

98-210
98B

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

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

A.F.B. 122 — 1

A.F.B. 178 — 1

1 Copy book

1 A.F.B. 1237

1 A.M.S. 1002

1 A.F.B. 151

M. F. W. 62.
50M-9-16.
H. Q. 1772-89-835.

Handwritten scribble

DISCHARGE DOCUMENTS

Name, *BIL RNS JAMES.*

Regt, No, *424632* Rank, *pte.*

Corps, *45th O.S. Batt. I.E.Y.*

Killed in Action 8-10-16

R. O. No.....

H. Q. No.....

52654

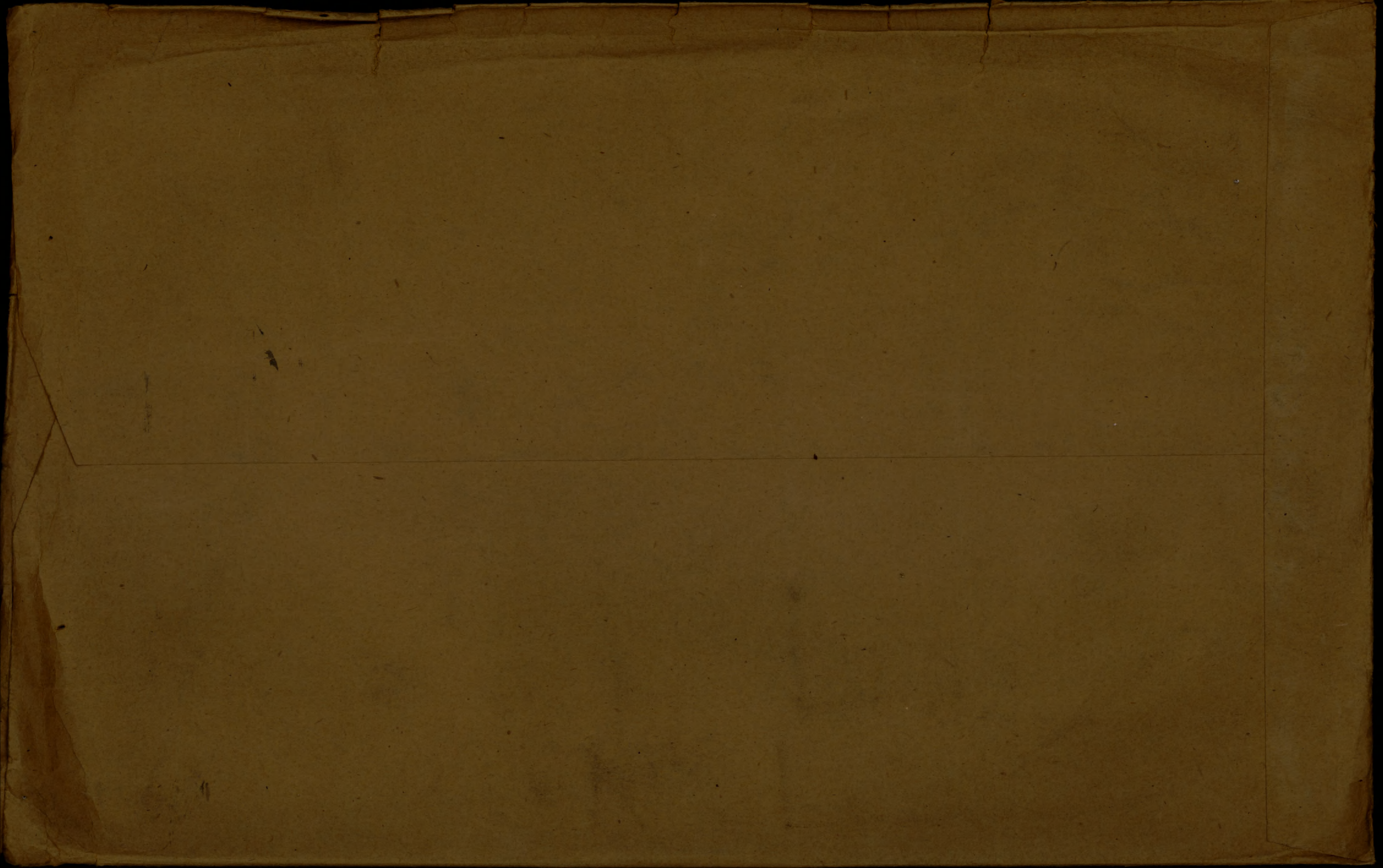
Index Card.....
Casualty Card..... /
Non-Effective Card.....
Part II Order Card..... / M
Change of Address Card.....
Lance & Award Card.....



7R122

*M-X
16-2-21
R.R.*

*39 - 11
17 - 11
9 - 11
2*



450
Sept 14

ATTESTATION PAPER.

No. 424632

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *James Burns*
2. In what Town, Township or Parish, and in what Country were you born?..... *Preston Tans Scotland*
3. What is the name of your next-of-kin?..... *William Burns "Brother"*
4. What is the address of your next-of-kin?..... *505 Basswood, Pl. Winnipeg*
5. What is the date of your birth?..... *Jan 9th 1884. Man. Canada*
6. What is your Trade or Calling?..... *Butcher*
7. Are you married?..... *No*
8. Are you willing to be vaccinated or re-vaccinated?..... *Yes*
9. Do you now belong to the Active Militia?..... *No*
10. Have you ever served in any Military Force?..... *No*
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... *Yes*
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?..... *Yes*

James Burns (Signature of Man).
J.D. Grundick (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date *Sept 9* 191*5*. *James Burns* (Signature of Recruit)
J.D. Grundick (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *James Burns*, 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 *Sept 9* 191*5*. *James Burns* (Signature of Recruit)
J.D. Grundick (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 *Winnipeg* this *9th* day of *Sept* 191*5*.

Chas. Wheeler (Signature of Justice)

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

James Burns (Approving Officer)

Description of James Burns on Enlistment.

Apparent Age.....28 years.....8 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. 9 ins.
 Chest measurement { Girth when fully expanded.....34 ins.
 Range of expansion.....2 3/4 ins.
 Complexion.....Fair
 Eyes.....Blue
 Hair.....W. Brown

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

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.....Sept. 9th 1915.....[Signature]
 Place.....Winnipeg.....
 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:—

.....

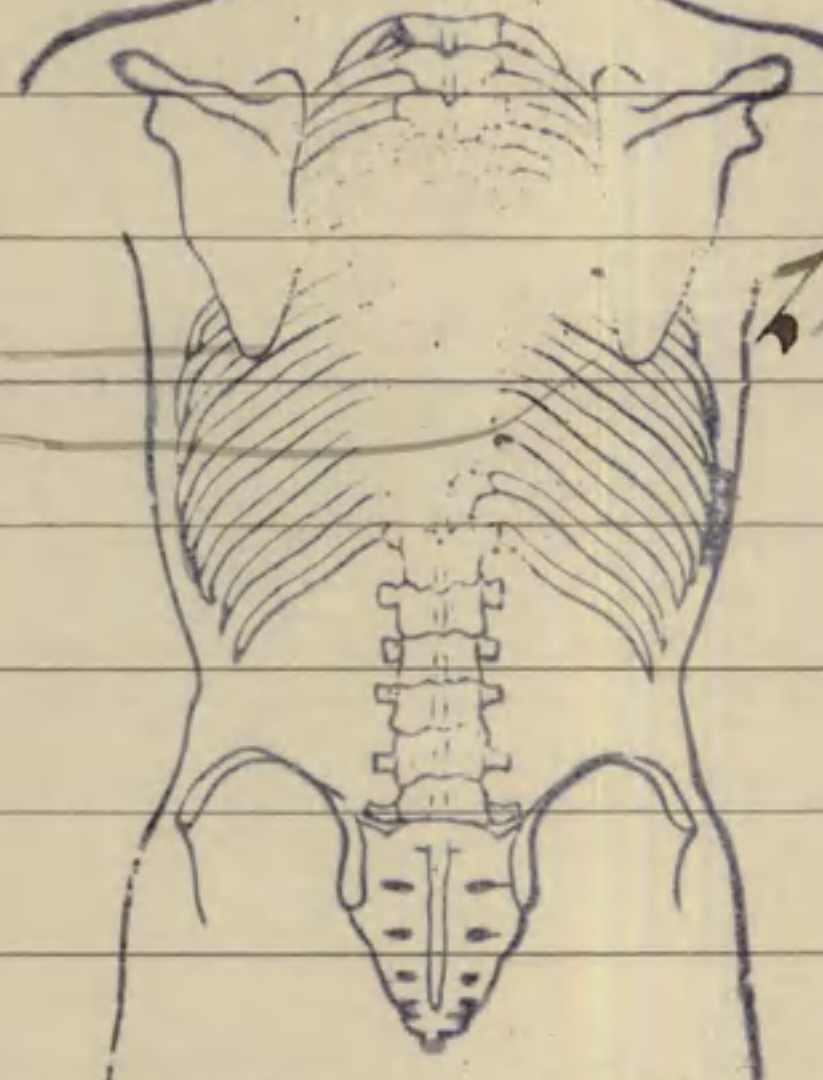
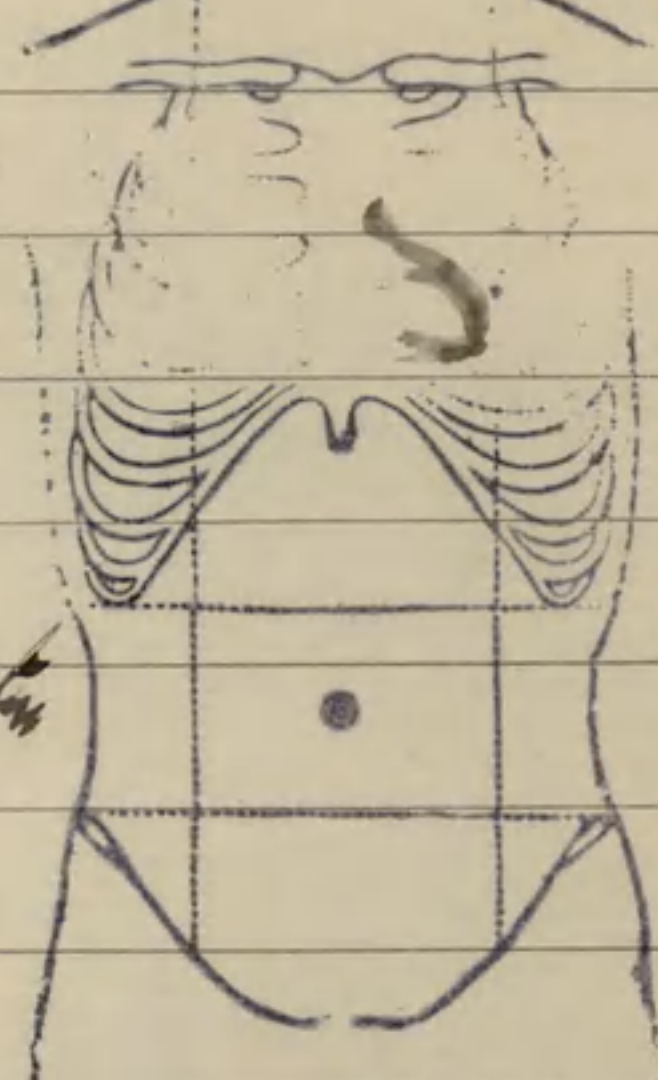
CERTIFICATE OF OFFICER COMMANDING UNIT.

James Burns.....having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

.....[Signature].....(Signature of Officer)
 Date.....Sept 9 1915

13002

MEDICAL CASE SHEET.*

<p>No. in Admission and Discharge Book. 13002 Year 1916</p>	<p>Regimental No. 424632</p>	<p>Rank. Pte.</p>	<p>Surname. Burns</p>	<p>Christian Name. James</p>
<p>M.B.H. Station and Date. 12.4.16.</p>	<p>Unit. 45th Battalion</p>		<p>Age. 29</p>	<p>Service. 7/12</p>
<p>Complaint: Duration: Personal history: Family history: History of present illness:</p>	<p>Disease Influenza Pain in legs, throat ache. Slight N. O. C. Began 10/4/16. Cough, cramps in chest. Mucous. Urine, bowels, all. Urine normal. negative Began 2 weeks ago chills, cramps in legs. No son throat. Bowels. Bowel regular, slight cramp. 4 peritritus.</p>			
<p>PHYSICAL EXAMINATION:</p>	<p>Throat & teeth in good condition. Pupils equal and round.</p>			
<p>Negative</p>			 <p>Lungs & Heart negative Abdomen negative</p>	
<p>16/4/16 18/4/16 Laboratory report:</p>	<p>Injury of back pain. Free joints equal on both sides. Pain in muscles, disappeared. Fat and desquamation to liver P. J. Wilson Capt Urine negative</p>			
<p>Treatment:</p>	<p>Cathartics, quinine 97 III 9/4. Phenacetin for pain. All</p>			

DISCHARGED
20 APR 1916

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station
and Date.

DISCHARGE FROM HOSPITAL

Canadian Form A.M.S 7002.
For W.O's, N.C.O's & Men.

Do not fail
to strike out
two of these
on each sheet

1. To Chief Paymaster, Canadians,
7, Millbank, London, S.W.
2. To Officer in Charge of Records, Canadians (Casualty Branch),
7, Millbank, London, S.W.
3. To Officer Commanding, 45th Batt.
(Name of Unit to which discharge is made)

At Shorncliffe Station.

<i>Unit or Corps</i>	<i>Regt. Number</i>	<i>Rank</i>	<i>Name (Surname first)</i>
<u>45th</u>	<u>424632</u>	<u>Pte.</u>	<u>Burns, Jas</u>

The above mentioned Canadian soldier will be discharged from this Hospital on the

20 day of April 1916.

He may be expected to arrive at his lines Railway Station,

at 11 o'clock A. m. on the 20 day of Apr. 1916.

- | | | |
|---|---|---|
| <ul style="list-style-type: none"> i. I consider him "Fit for duty" ii. I do not consider him "Fit for Duty" *iii. I consider him fit for his former "light duty" *iv. I do not consider him fit for his former "light duty" | } | Strike out that which is
inapplicable. |
|---|---|---|

Name of Central Hospital Moore Barracks at Shorncliffe

Signed J. B. [Signature] Officer in Charge.

This return is to be made out in quadruplicate. If discharge is made to the Canadian Casualty Assembly Centre, one copy is to be forwarded to each of the Officers specified 48 hours previous to discharge. If discharge is made to any other Unit, the copies are to be forwarded 24 hours previous to discharge. One copy is to be retained by Hospital for its records.

*For patients admitted to hospitals from "light duty Service" only.

DISCHARGES FROM HOSPITALS.

HOSPITALS.	Patients from Troops serving Overseas from the United Kingdom.	Patients from Troops stationed in the United Kingdom.			
		Admitted from "Light Duty Service."		Other Patients.	
		All Patients.	If fit to resume former "Light Duty."	If not fit to resume former "Light Duty."	If "Fit for Duty."
British Hospitals.	Cannot Discharge.	Discharge to former "Light Duty."	Cannot Discharge.	Discharge to Unit or Reserve Unit.	Cannot Discharge.
Canadian Military Hospitals.	Cannot Discharge.	Discharge to former "Light Duty."	Cannot Discharge.	Discharge to Unit or Reserve Unit.	Cannot Discharge.
Canadian Convalescent Hospitals.	Discharge to Canadian Casualty Assembly Centre.	Discharge to former "Light Duty."	Discharge to Canadian Casualty Assembly Centre.	Discharge to Unit or Reserve Unit.	Discharge to Canadian Casualty Assembly Centre.

This form may be obtained from Officer in Charge of Purchases, Canadians, 14, Gt. Smith Street, London, S.W.

DISCHARGE FROM HOSPITAL

London, E.C. 1, A.M. 1902
No. 10, St. Mark's Lane

1. To Mr. [Name] [Address]

[Name], London, E.C. 1.

2. To Mr. [Name] in charge of the [Name] (usually stated)

[Name], London, E.C. 1.

3. To Mr. [Name] [Address]

[Name], London, E.C. 1.

Dr. [Name]
[Address]
[Address]
[Address]

4. To Mr. [Name] [Address]

[Name], London, E.C. 1.

The above certificate is valid only if the patient is discharged from the hospital on the

[Date]

5. To Mr. [Name] [Address]

[Name], London, E.C. 1.

6. To Mr. [Name] [Address]

[Name], London, E.C. 1.

7. To Mr. [Name] [Address]

[Name], London, E.C. 1.

8. To Mr. [Name] [Address]

[Name], London, E.C. 1.

9. To Mr. [Name] [Address]

[Name], London, E.C. 1.

10. To Mr. [Name] [Address]

[Name], London, E.C. 1.

11. To Mr. [Name] [Address]

[Name], London, E.C. 1.

12. To Mr. [Name] [Address]

[Name], London, E.C. 1.

13. To Mr. [Name] [Address]

[Name], London, E.C. 1.

14. To Mr. [Name] [Address]

[Name], London, E.C. 1.

15. To Mr. [Name] [Address]

[Name], London, E.C. 1.

16. To Mr. [Name] [Address]

[Name], London, E.C. 1.

17. To Mr. [Name] [Address]

[Name], London, E.C. 1.

18. To Mr. [Name] [Address]

[Name], London, E.C. 1.

19. To Mr. [Name] [Address]

[Name], London, E.C. 1.

20. To Mr. [Name] [Address]

[Name], London, E.C. 1.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps

45th Batt. *and 1001*

Military Hospital

Moore Barracks

Disease

No. 424632

Rank and Name

Burns James Pte.

Age

29

Service

7/12

Date of admission

12.4.16.

Date of discharge

20.4.16

Result

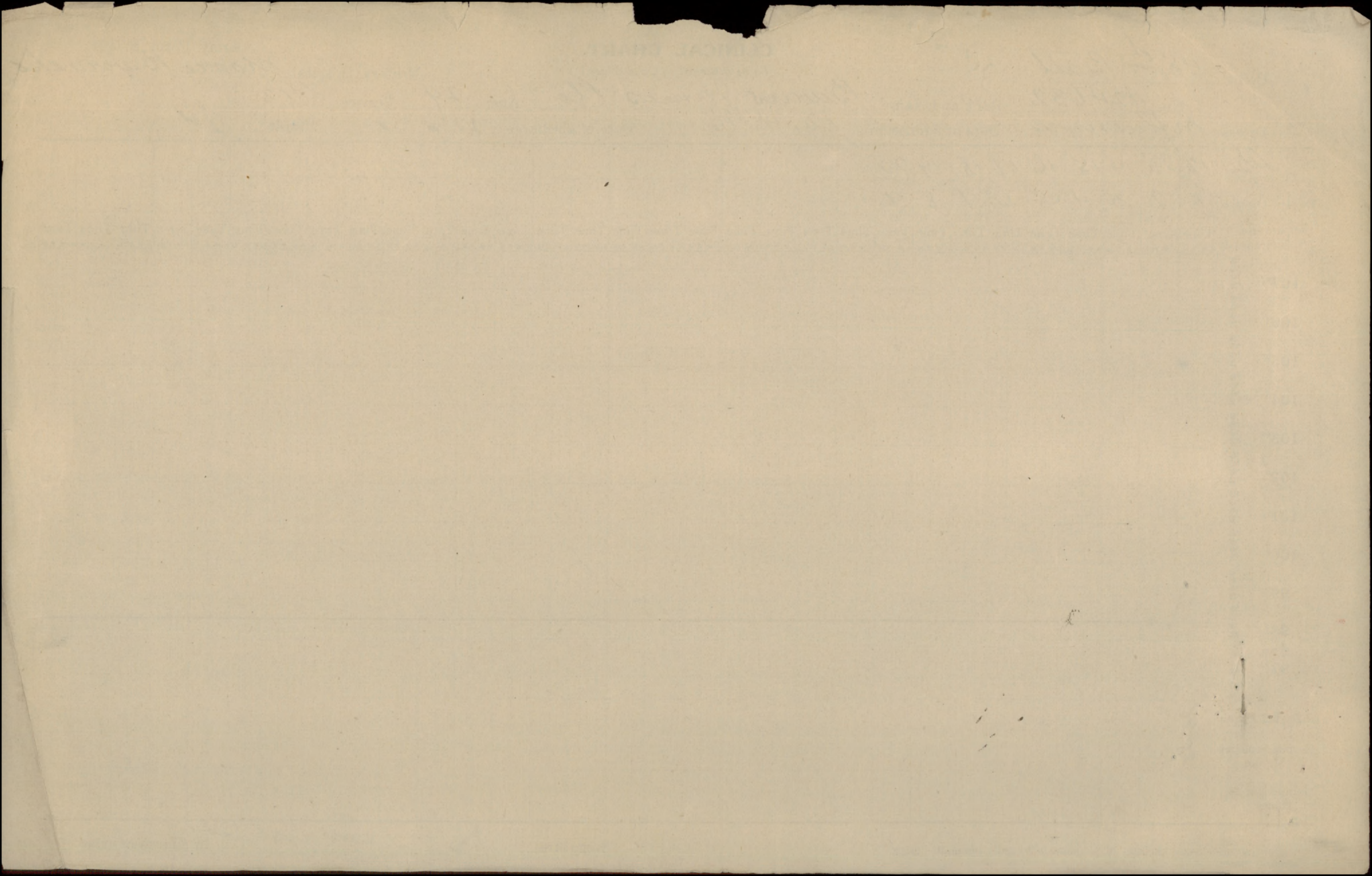
Fd

Dates of Observation	12									13									14									15									16									17									18									19									20																	
	1									2									3									4									5									6									7									8									9																	
Days of Disease	Time									Time									Time									Time									Time									Time									Time									Time									Time									Time								
	A.M. P.M.									A.M. P.M.									A.M. P.M.									A.M. P.M.									A.M. P.M.									A.M. P.M.									A.M. P.M.									A.M. P.M.									A.M. P.M.																	
Temperature Fahrenheit	[Grid with dotted lines for temperature recording]																																																																																									
Pulse per Minute	96									80																																																																																
Respirations per Minute	28									12																																																																																
Motions per 24 hours																																																																																										

Signature

[Handwritten Signature]

In charge of case.



ORIGINAL

MEDICAL HISTORY SHEET.

Surname Burns Christian Name James

Examined { on 9th day of Sept. 1915
 at Winnipeg
 Birthplace { City or Town Prestonpans
 County East Lothian, Scot.

Approved by W. K. Ross
 Rank Captain, A.M. Corps M.O.

Apparent age 28 years 8 months
 Trade or occupation Butcher
 Height 5 Feet 9 Inches.
 Weight _____ Lbs.
 Chest measurement { Minimum 34 1/4 inches
 Maximum expansion 2 3/4 inches.

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

Physical development _____ M.O.
 Small-Pox Marks _____ M.O.
 Vaccination Marks { Arm Right Left
 Number _____

Date	Result	VACCINATIONS.
<u>9/10/15</u>	<u>OK</u>	M.O.
		M.O.
		M.O.

When Vaccinated last _____ M.O.
 (a) Marks indicating congenital peculiarities or previous disease _____ M.O.
 (b) Slight defects but not sufficient to cause rejection _____ M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>9/15</u>	<u>OK</u>	M.O.
<u>9/30</u>	<u>OK</u>	M.O.
		M.O.

Enlisted on 9th day of September 1915 at Winnipeg

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>45th Overseas</u>	<u>424632</u>		<u>9/9/15</u>
Transferred to..	<u>Battn. C.E.F.</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.

Surname

Burns

Christian Name

James

STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
<i>Moore Barracks Hpl. Shorncliffe.</i>		<i>12</i>	<i>4</i>	<i>16</i>	<i>20</i>	<i>4</i>	<i>16</i>	<i>Influenza</i>	<i>9.</i>	<i>Discharged to Duty</i>	<i>[Signature]</i>

Duplicate Medical History Sheet posted to here.

CAPT C.A.M.O
REGISTRAR

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

Casualty Form—Active Service.

Unit, Regiment or Corps **45th Overseas Battalion.**

Regimental No. **424632** Rank **Pte** Name **Burns James**

Enlisted (a) **9/9/15** Terms of Service (a) **D.O. W.** Service reckons from (a) **9/9/15**

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

Extended _____ Re-engaged _____ Qualification (b) _____

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				

*Enlisted Canada 12/3/16.
Disenlisted England 25/2/16.*

Eldon Captain
Adjutant 45th Battalion, C.E.F.

6/6/16 Bu. O. 67 Transferred to 43rd Batt. France 4/1/16. S. S. Lapland.

	O. C. C. B. D.	Landed in France. Taken on strength 43rd Cdn. Bn.	8.6.16	Nom. Roll d/ Pt II D.O. 15 d/	8.6.16 14.6.16
	— do. —	Left for Unit.	9.6.16	Nom Roll d/	8.6.16
	O. C. 43 Bn.	Arrived Unit for duty	10.6.16	B. 213 d/	17.6.16.
22.7.16	<i>do</i>	<i>Sde Working Party</i>	18.7.16		B 213 <i>es. 137 d/ 13.9.16.</i>
9.9.16	<i>do</i>	<i>rejoined</i>	<i>Unit</i>	3.9.16.	B 213 <i>es 141 d/ 20/9.</i>
1.11.16	<i>11 Cdn Inf Bde</i>	<i>buried effects forwarded to</i>	<i>Bag</i>	<i>not stated</i>	<i>letter Cdn Sec ref KC 179/9189.</i>
20.11.16	<i>OC 43 Bn</i>	<i>missing after action</i>		8.10.16	<i>letter " " KI 116/1702</i> <i>M-T 67 d/ 25.11.16</i> <i>173 d/ 25.11.16.</i>

[Signature]

Lieut. for Lt.-Col., A. A. G.
Jan Section, G. H. Q. 3rd Echelon, B. E. F.

CERTIFIED COPY
Canadian Record Office,
Westminster House,
7, Whitehall, S.W.

R. & W.

M. F. W. 54.
150M. 10.15.
H.Q. 1772-39-929.

(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.]

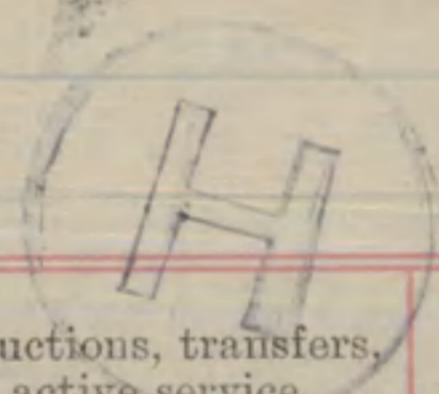
Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
25/11/16	43 Bn	Killed in action	Lield	8/10/16	PTTC 67. <i>W. Mandy</i> FOR LT. COL. I/C RECORDS. C. 6. 1. E

Rank _____ Name **BURNS James** Reg'l No. **424632**
 Unit **45th. Battalion** If in perm. Corps, }
 What Unit? } Married or Single **Single**
 Place and Date of Enlistment **Winnipeg, Sept. 9th, 15.** ¹⁹¹⁵ Place of Birth **Preston Pans, Scotland.**
 Name and Address, Next-of-Kin **William Burns,**
505, Basswood Place, Winnipeg. Manitoba Relationship **Brother.**
 Assigned Pay Monthly \$ _____ Payable to **Canada**

*M.A.
16-2-21
R.R.*

Separation Allowance \$ _____ Payable to _____ Relationship _____
 Discharge, Date and Place _____ Reason **25-B-2684.** Relationship _____ Character _____

N/E. R.B. No. **7**
 File R.L. _____
 Category **Widow**



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.				
		Arrived in England. <i>Saptland</i>			
17.4.16	O.C. 45 th	admitted Moore Bk Hoop Shorncliffe		25.3.16	Inf'n form A. 55 C.L. 14
20.4.16	"	Discharged from Hoop.	"	20.4.16	" 22. C.L. 14 478103 4K
6.6.16	O.C. 45 th	Embarked for France. Shorncliffe		6.6.16	Part II O. 15. Influenza K.H. O. 62. 21
14.6.16	O.C. 43 rd B ⁿ	Taken on Strength Field		8.6.16	Part II O. 15 th
25.11.16	"	Killed in Action	"	8.10.16	" 67. K.A.
1.12.16	"	"	"	8.10.16	C.D.A 212 by



16

✓

Surname

Christian Name or Names

Reg. No.

Burns

J.

424632

Rank

Unit

Co.

Troop

Batty.

Pl

43 Bn.

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 8.10.16
Base Rep.

DISPOSITION

Date

Op. 1.12.16 H212

REMARKS

A.M.D. 2 DEPT.

Beh. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

SURNAME.

Burns.

(649-B-10387)

CARD NO.

D

CHRISTIAN NAMES

James.

(over)

FOLL.

REGL. NO.

424632.

RANK

Pte.

UNIT

~~45th~~

43rd

Bn.

FORMER CORPS

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Burns, William

RELATIONSHIP TO SOLDIER

Brother

ADDRESS

505 Basswood Place
Winnipeg
Man

COUNTRY OF BIRTH

Scotland, Preston

DATE

Jan. 9th / 887

PLACE OF ATTESTATION

Winnipeg

DATE

Sept. 9 / 915

9/1-4-16

Sailed from Halifax

Lapland 1-4-16
Per. S.S. Baltic ~~1-8-16~~
~~1-4-16~~

MARRIED

SINGLE

yes.

WIDOWER

TRADE OR CALLING

Butcher

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

28.

YEARS

8.

MONTHS

HEIGHT

5

FEET

9

INCHES

CHEST MEASUREMENT

37

INCHES

EXPANSION

2 ³/₄

INCHES

COMPLEXION

Fresh

EYES

Blue

HAIR

Dark

DISTINGUISHING MARKS

nil.

MEDICAL EXAMINATION.

PLACE

Winnipeg

DATE

Sept. 9th 1915

Name Burns, James. Rank Private.

Reg. No. 424632.

Unit 43rd. Battalion.

R. L. 25-B-2684.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1916.						
8-10.	Reported from Base:-	KILLED	IN ACTION.	A. 212	O. 5689	1/12/16
8-10-16.	now	Reported	Killed in Action			
	Tel. From Base	Re 61922	D. 17-11-17.			

H. Q. 649-B-10387.

✓ ✓ ✓ ✓
BURNS, Pte. James, #424632,

43rd Bn
from 45th Bn.

M

Med & D (Father)

✓
Mr. Alexander Burns,
68 High Street,
Prestonpans, Scotland.

P & S (Father)

Address as above.

Serial No 792371

Mem Cross (Mother)

✓
Mrs. Janet Burns,
Address as above.

Not Eligible for 14-15 Star

E " " " V.M.
E " " " B.W.M.

MAR 18 1921

487518-29862

AUG 23 1922

49194
P.F.

M 46245

FEB 23 1921

1090

No.

RANK

Plt

NAME

Burns, James

T. O. S. *9-9-15*

UNIT

45th Battalion, C. E. F.

B. O. 218 of 14/9/15.

M. D. *10*

PAID
FROM

PAID
TO

SIG.
OR
REC'T

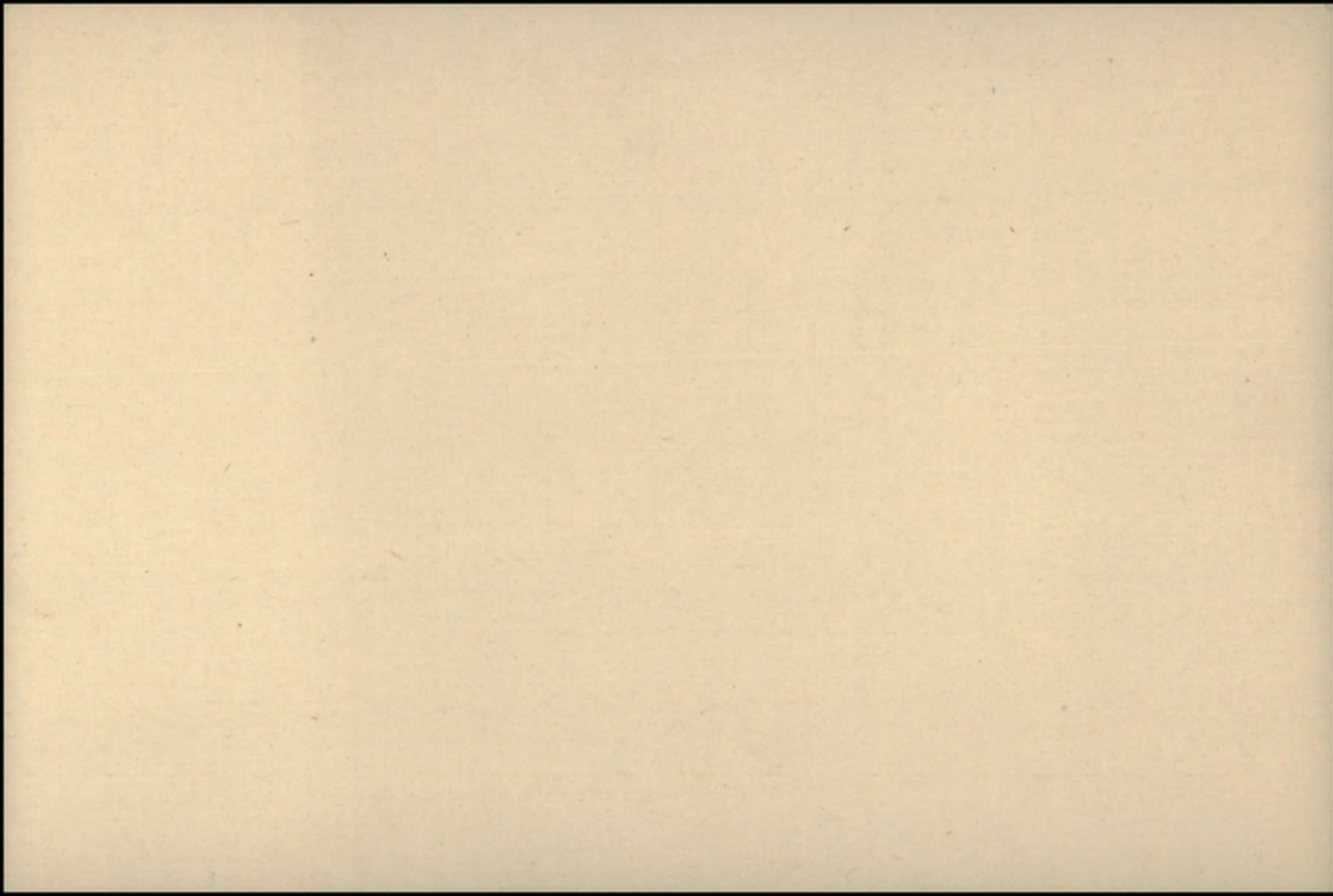
PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

<i>1915</i>	<i>1915</i>	
<i>Sept. 9.</i>	<i>Sept. 30.</i>	<i>✓</i>
	<i>Oct</i>	<i>✓</i>
	<i>Nov.</i>	<i>✓</i>
<i>1916</i>	<i>Dec 1916</i>	<i>✓</i>
	<i>Jan.</i>	<i>✓</i>
	<i>Feb.</i>	<i>✓</i>
	<i>Mar.</i>	<i>✓</i>

UNIT SAILED
MAR 13 1916



MOORE BARRACKS, CANADIAN HOSPITAL, SHORNCLIFFE.

ADMITTING CARD.

Regt. No. 424632 A. & D. No. 13002
Rank Pte
Name BURNS JAMES
Corps 45th Batt D. Co
Religion ~~Influenza~~ Pres Age 29
M. H. Rec'd M. H. Requested M. H. Ret'd
Disease Influenza
Admitted 12/4/16
Discharged APR 20 1916 Discharged to Duty
Place in Hospital 13
Transferred —
Results $\frac{7}{12}$ Winnipeg no no 210
P.T.O.

REMARKS:

MEDICAL HISTORY SHEET	Orig. recd. from	/.../191
	Dup. recd. from	/.../191
	<hr/>	
	Orig. sent to	/.../191
	Dup. sent to	/.../191
	Received from Registrar this	Orig. /.../191
		Dup. /.../191
		Ward

NAME *Burus James*

RANK AND CORPS

Pte. (45th. Bul) Gen. Training Div.

CABLE

No.

DATE

43rd Batt NATURE OF CASUALTY

O5689 30-11-16

Killed in action Oct 8th 1916

B2090 25-11-16

" " " 8-10-16 Recd 10-3-17

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
14-2.	Moore Bks. Shome.	12-4-16.	Influenza.
14 ⁽²⁾	Discharged	20-4-16	" " " "
A212.	Rep. from Base	8-10-16	Killed in action

HA

mut

Number 424632 Rank PIV

Surname BURNS

Christian name James

Units 43rd Bn Can Inf Theatre of War France

Date of Service 6.6.16

Remarks (C) Mr. Alexander Burns, I

Latest Address 68 High St.,

Prestonpans,

Roll No. 2 Page 19603 Scot.

(Handwritten signature/initials in blue and red ink)

(This form to be filled in by all ranks on voyage to Canada.)

M.D. No.

NUMBER

RANK

SURNAME

INITIALS

Full postal address.....
(Street) (City or Town) (Province)

Name of one person to be notified of arrival.....

Address.....

Railway Station in Military District to which a furlough warrant is required.....

..... Railway.....

If married, is your wife on board..... Number of children on board.....

Their destination.....

(Sgd.)

