

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 J B 122 1*  
*a J B 178 2*

*then send*

*Copy of Orig Will*

M. F. W. 62.  
100m.-6-17.  
H. Q. 1772-39-835.

*5/11/18*  
*11/10/18*

# DISCHARGE DOCUMENTS

R. O. No.....

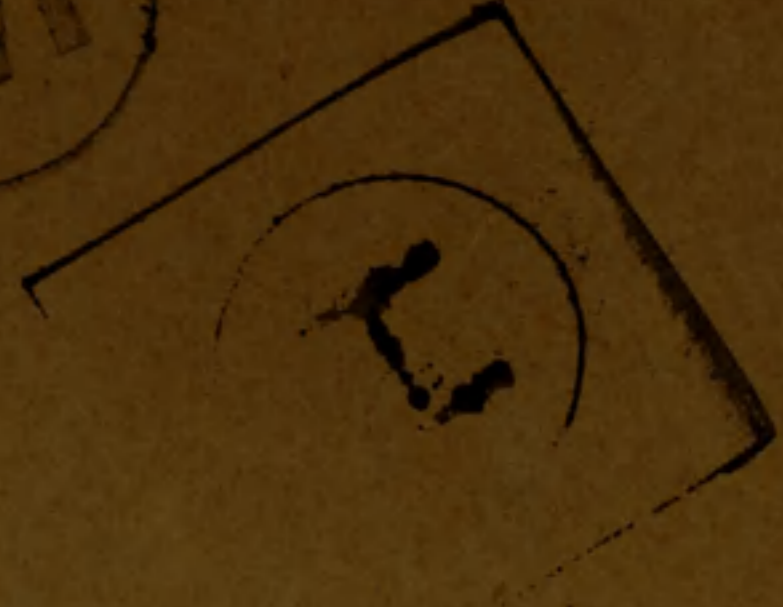
H. Q. No.....

Name *Burns William Frank*

Regt. No. *623139* Rank *Pte*

Corps *44th Bn*

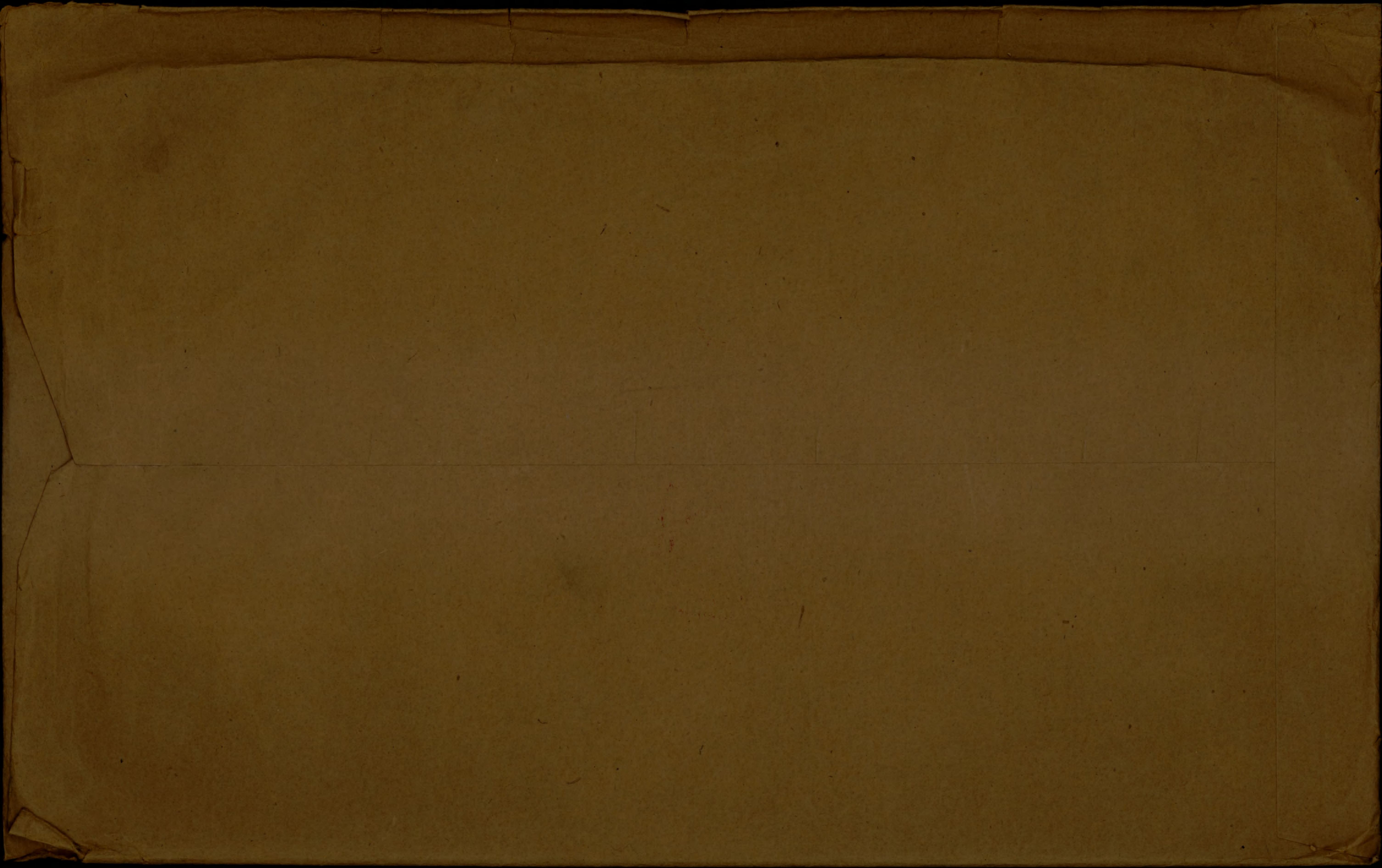
53053



*"Missing" now presumed to have "Died" on or since 15.9.16*



*24 - 9*  
*14 - 9*  
*14 9*



A

original R. 25

# ATTESTATION PAPER.

No. *623139*

Folio. *L*

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name? *William Frank Burns*
2. In what Town, Township or Parish, and in what Country were you born? *Fillmore County Iowa - U.S.A.*
3. What is the name of your next-of-kin? *(Father) - William W Burns.*
4. What is the address of your next-of-kin? ~~*10 Belmont, Manitoba, Canada.*~~
5. What is the date of your birth? *August 20<sup>th</sup> 1897.*
6. What is your Trade or Calling? *Clark.*
7. Are you married? *no*
8. Are you willing to be vaccinated or re-vaccinated? ~~*no*~~ *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*

*W. Burns* (Signature of Man.)  
*J. Burton* (Signature of Witness.)

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *William F 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 *Oct 12<sup>th</sup>* 191 *5*  
*W. Burns* (Signature of Recruit)  
*J. Burton* (Signature of Witness)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *William F 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 *Oct 12<sup>th</sup>* 191 *5*  
*W. Burns* (Signature of Recruit)  
*J. Burton* (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 *Camp Hughes* this *15<sup>th</sup>* day of *Oct* 191 *5*.

*Scott Cameron* (Signature of Justice)

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

*J. E. Swinburne* (Approving Officer)

% The Agricultural College  
 Winnipeg, Man. }  
 Aug. Death Cert. filed on file 25. 10. 2005

Description of William Frank Burns on Enlistment.

Apparent Age 18 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. 8 1/2 ins.

Chest measurement { Girth when fully expanded ..... 30 ins.  
 Range of expansion ..... 4 ins.

Complexion ..... Fair

Eyes ..... Dark

Hair ..... Dark

Religious denominations. { Church of England .....  
 Presbyterian .....  
~~Wesleyan~~ Methodist ..... X  
 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 October 12 1915 ..... W. H. Leonard

Place Winnipeg ..... Lieut C. G. M. C.  
 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 Frank 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.

J. A. Swaburne (Signature of Officer)

Date October 16 1915

MAJOR  
 COMMANDING 44th OVERSEAS B. C. E. F.  
 FOR O. C. ON LEAVE.

out 6:17  
21.

14004

649 B4584

27th. Battn.

Pres: Dead. 15-9-1916.

Taken from Living. 24-7-1916.

BURNS W F Private 623139 ✓

44th Batt. C E F

- 20 -

Perforated sheet for Will from Pay Book of Reg.

No. 623139

Name W. F. Burns

Unit 44th Batt.

Military Will.

In event of my death, I give the whole of my effects to my sister Mrs H. B. Robinson 532 Dufferin St. Winnipeg Man Canada.

Signature W. F. Burns

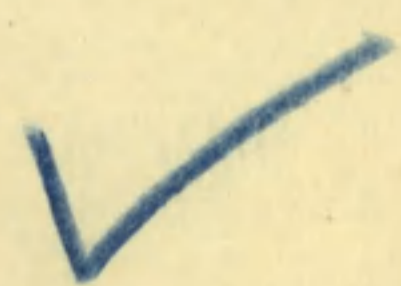
Rank and Regt. Pte 44th.

Date Apr 12/16.

ESTATES BRANCH

AUG 28 1917

MILITIA DEPT.



14093



UNITED STATES  
AUG 28 1907  
MILITIA DEPT

20

Rank Name BURNS, William Frank.

Reg'l No. 423139.

Unit 44th Bn. If in perm. Corps, What Unit?

Married or Single Single.

Place and Date of Enlistment Camp Hughes. 12th Oct 1915. Place of Birth Iowa. U.S.A.

Name and Address, Next-of-Kin William W Burns, ~~Balmoral Manitoba Canada.~~

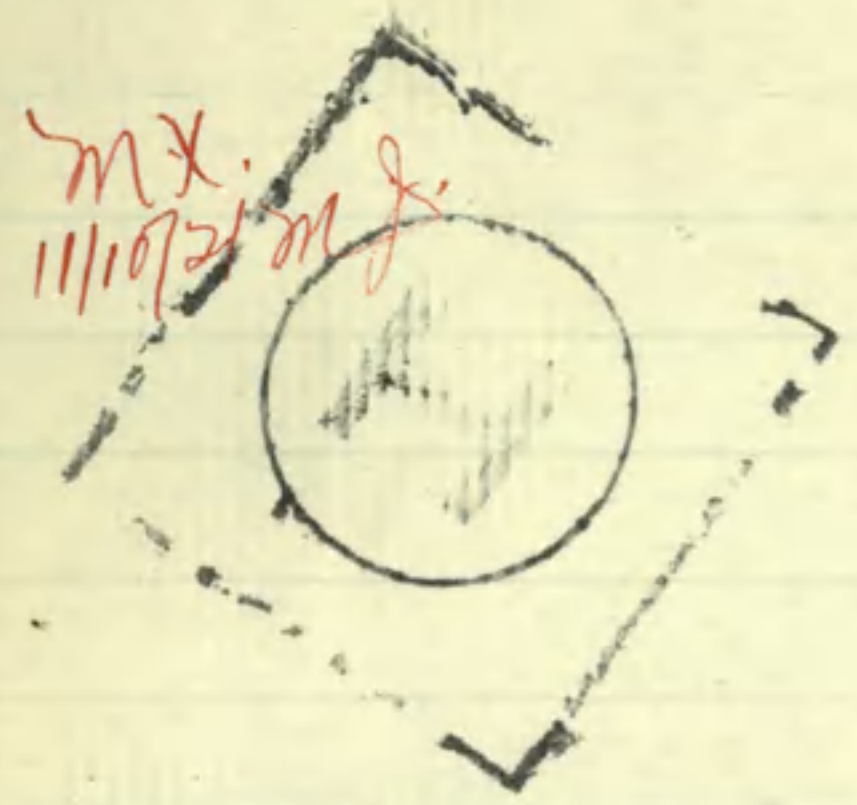
90 THE AGRICULTURAL COLLEGE WINNIPEG MAN. CANADA. Relationship Father.

Assigned Pay Monthly \$ Payable to *Anty. Death Cert. d 11/4/17 on file 25-D-2223.*

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place 15.9.16 France Reason *Rep Missing* Character

N/E. R.B. No. 6. File R.L. 25-13-2223. Category KA



*MX. 11/10/21 M.J.*

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>pass Shapland</i>	<b>30 OCT. 1915</b>	
27.1.16	D.C.L. 23	Admitted to hospit. Men. Carrier	Aldershot.	10.1.16	9
"	" "	Dis from H.P.	"	19.1.16	10
28.1.16	Adj <sup>44</sup> <del>35</del> th	Admitted to hospit. Circumcision	Bramshott	25.1.16	Part II Orders 28 (D.C.L. 27. 29.1.16)
16.2.16	" "	Dis from H.P.	"	16.2.16	" " 47
17.4.16	-	S.O.S. 44th Bn Tfd to 27th Bn	France	15.4.16	- - - 108
7.5.16.	27th Bn	Taken on strength at 11th Bn	In the field	16.4.16.	Pr II Dig
13.7.16	do	adm. no. 4 loan. 3rd Lt. Amb	do	21.6.16	b.f.a 267 9.S.W. 2. Leg cont. Eye
18.7.16	do	Discharged to duty	do	28.6.16	b.f.a 271 do
10.10.16	27th Bn.	<i>Reported Missing</i>	<i>In the field</i>	15.9.16	C-list a 559 O.N

623139. Burns W F

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				
14. 10. 16	27 <sup>th</sup> Bn	Rep. Missing S. O. S. - Previously reported missing now for official purposes presumed to have died on or since	In the Field	15. 9. 16	Pt II 048.50
7. 7. 17	"		"	"	<del>15. 9. 16</del>



**CERTIFIED CORRECT.**  
 Army Form B. 103.  
 Canadian Record Office  
 Westminster House,  
 7, Millbank, W.C.

## Casualty Form—Active Service.

Regiment or Corps 44 Battalion C.E.F.  
 Regimental No 623139 Rank Private Name Burns, William Grant  
 Enlisted (a) 12/10/15 Terms of Service (a) BoFW Service reckons from (a) Enlistment  
 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) clerk.

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				
<del>Transferred to</del>		<del>Battalion</del>			<del>W. W. Chalkin</del>
<del>Embarked for Overseas with</del>		<del>27th Dec.</del>		<del>15 APR 1916</del>	<del>MAJOR &amp; ADJUTANT, 44th BATTALION, C.E.F.</del>
EMBARKED FOR FRANCE,				15 <sup>th</sup> 1/16	authy: - 724. a 4. 2. a.
19-4-16	O.C.C.B.D.	Reinforcement Arrvd. France		16-4-16	101/ED/3/284 Pt II 0/19. 9 <sup>th</sup> 1/16
6-5-16	"	do. Left C.B.D. for Unit		4-5-16	101/BD/3/309 . 121
12-5-16	" 27 Bn.	do. Arrvd. Unit	Field	6-5-16	B.213 . 128
30 <sup>th</sup> 6/16	"	Recd from 1st Unit	Unit	21 <sup>st</sup> 7/16	" 151 - 6 <sup>th</sup> 7/16
24 <sup>th</sup> 6/16	" 51st	Recd from 1st Unit	S. Coy	" 1936	" 152 - 9 <sup>th</sup> 7/16
"	"	"	"	22 <sup>nd</sup> 6/16	"
1 <sup>st</sup> 7/16	"	"	"	22 <sup>nd</sup> 7/16	" 154 - 17 <sup>th</sup> 7/16
21 <sup>st</sup> 7/16	29 Bn.	Recd from 1st Unit	Duty Field	28 <sup>th</sup> 6/16	"
28 <sup>th</sup> 7/16	"	"	Unit	20 <sup>th</sup> 7/16	B.213. 161 - 28 <sup>th</sup> 7/16
20 <sup>th</sup> 9/16	"	Recd from 1st Unit	Field	25 <sup>th</sup> 7/16	" 163 - 4 <sup>th</sup> 8/16
		Recd from 1st Unit	Field	15 <sup>th</sup> 9/16	KI-139-17/16 186 - 5 <sup>th</sup> 10/16

(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, Shoing 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				
		<p style="text-align: center;"><i>Whogau</i> Capt.            For Officer i/c Can. Records,            Canadian Section.            - G.H.Q. 3rd Echelon.</p>			
7.7.17	27 Bn.	<p><i>Prev rept'd Missing            now presumed to have            died on or since</i></p>		<i>In the Field 15.9.16</i>	<i>C.L. A5-63</i>
					<p style="text-align: right;"><i>L. Standby</i> LIEUT:            FOR LT: COL: I/C RECORDS, C.O.M.F.</p>

Discharged 19-1-16

221

# ORIGINAL MEDICAL HISTORY SHEET.

Burns

Surname Burns Christian Name Lucas Fetc

Examined { on 11<sup>th</sup> day of Oct. 1915  
at Camp Hughes

Approved by

C. M. Stone

Birthplace { City or Town Dowd  
County Zillmore

Rank Capt M.O.

Apparent age 18 years

Trade or occupation Club

Height 5 Feet 10 Inches

Weight 145 Lbs.

Chest measurement { Minimum 35 inches

Maximum expansion 37 inches

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right Left  
Number Rec

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		<u>1.3.16</u>
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

29 JAN 1916

Date	Result	VACCINATIONS,
	<u>Rec</u>	M.O.
	<u>Rec</u>	M.O.
	<u>Rec</u>	M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
	<u>Rec</u>	M.O.
	<u>Rec</u>	M.O.
	<u>Rec</u>	M.O.

Enlisted on 11<sup>th</sup> day of Oct 1915 at Camp Hughes

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>44<sup>th</sup> Btn</u>	<u>628139</u>	<u>Good</u>	<u>Oct 11<sup>th</sup> 1915</u>
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.

C

Surname

*Braun*

Christian Name

*Heinrich*

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>Med. Detachment</i>		<i>10</i>	<i>1</i>	<i>16</i>	<i>19</i>	<i>1</i>	<i>16</i>	<i>Therapeutic treatment</i>	
<i>Med. Detachment</i>								<i>Bathes</i>	
<i>Braun 40th. Bunt</i>		<i>28</i>	<i>1</i>	<i>16</i>	<i>16</i>	<i>2</i>	<i>16</i>	<i>Thymiosis</i>	
								<i>20</i>	
								<i>Circumcision</i>	
									<i>Two weeks in hospital for treatment of venereal disease before discharge.</i>
									<i>See remarks</i>

Duplicate Medical History Sheet posted to here.

Medical Registrar

Record M.O.

*E. H. Street*

Duplicate Medical History Sheet posted to here.

Medical Registrar

Record M.O.

*E. H. Street*

No. *623139*

Name *Burns N. G.*

Sqn., Batty., or Company } *A*

Corps *4th Bat<sup>n</sup> 66<sup>th</sup> I.C.*

Date of enlistment } \_\_\_\_\_

G.C. Badges } \_\_\_\_\_

Service or Proficiency Pay } \_\_\_\_\_

Date of last entry in Company Conduct Sheet } \_\_\_\_\_

No. and date of last drunk } \_\_\_\_\_

Period not reckoning towards freedom from extra fine } \_\_\_\_\_

Sheet No. *One*

Signature O.C. Company, etc. } *N. G. Burns*

Character *Good*

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
	<i>Transferred</i>			<i>to 24<sup>th</sup> Battalion</i>				<i>[Signature]</i>	<i>48th Battalion</i>
						<i>S.O.S.</i>	<i>Missing 15. 9. 16</i>	<i>Capt.</i>	
						<i>Adjutant, 27<sup>th</sup> Batt.</i>			

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

Form B/133

Rank *Pvt* Name **BURNS, William Frank.** Reg'l No. **423139.** P-56  
 Unit **44th Bn. 27<sup>th</sup> - 12<sup>th</sup> - 12<sup>th</sup>** If in perm. Corps, What Unit? Married or Single **Single.**  
 Place and Date of Enlistment **Camp Hughes. 12th Oct 1915.** Place of Birth **Iowa. U.S.A.**  
 Name and Address, Next-of-Kin **William W Burns, Balmoral Manitoba Canada.**

Relationship **Father.**

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

Discharge, Date and Place **15-9-16**

Reason *When not Dead* Relationship *209563 7/17* 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						
<i>1915</i>																	
Nov. 1	30	30	1 <sup>00</sup>	3000	30	10	300	1000	4300			31 53			31 53	11 37	<i>Clarking</i>
Dec. 1	31	31	.	31..	31	.	310	11 37	4547			3407			3407	11 40	<i>Acort 1000</i>
Jan. 1	31	31	.	31..	31	.	310	11 46	4550			14 60			14 60	30 90	
Feb. 1	29	29	.	29.	29	.	290	30 90	6280			21 90			21 90	40 90	<i>Jan 16. 27. Bth</i>
March 1	31	31	.	31.	31	.	310	4. 90	75..	474		1973			1946. 25. 57.	20. 108	<i>30.</i>
<i>Settled.</i>																	
<i>Checked</i>																	
<i>Balance transferred to New Ledger.</i>																	
<i>158</i>																	
<i>15 20 10 177 20</i>																	
<i>121 66</i>																	
<i>115 55 99 121</i>																	

Statement of  
 16 1917





Surname **Burns.** Christian Name or Names **W. F.** Reg. No. **623139.**  
 Rank **Pte** Unit **(44<sup>th</sup> Batts)** Co. **27<sup>th</sup> Bn** Troop Batty  
 Hospital Date of Admission

Transferred **Military Isolation Hosp Aldershot** Hosp. **10-1-16**  
**Full Hosp Beaumont** Hosp. **29-1-16**  
**4 Cav F. Cont** Hosp. **21.6.16**  
 Hosp.

Diagnosis **Meningococcal Carrier.**  
 (1) **N Y B**  
 Later Diagnosis (if changed)  
 (2) **G.S.W. L. Leg. Cont. L. Eye.**  
 (3)

Additional Diagnoses: If more than one state present

**now for official purposes presumed to**  
**have <sup>Missing</sup> died on or since 15-9-16**  
 DISPOSITION Date  
**Dischg<sup>d</sup> 19.1.16.**  
**to duty 28.6.16.**  
 REMARKS

C.L. 27-1-16 # 23  
 " 1-2-16 27  
 " 13.7.16 A267.  
 " 18.7.16 # A271.  
 C.L. 10-10-16 A 339 (1)  
 - 7-7-17 @ 5-63

**A.M.D. 2 DEPT.**

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

*W.M.B*

# EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

NAME Burns, William Frank

RANK AND CORPS

Pte. 27<sup>th</sup> En from 44<sup>th</sup> Battalion

CABLE

NATURE OF CASUALTY

NO. 3340x

NO.

DATE

9699 12-7-16

c

adm to #4 Field Ambulance Jun 21st  
Wounded left leg. (Contusion eye) ✓

02458 9-10-16

Reported missing Sept. 15<sup>th</sup> 1916. ✓

Cas. Bh. Rept. 16-4-17.

Prev. rept missing now for Official purposes  
presumed to have died on or since 15<sup>th</sup> Sept 1916.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
23	Mil. Isolation Aldershot	10-1-16	Meningococcal carrier
23	Discharged	19-1-16	" " " " " "
27	Mil. Bramshott	29-1-16	N. Y. D.
A267	#4 Cam Field Ambulance	21-6-16	GSW h leg Cont leg
A271	" " " " " "		" " " " " "
A339	Sept'd from base	15-9-16	Missing
A563.	Prev. rept missing now	for official purposes	presumed to have
	died on or since -	15-9-16.	

Scroll Desp. MAR 20 1922 Regn. No. 734274

Plague Desp. MAR 27 1922 Regn. No. P 33524

649-B-4534

BURNS, Wm. Frank (Pte) No. 623139 27th Bn.

M

Medals and Decorations (Sister) Mrs. H. B. Robinson,  
c/o The Agricultural  
College,  
Winnipeg, Man.

Plaques and Scroll (Father) Wm. W. Burns, Esq.,  
address as above.

*Serial 792375*

Memorial Cross (NIL)

*not eligible for star.  
E. Sig. " V.M.  
E. Sig. " B.W.M.  
M.J.*

*a*

57245

Name Burns W.F. Rank Pte.

Reg. No. 623139.

Unit 44<sup>th</sup> Bath.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/KO.	W.O. List
10-1-16	Mil Isolation	No. Aederstr.	Meningococci			
19-1-16	Discharged		Burns	27		
29-1-16	Mil. Hosp. Bramshott.		N.Y.D.	27		
16-2-16	Discharged		Phumosis	40		





MARRIED

SINGLE

*Yes*

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

(649-B-4 534) CARD NO.

SURNAME. *Burne*

CHRISTIAN NAMES *William, Frank*

FOLL. **D**

REGL. No. *623139* RANK *Pte.*

UNIT *44<sup>th</sup>* Batt.

FORMER CORPS *nil*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Burne, William, W.*

RELATIONSHIP TO SOLDIER *Father,*

ADDRESS ~~*Balmoral, Man, Can,*~~  
*Agricultural College, Winnipeg*  
*(31/5/17) Man.*

COUNTRY OF BIRTH *U.S.A. Iowa,*

DATE

PLACE OF ATTESTATION *Camp Hughee,*

DATE *15/10/15.*

*Sailed 23-10-15 "Lapland"*  
*24<sup>3</sup>/<sub>5</sub> Halifax*



Name

BURNS,

Rank

Private ✓

Reg. No.

623139.

Unit

William Frank.

27th. Battalion.

Next of Kin

Canada.

P.L. 25 B 2223.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
15.9.16.	MISSING.			A339.02458.		10.10.
April 16	Xtract from O'Hara	Car. Pres a.				
	Presumed Dead	19563		7.7.17		



No. 423139 RANK *Pte*

NAME *Burns W. J.*

T. O. S. 12-10-15 UNIT *44<sup>th</sup>* *Battalion. C.E.F.*  
(*W.O. 211 Oct 1915*)

M. D. *10*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1915</i>	<i>1915</i>			
<i>Oct 12</i>	<i>Oct 31</i>	<i>n.</i>		
<i>upon</i>		<i>n.</i>		

UNIT SAILED  
OCT 23 1915

A.M.M.

*Muscle*

*VR*

Number 623139 Rank Pte.

Surname BURNS

Christian Name William Frank

Units 27<sup>th</sup> Bus Coy Theatre of War France

Date of Service 16-4-16

Remarks (Sister) Mrs. H. B. Robinson,

Latest Address Co The Agricultural College,

Roll No. B. Page 21183

200m. -6-21.4. Winnipeg, Man.

# 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

DESP. JAN 12 1923  
REG. NO. 1313/30  
9.2.22





Name **BURNS. WILLIAM** <sup>FRANK.</sup> Rank **PTE.**

Reg. No. ~~623139.~~  
623139.

Unit **27th BATTALION.**

Next of Kin **CANADA.**

*Rt 25. B. 2223*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1916.				A. M. July.		
21-6.	4. C.F.A.		G.S.W.L.Leg.	267.9699.13.		
28-6.	Discharged to Duty.		G.S.W.L.Leg.	A271.		
15-9	MISSING			A339.0.2458.		
						10-10.
<p><i>Now for Official purposes presumed to have Died on or Since 15-9-16 A563</i></p>						

MARRIED OR SINGLE *S.*

PLACE OF BIRTH *Iowa U.S.A.*

NAME AND ADDRESS OF NEXT OF KIN *Wm D. Burns*

*Palmoral, Man, Canada.*

RELATIONSHIP OF NEXT OF KIN *Father*

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 <i>Missing</i>	EFFECTIVE DATE <i>15/9/16</i>	AUTHORITY <i>Ca 339 10/16</i>
<i>O.P.D.</i>	<i>5/16</i>	<i>5/16</i>
		<i>7/7/17</i>

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. No. *622129* RANK *lieut*

IF IN PERM. CORPS | UNIT *1st Bn* TRANSFERRED TO *7th Bn* DATE *apr 20 17* AUTHORITY *20.108*

PERMANENT FORCE ALLOWANCES TRANSFERRED TO *Non Effect* DATE *16/9/16* AUTHORITY *Ca. 339/16*

PLACE OF ATTESTATION *Camp Hughes Man* TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION *15th Oct. 1915* TRANSFERRED TO DATE AUTHORITY *P.B. 9252*

ASSIGNED PAY MONTHLY \$ *Nil.* DATE EFFECTIVE

PAYABLE TO

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE

REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *19/10/16*

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)



COMPILED BY... 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		No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT										
			\$	c.			\$	c.			\$	c.																				No.	DATE	No.	DATE	No.	DATE	No.
<i>1/4/16</i>																																						
<i>20/4/16</i>	<i>20</i>	<i>1</i>	<i>20</i>		<i>20</i>	<i>10</i>	<i>2</i>																															
<i>May</i>																																						
<i>1-31</i>	<i>31</i>	<i>1</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>3 10</i>																															
<i>June</i>																																						
<i>1-30</i>	<i>30</i>	<i>1</i>	<i>30</i>		<i>30</i>	<i>10</i>	<i>3 -</i>																															
<i>July</i>																																						
<i>1-31</i>	<i>31</i>	<i>1</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>3 10</i>																															
<i>Aug.</i>																																						
<i>1-31</i>	<i>31</i>	<i>1</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>3 10</i>																															
<i>Sept.</i>																																						
<i>1-30</i>	<i>30</i>		<i>30</i>		<i>30</i>		<i>3</i>																															
<i>Oct</i>																																						
<i>Nov</i>																																						
<i>Dec</i>																																						
<i>28. March 1917.</i>																																						

Checked

Check *W.D. Burns*

*N.E. Dec*  
*28. March 1917.*  
*1917*  
*Sept*

Statement of  
JUL 16 1917  
Accounts

*To Ottawa for Settlement 21/8/17*  
*Vou 180.*

8

**Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.**

Date	Brief details, and signature		
	Vacc.	Pos.	C.M.S.
Nov. 4th	Inoc.	React.	"
" 24th	"	"	"
Dec. 9th	"	"	"

**Table IV.—Service Table.**

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

I certify the foregoing to be a true copy of an original entry on a ... C.A.M.C. ...

*NE Man*  
**DUPLICATE.**

ARMY FORM B. 178.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

**MEDICAL HISTORY of**

Surname BURNS Christian Name Frank

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Iowa County Tillmore  
Examined ... (on 11th day of October 1915,  
at Camp Hughes)  
Declared Age ... 18 years ... days.  
Trade or Occupation ... Clerk  
Height ... 5 feet 10 inches.  
Weight ... 145 lbs.  
Chest Measurement { Girth when fully Expanded 37 inches.  
Range of Expansion 2 inches.  
Physical Development ... Good  
Vaccination Marks { Arm ... Right Left  
Number 1  
When Vaccinated ... December  
Vision ... { R.E.—V=  
L.E.—V=  
(a) Marks indicating congenital peculiarities or previous disease ... { (a)  
(b) Slight defects but not sufficient to cause rejection ... { (b)  
Approved by (Signature) C.M.Strong.  
(Rank) Capt. Medical Officer.

Enlisted ... at Camp Hughes  
on 11th day of October 1915.  
Joined on Enlistment ... Corps. 44th Battalion. Regtl. No. 623139.  
Transferred to ...

Became non-effective by  
This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.  
on ... day of ... 191 ...  
(Signature) [Signature]  
(Rank) Lieut.-Col.



Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Table with 2 columns: Date, Brief details, and signature. The table is mostly empty.

Table IV.—Service Table.

Table with 6 columns: Station or Troopship, Date of arrival or embarkation, Date of departure or disembarkation, Station or Troopship, Date of arrival or embarkation, Date of departure or disembarkation. The table is mostly empty.

ORIGINAL

ARMY FORM B. 178.

To be used (a) for recruits enlisting direct into the Regular Army and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname BURNS Christian Name William Frank.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Fillmore County Jowa U.S.A.
Examined ... on 12th day of October 1915 at Winnipeg
Declared Age ... 18 years ... days.
Trade or occupation ... Clerk.
Height ... 5 feet 8 inches.
Weight ... lbs.
Chest Measurement { Girth when fully Expanded 30 inches. Range of Expansion 4 1/2 inches.
Physical Development ...
Vaccination Marks { Arm ... Right Left Number ...
When Vaccinated ...
Vision ... { R.E.—V= L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ...
(b) Slight defects but not sufficient to cause rejection ...

Approved by (Signature) W.H. Second (Rank) Lieut. C.A.M.C. Medical Officer.

Enlisted ... at Camp Hughes on 15th day of October 1915

Table with 2 columns: Corps, Regtl. No. 27th Bn. C.E.F. 623139.

Became non-effective by

This Medical History Sheet has been compared with the corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.

on ... day of ... 1915 (Signature) (Rank) Lieut.-Col. In Charge of Records.

Vertical text on the right edge: Lieut.-Col. In Charge of Records, Canadian Contingent.

