 133
or		Field Conduct Sheet " W. 178	
Copies of Convictions, by C. P.	in MS.	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.	
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.			

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.*

This space to be for numbers.

## Proceedings on Discharge.

20-6-33

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

No.	811377	
Rank	Pte.	
Surname	Burke.	
Christian name	William	
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company)	138th. Battalion C.E.F.	
Date of discharge		
Place of discharge		
<b>1. DESCRIPTION AT THE TIME OF DISCHARGE.</b>		
		Descriptive marks
Age.....	years.....months.	
Height.....	feet.....inches.	
Complexion		
Eyes		
Hair		
Trade		
Intended place of residence		
<small>(To be given as fully as practicable.)</small>		
2. The above-named man is discharged in consequence of		
Authority for discharge.....		
<small>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.</small>		
3. Conduct and character while in the service have been, according to the records, etc.		
<small>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.</small>		
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)		

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

(Date)..... (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).....

(Signature).....

(Date).....

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.)

Table with multiple columns and rows, containing various entries and signatures, likely related to the discharge process.

