

13-8-18 *du*

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

(S)

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... *X2*
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms..... *1*
- 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..... *2*
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet..... *1*
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

Name *BURNS WILLIAM*.....
 Regt, No. *454219*... Rank, *tele.*
 Corps, *3rd Res. Bn.*.....
Missing Presumed to have died 17-9-16.

53021

11

Index Card.....
 Casualty Card. *1*.....
 Non-Effective Card.....
 Part II Order Card.....
 Change of Address Card.....
 Honour & Award Card.....

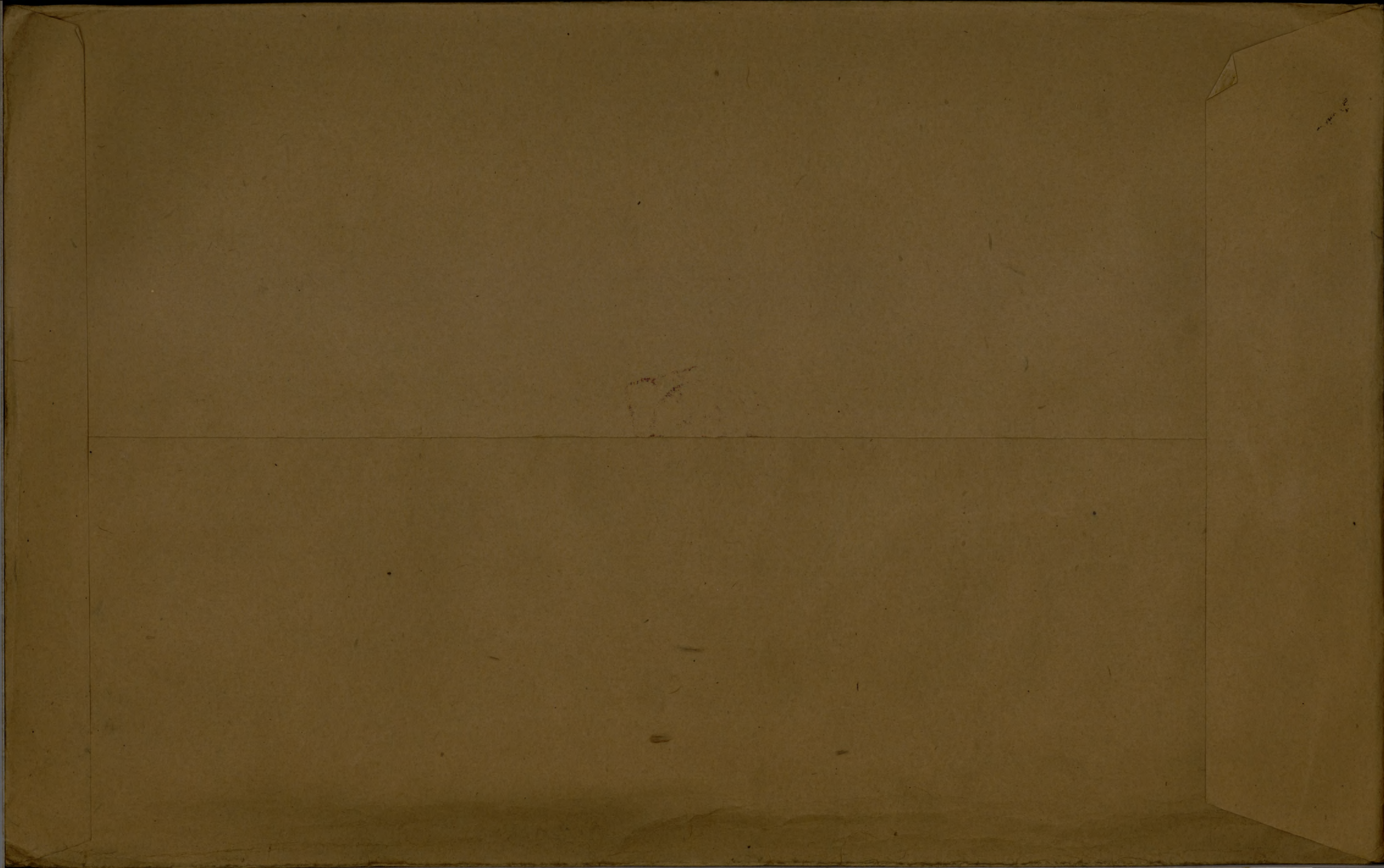
(M)

Alban Burns William Albert

9213-125-1
R. 149
IP 122

31-12-20
cc

3
12-9
12-9
79
3



A 54219
B 18 ay

454219

ATTESTATION PAPER

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS)

1. What is your name? William Burns
 2. In what Town, Township, or Parish, and in what Country were you born? Malabar N.S.
 3. What is the name of your next-of-kin? Maxwell Burns.
 4. What is the address of your next-of-kin? 106 Stoughton St Boston Mass. U.S.A
 5. What is the date of your birth? Mar. 9th. 1894.
 6. What is your trade or calling? Soldier
 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?..... 4 yrs in U.S.A marine Corps.
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
- William Burns (Signature of Man.)
..... P. G. Campbell (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William 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.

..... William Burns (Signature of Recruit.)
Date June 23rd 1915 P. G. Campbell (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William 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.

..... William Burns (Signature of Recruit.)
Date June 23rd 1915 P. G. Campbell (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 3:20 PM this 23rd day of June 1915

..... [Signature] (Signature of Justice.)
I certify that the above is a true copy of the Attestation of the above-named Recruit.
..... [Signature] (Approving Officer.)

DESCRIPTION OF William Burns ON ENLISTMENT.

Apparent Age 21 years 3 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.

Height 5 ft. 8 1/2 ins.

(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.)

Chest measurement { Girth when fully expanded 36 ins.
 Range of expansion 3 1/2 ins.

2 Horses tattooed on chest.

Complexion dark
 Eyes brown
 Hair black

Religious Denominations { Church of England
 Presbyterian
 Methodist yes
 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 June 24 1915
 Place A. J. Kingston Capt. J. Hayes
 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 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.

Date JUL 1 1915 J. Dawson Lt-Col. (Signature of Officer.)

ORIGINAL

MEDICAL HISTORY SHEET.

71

Surname *454219 Burns* Christian Name *William*

Examined { on *24th* day of *June* 1915
at *Kingston*
Birthplace { City or Town *Halifax N.S.*
County *-*

Approved by *A. J. King*
Rank *Capt. amc* M.O.

Apparent age *31*
Trade or occupation *laborer*
Height *5* Feet *8 1/2* Inches.
Weight *145* Lbs.
Chest measurement { Minimum *33* inches.
Maximum expansion *3 1/2* inches.
Physical development *good*
Small-Pox Marks *none*

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
<i>1915</i>		M.O.
<i>30/6</i>	<i>Fit</i>	<i>K. E. Holby</i> M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left
Number *1*

Date	Result	VACCINATIONS.
		M.O.
		M.O.
		M.O.

When Vaccinated last *5 years ago*
(a) Marks indicating congenital peculiarities or previous disease

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.
		M.O.
		M.O.

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

Enlisted on *24th* day of *June* 1915 at *Kingston*

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<i>24th Bn.</i>	<i>454219</i>		
Transferred to.. ..				

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 *S. J. Williams* Christian Name *William*

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				
Tent Hospital Rishoro Lhnes Chorncliffe		9	10	15	11	10	15	Gonorrhoea	2	Transferred to Newcastle	<i>W. J. Fox</i> Capt. R.A.M.C.T. A245
Workhouse military Newcastle on Tyne.		11	10	15	1	11	15	Gonorrhoea	22	Duplicate Medical History Sheet posted to here. Medical Registrar Record office.	
No 5 C.F. Amb.		3	6	16	8	6	16	Abscess	5		<i>R. A. M. C. T.</i> A252-257
No 2 Can. D.R. Str		8	6	16	11	6	16	"	3	To duty Duplicate Medical History Sheet posted to here.	

Rank *Sgt.* Name *BURNS William* Reg'l No. *454219*
 Unit *59th Bn to 39th Bn.* If in perm. Corps, }
 What Unit? Married or Single *Single*

Place and Date of Enlistment *Kingston 23rd June 1915.* Place of Birth *Halifax N.S.*

Name and Address, Next-of-Kin *Maxwell Burns,*
106 Stoughton St, Boston Mass. U.S.A. Relationship

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

P.L. 25 B 2267



Discharge, Date and Place Reason Character

*AMX
31-12-20
ac*

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>Arrived in England.</i>		<i>- 5 SEP 1915</i>	
<i>13 9/15</i>	<i>O.C. 39th Bn.</i>	<i>To be actg. Sergt.</i>	<i>Shorncliffe</i>	<i>13 9/15</i>	<i>Part II DO. No 166.</i>
<i>17 9/15</i>	<i>Do.</i>	<i>Rank of Sergt. confirmed from</i>		<i>28 8/15</i>	<i>Do. No 170.</i>
<i>5 10/15</i>	<i>Do.</i>	<i>Forfeits 2 days' pay. Misconduct. Reverts to ranks.</i>	<i>Shorncliffe</i>	<i>5 10/15</i>	<i>Do. No 185.</i>
<i>11 10/15</i>	<i>Do.</i>	<i>Forfeits 2 days' pay.</i>	<i>Do.</i>	<i>11 10/15</i>	<i>Part II DO. No 190.</i>
<i>20 10/15</i>	<i>W.O.</i>	<i>Gen. Adm. Tent Hpl.</i>	<i>St. Martin's Pl. Newcastle-</i>	<i>9 10/15</i>	<i>Gas Rpt. No 28.</i>
<i>29 10/15</i>	<i>W.O.</i>	<i>Trans. Workhouse Mil. Hpl.</i>	<i>on-Tyne</i>	<i>11 10/15</i>	<i>C.R. 33. Gen.</i>
<i>16 11/15</i>	<i>C.R. H 2</i>	<i>Mischd.</i>		<i>1 11/15</i>	<i>Gen.</i>
<i>9 12 15</i>	<i>O.C. 39th</i>	<i>A.W.L. 2 days' pay</i>	<i>W. Sandling</i>	<i>7 12 15</i>	<i>Pg. G. 240</i>

R139-51

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				
20-1-16	OC39	Trans to 24 th Bn	Siege	20-1-16	A11-17
7.2.16	7 th C 24 th	Arrived from Sq. as repl. 39 th Bn.	Field	21.1.16	" 7
16.6.16	24 th Bn.	Adm 5 Cav. Hd. Amb.	"	3.6.16	E.H.A. 745 Absent
24.6.16	"	" 2 Cav. Div. Rec. Stat.	"	8.6.16	" 252 " absent
30.6.16	"	20 duty	"	11.6.16	" 257 "
31.7.16	"	Appt'd Lance Corporal	"	15.7.16	Pt. II-30
14.8.16	"	Prom. Corpl.	"	1.8.16	" " 32.
25.10.16	"	Repl'd from base missing	"	179.16	C.L. 4339.
13.10.16	"	Missing after Action	"	179.16	R12 63.
11.8.17	...	Presumed to have Died On or Since		...	Also PTD DO 42-21-8-17 C.L. 587.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
21.1.16.	C.B. Depot.	Reinforcement.	Can. B. Depot	21.1.16	M.S. Part II Orders No. 7. 7.2.16.
2.2.16	" " "	Left join unit	In the field	2.2.16	M.S.
4.2.16	24 Cn. Bn.	Arrived Unit	" " "	3.2.16	B.213.
3.6.16	5 CFA	Abscess.	164 5 CFA	3.6.16	a36
10.6.16	2 Cn. Bn.	Tuberculosis arms	169 2 Cn. Bn.	6.6.16	a36
16.6.16	24 Cn. Bn.	So Duty.	173 In the field.	11.6.16	B213
17.6.16	2 Cn. Bn.	" "	174 " "	11.6.16	a36
10.6.16	5 CFA	Tuberculosis arms	174 D.R.S. at.	6.6.16	a36
21.7.16	24 Cn. Bn.	appt. 1/1 Cpl vice 66209 Lt. McKeullough promoted	In the field	15.7.16	B213 Part II Orders 31/7/16
4.8.16	" "	Promoted Corp. vice 65377. Cpl. Gogarty, C. Promoted.	" "	1.8.16	B213 Part II Orders 14.8.16.
20.9.16	" "	Missing	" "	14.9.16	M.134/157 23/10/30/9/16. Part II O's 63 13/10/16.
24th Bn. Presumed to have Died				17/9/16	C.L. 587 800.72 d 21/8/17
					<i>[Signature]</i> Lieut. for Colonel i/c Records, <i>[Signature]</i>

For Officer i/c Can. Records,
Canadian Section,
G.H.Q. 3rd Echelon.

[Signature]
Lieut.
for Colonel i/c Records, *[Signature]*

Casualty Form—Active Service.

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

Regiment or Corps 39th Res. Bn. C. E. F.

Regimental No. 454219 Rank Pte. Name Burns, W.

Enlisted (a) ²⁸23-6-15 Terms of Service (a) Duration of War Service reckons from (a) 23-6-15

Date of promotion } _____ Date of appointment } _____ Numerical position on } _____
to present rank } to lance rank } 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				

W. Burns
Commanding 39th Res. Bn.

(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 given.
(b) e.g., Signaller, Shoemaking Smith, etc., etc., also special qualifications in technical Corps duties.

Surname

Christian Name or Names

Reg. No.

Burns. W.

454219

Rank

Unit

Co.

Troop

Batty.

Pte

39th Battr.

Hospital

Tent Hosp. St Martins Plains

Date of Admission

9.10.15

Transferred

to Workhouse Mil

Hosp.

Newcastle-on-Tyne

Hosp.

11-10-15

#5 Cav. Fld. Amb.

Hosp.

3.6.16

#2 Cav. Dur. Rest Station

Hosp.

8.6.16

Diagnosis

Gonorrhoea

(1) Later Diagnosis (if changed)

(2)

abscess not cut

(3)

Additional Diagnoses: If more than one state present

P.R. missing now for official
Dur. Pre. to have DYED on or
since 17-9-16. Rev.

DISPOSITION

Date

C/L 20 10 15 28 33(2)

Disch

1.11.15

Go Duty

11.6.16

REMARKS

C.L. 29/10/15

Rept'd from Base

11 16.11.15 44

Missing 17.9.16

Ch. 16.6.16 A245

Ch. 24.6.16 A252(1)

A.M.D. 2 DEPT.

Ch. 30.6.16 A257(2)

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

Ch. 5.10.16 A339

11-8-17 A587

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Name BURNS Rank ~~Private~~ Cpl. Reg. No. 454219
 Unit William
 24th. Battalion
 Next of Kin U.S.A.

LL 25. B. 2267

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918	3-6- No. 5. C. F. A.		Abscess	A245.		
8-6	3-6-68 2C D R S	<i>Incurable</i>	do X	A252		
11-6	To Duty		do	A257		
17-9-16	Missing.	A339.0.2109.5-10-16.				
	Now for official purposes presumed to have					
	DIED on or since the above Date			A587		

649-B-6836

✓ Burns, Wm. ✓ Cpl. ✓ 454219 ✓ 24th Bn.

M

Med. & Dec. (Father) H.M. Burns, Esq.,
Scrip Desp. JAN 13 1921 29802 252 E., 8th St.,
S. Boston, U.S.A.

Plague Desp. _____ Reqn. No. *P7099*

P. & S.
(Serial no. 765 207.)

H.M. Burns, Esq.,
address as above.

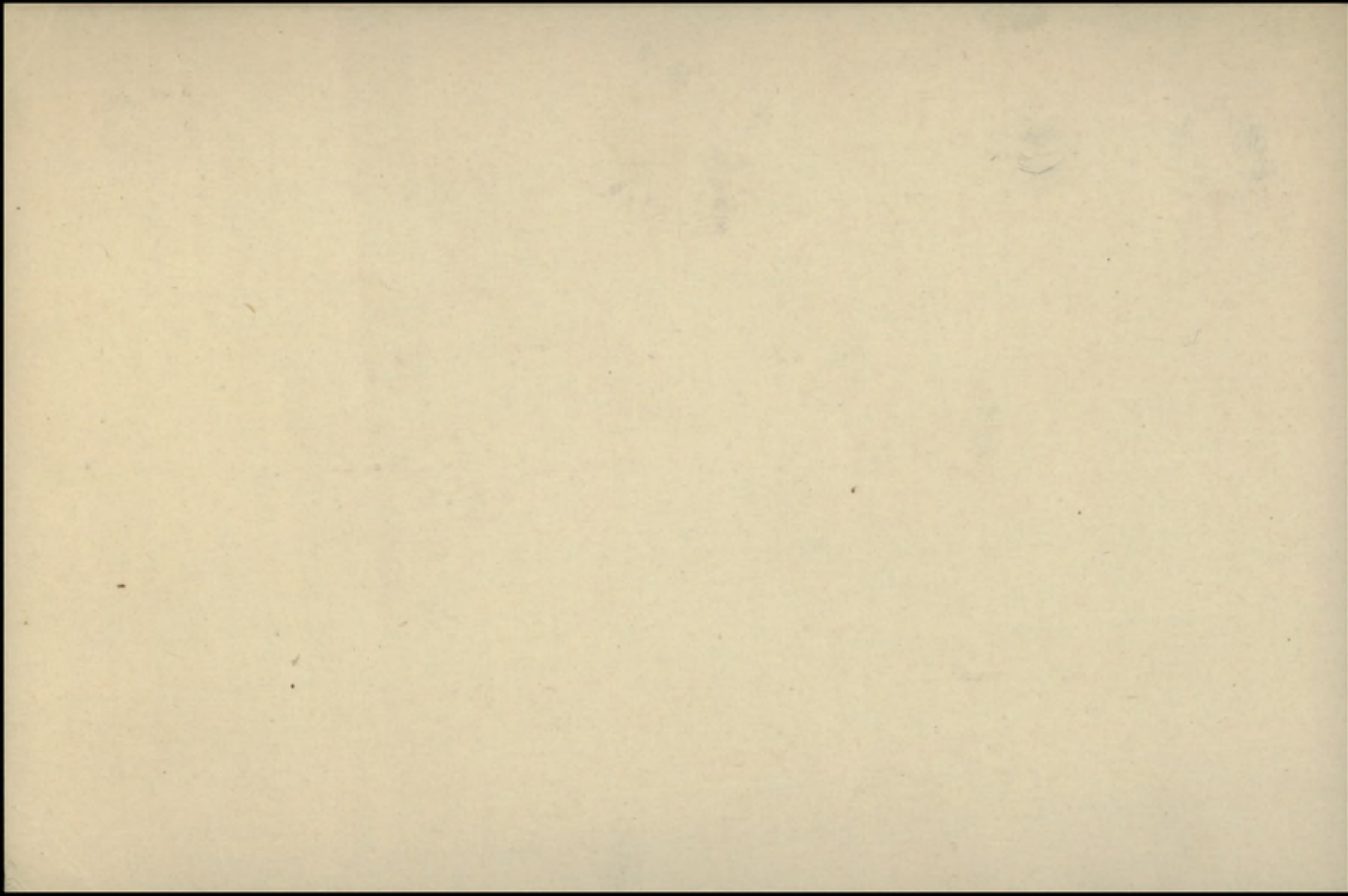
Mem. Cross Nil.

a

*not elig. for 14-15 star
E.. - on
E.. - B W on*

41747

ac



Name Burns. William Rank

Cpl.

Reg. No. 454219.

Unit 24th. Battalion.

Next of Kin U.S.A.

✓
P.D. 25 B 2267.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
17-9-16.	Missing.	A339.	0.2109.5-10-16.			
Mays	Traced from Ostana	Can.	I Red X			
17-9-16	Presumed	Dead	A587			1/8/17

Name *Burns W.* Rank *Pte*

Reg. No. *454219*

Unit ~~*39th Batt*~~ *6th Res*

Next of Kin *U.S.A.*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>9.10.15</i>	<i>sent Hosp.</i>	<i>St Martins Plain</i>	<i>Gorn</i>	<i>28</i>		
<i>11.10.15</i>	<i>trans to Mil Workhouse Hosp</i>		<i>"</i>	<i>33</i>		
	<i>discharged</i>	<i>Newcastle on Tyne</i>		<i>42</i>		
<i>1.11.15</i>	<i>✓</i>	<i>✓</i>	<i>✓</i>			

NAME *Burns, William*

RANK AND CORPS *Sgt Pte Form 39 to Battalion 159th Ist Bn*

CABLE NO. DATE

CABLE NO.	DATE
<i>02109</i>	<i>5-10-16</i>
<i>Cas. Bn. report</i>	<i>5-5-17</i>
<i>4. TB</i>	<i>2040C</i>
	<i>11-8-17</i>

NATURE OF CASUALTY
24th Bn
Reported missing Sep 17th 1916 ✓
Prev. rept missing, now for official purposes
presumed to have died on or since 17th Sept 16.

NO. *3339*
 FOLL.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
428.	Tent. St. Martin's Plain Shorne.	9-10-15	Gonorrhoea.
433.	Trans. to workhouse Mil. Newcastle - on Tyne	11-10-15	Gonorrhoea.
H2(2)	Do.	1-11-15	Discharged
A245	5 Can. Fl. Amb.	3-6-16	Abscess
A272	#2 Can. Res. Plat	8-6-16	Furunculosis Anus
A257	To Duty 4th Res. Plat	11-6-16	Abscess
A339	Reported from Base	17-9-16	Missing
	Prev. rep missing	17.9.16	Now for offic purposes Pres. & have died on or since 17.9.16.

HSB

Wm

Number *45-4219*

Rank ~~Plt~~ *Capt*

Surname *BURNS*

Christian name *William*

Units *24 Am Cav Inf* Theatre of War *France*

Date of Service *21-1-16*

Remarks *(X) H.M. Burns, Esq.*

Latest Address *257 E. 8th St
Boston, Mass, USA*

Roll No. *Page 19191*

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

RANK

SURNAME

INITIALS

UNIT

al address.....

(Street)

(City or Town)

(Province)

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

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

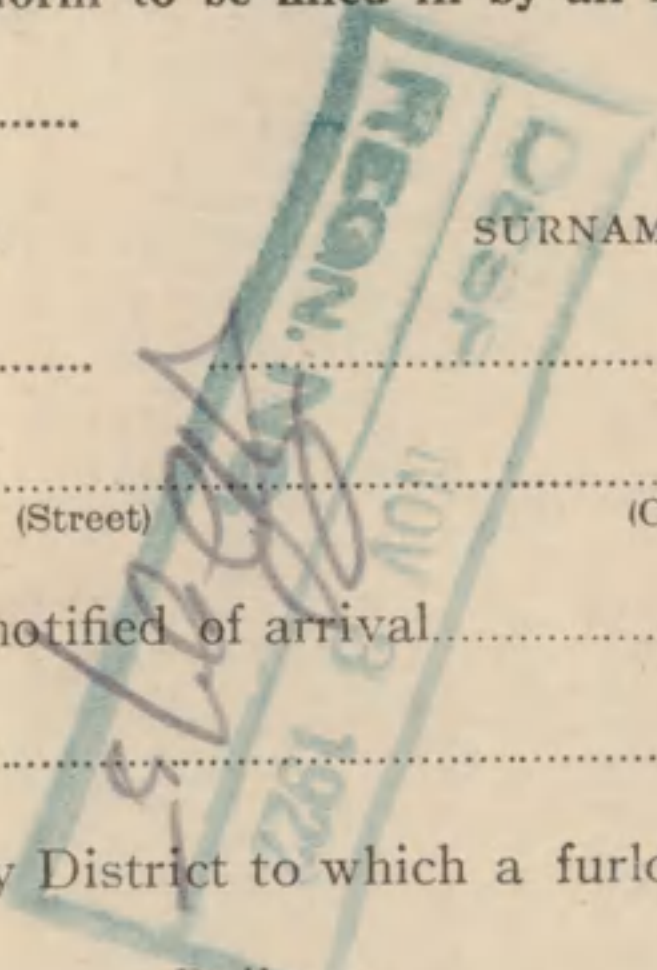
Railway.....

d, is your wife on board.....

Number of children on board.....

tinuation.....

(Sgd.).....



Rank _____ Name **BURNS William**
 Unit **59th Bn to 39th Bn.** *24 on* If in perm. Corps, }
 What Unit? }
 Place and Date of Enlistment **Kingston 23rd June 1915.**

Reg'l No. **454219**
 Married or Single **Single**

Name and Address, Next-of-Kin **Maxwell Burns,**
106 Stoughton St, Boston Mass. U.S.A.

Relationship _____

Assigned Pay Monthly \$ _____ Payable to _____

Relationship _____

Separation Allowance \$ _____ Payable to _____

Relationship _____

Discharge, Date and Place _____ Reason _____ Character _____



Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.	
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date							
Aug 28	Sept 30	34	1	34	34	.10	340	3 60 7 20	48 20			49 15					Pay as per X 28-8-15 to 5-17-15	
Oct 1	Oct 31	31	1 35	41 85	31	.15	465		46 50			108 80 2 20			16 00	29 50	95 130 183 150 183 150 183	
1-11	30-11	30	1	30	30	.10	30		33 00			59 37			59 37	3 18	Final day pay 50 90	
1-12-15	31-12-15	31	1	31	31	.10	310		34 10			27 50			42 30	5 02	80 240.70 into 2 days pay. 19 days of annual charges. 3 days	
1-1-16	31-1-16	31	1	31	31	.10	310		34 10			21 70			73 22 43	6 65	G.M.S.	
1-2-16	29-2-16	29	1 00	29	29	.10	290		31 90							38 55		
1-Mch	31-Mch	31	1 00	31	31	.10	310		34 10			7 84			7 84	64 81		
				227 85					23 25	10 80	261 90			165 56	31 53	197 09	64 81	

Missing 179-16

Checked *[Signature]*
 Department of
 27 1917
 Serial Number

BALANCE TRANSFERRED TO NEW LEDGER.

[Signature]

MARRIED OR SINGLE *S.*

PLACE OF BIRTH *Halifax N.B.*

NAME AND ADDRESS OF NEXT OF KIN *Maxwell Burns*

106. Sloughton St. Boston Mass USA

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Missing</i>	<i>17-9-16</i>	<i>CA 339 5/10</i>
<i>off Pres Dead</i>	<i>17-9-16</i>	<i>a. 587 11/8/17</i>
<i>app^d Lt Cpl.</i>	<i>15-7-16</i>	<i>30.32, 31-7-16.</i>
<i>Promoted cpl.</i>	<i>1-8-16</i>	<i>32 14-8-16.</i>

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. *454219.* RANK *O/1* NAME *Burns William*

IF IN PERMT. CORPS / WHAT UNIT } UNIT *59th Bn* TRANSFERRED TO *39th Bn* DATE

PERMANENT FORCE ALLOWANCES TRANSFERRED TO *24th Bn* DATE *10/9/16* AUTHORITY *BO-88 11-4*

PLACE OF ATTESTATION *Kingston* TRANSFERRED TO *U.E.* DATE *17-9-16* AUTHORITY *CA 337*

DATE OF ATTESTATION *June 23rd 1915.* TRANSFERRED TO DATE AUTHORITY *P.B. 70*

ASSIGNED PAY MONTHLY \$ *nil* DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *6-10-16* EFFECTIVE *1-11-16* REASON *CA 339 5/10/16*

DISCHARGE DATE AND PLACE REASON AND AUTHORITY *Missing.*

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *18th 76*

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)



COMPILED BY *cts*
CHECKED BY

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS					
	No. OF DAYS	RATE	AMOUNT \$	C.	No. OF DAYS	RATE	AMOUNT \$	C.	No. OF DAYS	RATE	AMOUNT \$	C.				No.	DATE	No.	DATE	No.	DATE	No.	DATE				CREDIT	DEBIT								
<i>April 21</i>															261 90																					
<i>1-30</i>	<i>30</i>	<i>1.00</i>	<i>30 00</i>		<i>30</i>	<i>.10</i>	<i>3 00</i>								<i>33 00</i>											<i>197 09</i>	<i>64 81</i>									
<i>May 1-31</i>	<i>31</i>		<i>31</i>		<i>31</i>		<i>3 10</i>								<i>34 10</i>																					
<i>June 1-30</i>	<i>30</i>		<i>30 00</i>		<i>30</i>		<i>3 00</i>								<i>33 00</i>																					
<i>July 1-31</i>	<i>31</i>		<i>31</i>		<i>31</i>		<i>3 10</i>								<i>34 10</i>																					
<i>Aug 1-31</i>	<i>31</i>		<i>31</i>		<i>31</i>		<i>3 10</i>								<i>34 10</i>																					
<i>Sept 1-9</i>	<i>9</i>		<i>9</i>		<i>9</i>		<i>90</i>								<i>9 90</i>																					
<i>Sept 10-30</i>	<i>21</i>		<i>21</i>		<i>21</i>	<i>.10</i>	<i>2 10.</i>								<i>23 10.</i>																					

Checked *M. Clarke*

Checked *M. Clarke*

370
7.5 March 1917
W. Bell
Nov

Statement of
JUL 27 1917
Account rendered

Statement of
OCT 22 1917
Account rendered

Trans to 24th Bn eff 10/9/16
Bo. 88. 11/4/16
13 days over pay Sept
Trans. U.E. 17-10-16
18-9-16
Missing 17-9-16 CA 339
Trans to Dead
Bo. 88. CA 339 5/10/16
Bo. 88. P.O. as cpl. 18/16. 48 days
10
Ottawa. Sett. 23B. 4-17/17

