

ATTESTATION PAPER.

Depot Artillery Brigade

No. 340397

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... DE BURY
- 1a. What are your Christian names?..... Francis Visart
- 1b. What is your present address?..... Colonial Hotel, Pittsburg, Pa., U.S.
- 2. In what Town, Township or Parish, and in what Country were you born?..... St. John, N. B., Canada
- 3. What is the name of your next-of kin?..... Madeline De Bury
- 4. What is the address of your next-of-kin?..... 1168 Harrow St., Vancouver, B.C., Canada
- 4a. What is the relationship of your next-of-kin?..... Sister
- 5. What is the date of your birth?..... November, 25th, 1886
- 6. What is your Trade or Calling?..... Salesman
- 7. Are you married?..... Single
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
- 9. Do you now belong to the Active Militia?..... No
- 10. Have you ever served in any Military Force?..... No
If so, state particulars of former Service. Naval or
- 11. Do you understand the nature and terms of your engagement?..... Yes
- 12. Are you willing to be attested to serve in the } Yes
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. No
- 14. If so, what was the nature of the disability?
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? No
- 16. If so, what was the reason?..... .. .

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Francis Visart De Bury, 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.

Francis de Bury (Signature of Recruit)

Date November, 24th 1917. [Signature] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Francis Visart De Bury, 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.

Francis de Bury (Signature of Recruit)

Date November, 24th 1917. [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 Toronto, Canada this 24th day of November, 1917 191 .

[Signature] (Signature of Justice)

Description of Francis Visart DeBuryon Enlistment.

Apparent Age 31 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 9 ins.

**Mole on r. side near breast.
 Scar on r. eyelid.**

Chest measurement. { Girth when fully expanded..... 35 ins.
 Range of expansion..... 5 ins.

Complexion Medium

Eyes Blue

Hair Brown

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

Hearing O.K. R.D. 20 L.D. 20

**L arge tonsils. spur left.
 Deviated septum**

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.**

**DECLARED FIT BY MEDICAL BOARD
 TORONTO MOBILIZATION CENTRE**

Date..... November, 24th 1917.

Place..... Toronto, Canada

Earl Hardy
 Medical Officer, **PRESIDENT**

*Insert here "fit" or "unfit."

Passed by F.D. Reynolds, Pittsburg

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.

Francis Visart De Bury 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.

W. J. Jones
 Commanding, **69 Battery, C. F. A., C. E. F.** (Signature of Officer)

Date..... DEC 17 1917 1917

(5)

NAME DEBURY, FRANCIS V.

REGIMENTAL DOCUMENTS

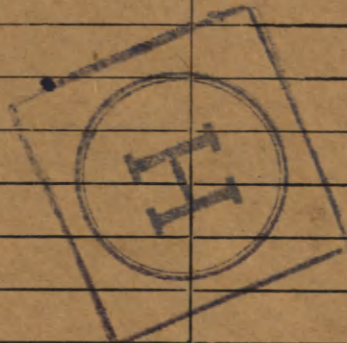
REGT. No. 340397

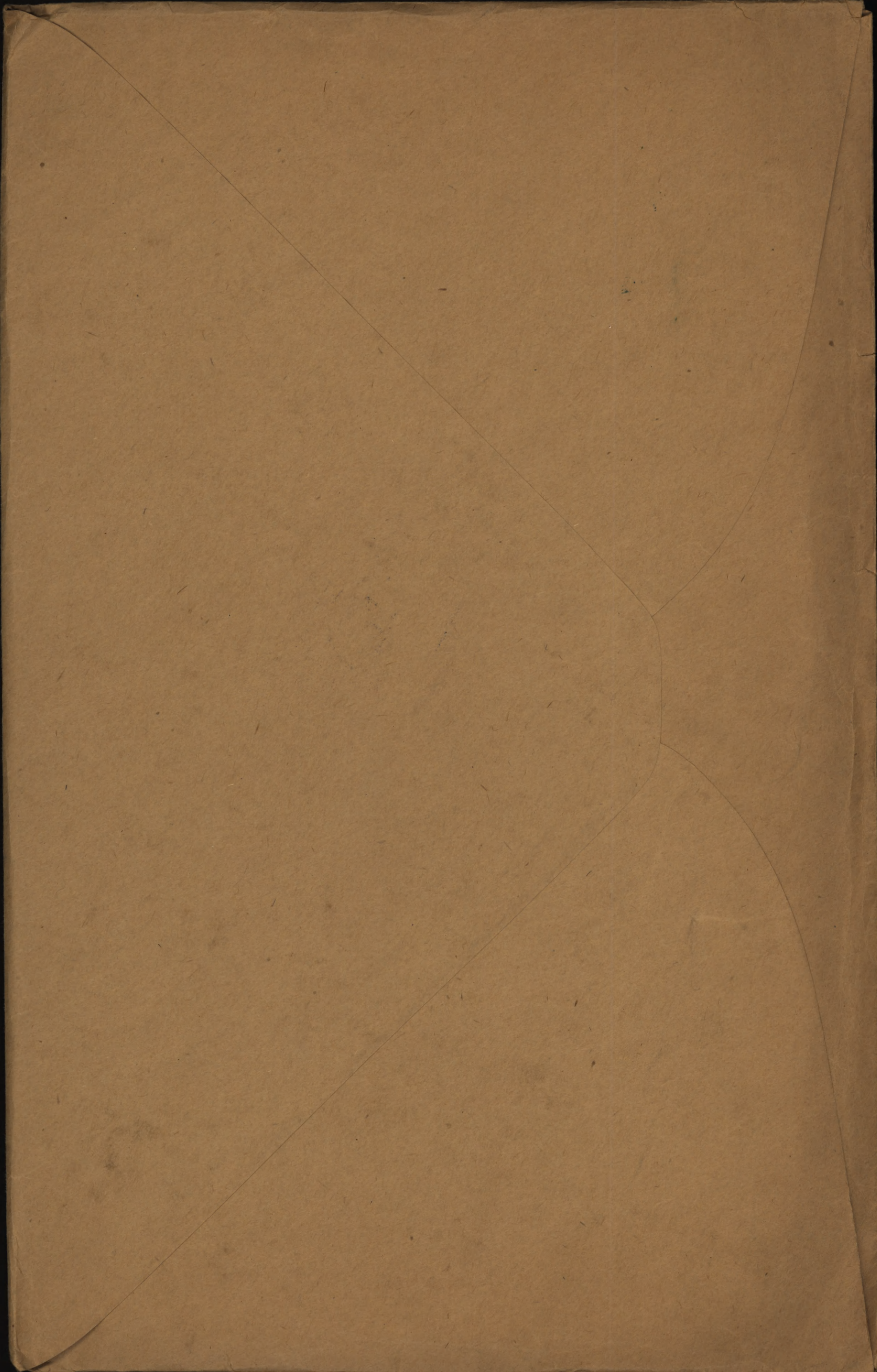
UNIT 69th Bu.

H. Q. FILE No.

(4)

| 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) | | | | | DEATH |
| CASUALTY FORM (M.F.W. 54 or A.F.B. 103) | | | | | CATEGORY |
| TRAINING HISTORY SHEET (M.F.W. 113) | | | | | |
| FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) | | | | | |
| REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120) | | | | 68571 | |
| COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121) | | | | | |
| MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) | | | | | DISCHARGE |
| DENTAL HISTORY SHEET (M.F.B. 465) | | | | | CATEGORY |
| MEDICAL REPORT (M.F.B. 227 or A.F.B. 179) | | | | | Demol |
| MEDICAL EXAMINATION (M.F.W. 129) | | (M) | | | |
| TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2) | | | | | |
| PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2) | | | | | |
| DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115) | | | | | DESERTION |
| LAST PAY CERTIFICATE (M.F.W. 44) | | | | | |
| 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) | | | | | |
| CARDS | | | | | |
| PAY-SHEETS | | | | | |





MILITARY SERVICE ACT, 1917. DUPLICATE

MEDICAL HISTORY SHEET. 340397

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname De Bury Christian name Francis Visart
 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....
 3. Consecutive number on schedule of men reporting for service (if he appears on it).....
 4. Address (including street and number, if any)..... Colonial Hotel, Pittsburg, Pa., U.S.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 24th day of November 1917, by the undersigned medical board sitting at Toronto

5. Age as stated 31 Years - Months. 6. Apparent age..... Years..... Months
 7. Height 5 Feet 9 3/4 Inches. 8. Weight 134 1/2 Pounds.
 9. Chest measurement { Minimum 32 Ins. 10. Complexion Medium { Eyes Blue
 { Maximum 35 Ins. { Hair Brown
 11. Physical development. Good { Good
 Fair
 Poor 12. Smallpox marks.....
 13. Number of vaccination marks { Right arm 1
 { Left arm 1 14. When vaccinated last 10 yrs ago
 15. Distinctive marks and marks indicating congenital peculiarities or previous disease.....

16. Slight defects but not sufficient to cause rejection.....
 The man denies having had { Rheumatism We find no evidence of past { Rheumatism
 Tuberculosis Tuberculosis
 Syphilis Syphilis
 (Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2
 17. (a) Vision R. 30 L. 20
 (b) Hearing, R. O.K. L. O.K.
Large tonsils. Spur left. Deviated septum
W. Jones Member. *W. Jones* Member.

| Date | Result | VACCINATIONS | Date | Result | ANTI-TYPHOID INOCULATIONS, ETC. |
|----------------|--------|----------------------|-----------------|--------|---------------------------------|
| <u>4/12/17</u> | | <u>W. Jones</u> M.O. | <u>4/12/17</u> | | <u>W. Jones</u> M.O. |
| | | M.O. | <u>8/12/17</u> | | M.O. |
| | | M.O. | <u>12/12/17</u> | | M.O. |

Joined 24th day of November 191 7 at Toronto, Canada

| | CORPS | REG'TL NUMBER | HABITS | DATE |
|----------------------|--------------------------|---------------|--------|------------------|
| Joined on enlistment | <u>Dep. art. Brigade</u> | | | |
| Transferred to..... | <u>69th Battery</u> | <u>340397</u> | | <u>Nov 24/17</u> |

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| STATION | DATE | DISEASE | RESULT |
|---------|------|---------|--------|
| | | | |

N. B.—This sheet is 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.

Signature of Man *Francis De Bury*

ORIGINAL

MILITARY SERVICE ACT 1917

ORIGINAL
340 397

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname De Bury Christian name Francis Visart
 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule..... } 5 SEP 1918
 3. Consecutive number on schedule of men reporting for service (if he appears on it)..... }
 4. Address (including street and number, if any)..... } Colonial Hotel, Pittsburg, Pa., U.S.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 24th day of November 1917, by the undersigned medical board sitting at Toronto

5. Age as stated 31 Years - Months..... 6. Apparent age..... Years..... Months.....
 7. Height 5 Feet 9 3/4 Inches..... 8. Weight 134 1/2 Pounds.....
 9. Chest measurement { Minimum 32 Ins. 10. Complexion Medium { Eyes Blue
 { Maximum 35 Ins. { Hair Brown
 11. Physical development..... Good { Good Fair Poor 12. Smallpox marks.....
 13. Number of vaccination marks { Right arm 1 14. When vaccinated last 10 yrs ago
 { Left arm 1
 15. Distinctive marks and marks indicating congenital peculiarities or previous disease.....

16. Slight defects but not sufficient to cause rejection.....
 The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis
 (Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2
 17. (a) Vision R. 30 L. 20
 (b) Hearing. R. O.K. L. O.K.

[Signature] Ear Hardy Capt Member. *[Signature]* MM Nichol Capt Member.
 Large tonsils. Spur left. Deviated septum

| Date | Result | VACCINATIONS | Date | Result | ANTI-TYPHOID INOCULATIONS, ETC. |
|---------|--------|-------------------------|---------------------|--------|---------------------------------|
| 4/12/17 | | <i>[Signature]</i> M.O. | 4/12/17 | | M.O. |
| | | M.O. | 8/12/17 | | M.O. |
| | | M.O. | 12/12/17 | | M.O. |
| | | | <u>12/12/17 TAB</u> | | <u>17.4.19</u> |

Joined 24th day of November 1917 at Toronto, Canada

| | CORPS | REG'TL NUMBER | HABITS | DATE |
|----------------------|-----------------------------|---------------|--------------------|-------------------|
| Joined on enlistment | <u>Dep. art. Brigade</u> | | | |
| Transferred to..... | <u>64th Battery</u> | <u>340397</u> | | <u>Nov. 24/17</u> |
| | <u>PROCEEDED O/SEAB. TO</u> | <u>C 34</u> | <u>MAY 28 1918</u> | |

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| STATION | DATE | DISEASE | RESULT |
|--------------|---------------------|----------------------------------|------------------------|
| <u>Epsom</u> | <u>5 - MAY 1919</u> | <u>old fracture Right femur.</u> | <u>Bill Macfarland</u> |

N. B.—This sheet is 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.

Signature of Man Francis de Bury

CANADIAN

Francis
Christian Name
De Bury
Surname

| 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 | | | | |
| SPECIAL MILITARY SURGICAL HOSPITAL. ELNORTHON LONDON, N. 18. | | 1 | 9 | 18 | 23 | 1 | 19 | R. Leg. c fract. femur (acc) | 146 | fell from horse - Good union - good knee knee - no shortening - Transferred - Transferred to Granville Hqs Buxton. | W. Taylor? MAJOR R.A.M.C. OR M.O. CASE |
| Granville Can Spec. Hosp Buxton Derbyshire | | 20 | 1 | 19 | 10 | 2 | 19 | Do. | 19 | united. 1/2" shortening. slight limp. no disability. 14th Tolpore Cav. Reg. | W. Taylor? |
| Inlet H. Epsom | | 10 | 2 | 19 | 19 | MAY | 1919 | Do. | 99 | Rt. great trochanter is prominent movements of R. hip joint are complete. There is 1" shortening of rt leg. Other systems normal. Banded B.H. Banded B.H. | Capt Lamb |

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) DEBURY, F.
 REGIMENT 30th Batt. CFA RANK Gunner No. 340377
 Date of Examination in England 8/3/19 Date of Examination in France _____

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.



PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

FIT



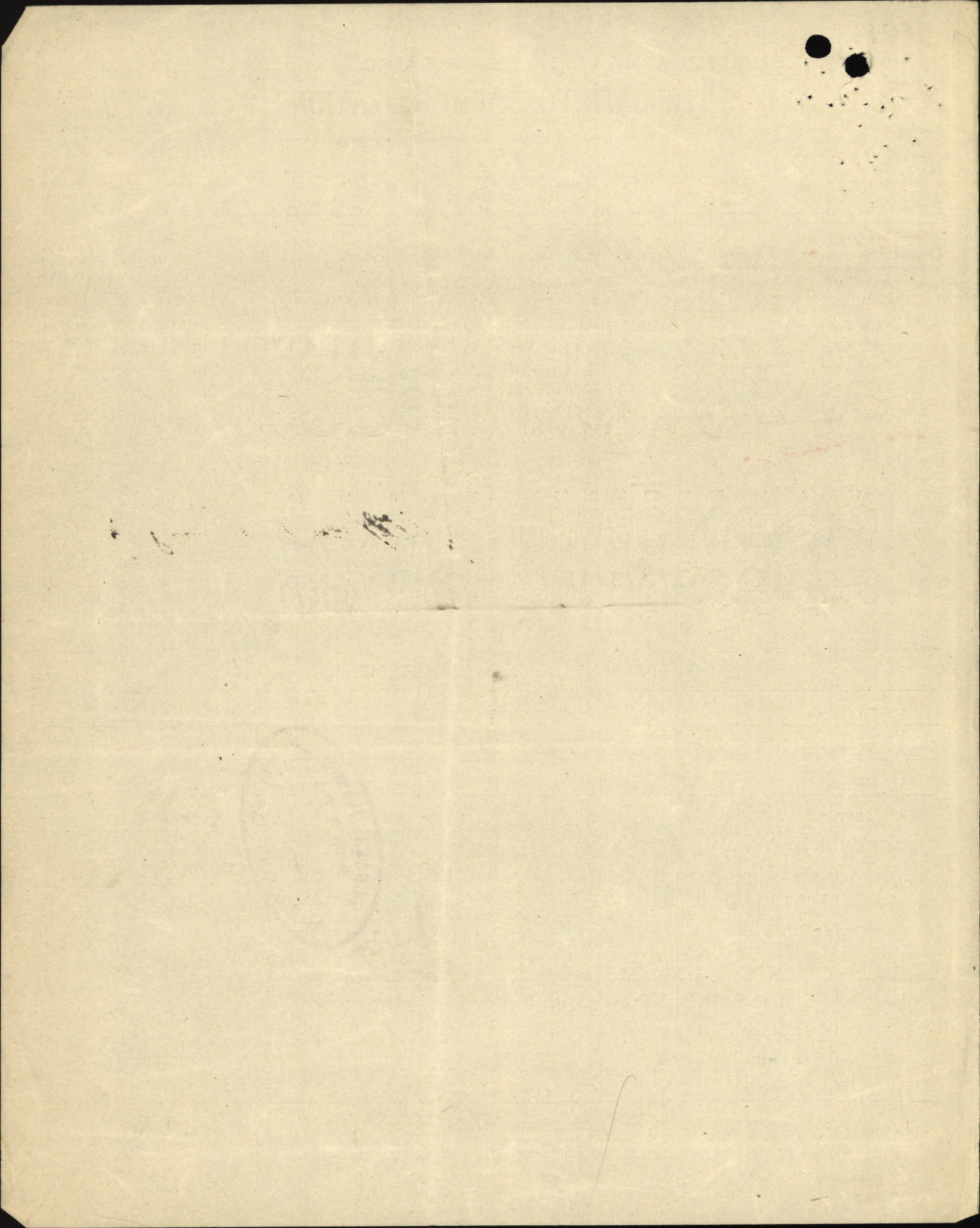
HAS HE EVER REFUSED DENTAL TREATMENT?

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada —
- (b) In England Yes.
- (c) In France —

Signature of Dental Officer

J. G. ... Capt.
E. ...



FORM OF WILL

I, Francis Visant deBury (Name in full)

Regimental Number 340397 serving in 69th Battery C.F.A.

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

I devise all my real estate unto

Miss Madeline Visant deBury
1168 Haro St
Vancouver, B.C.
Canada.

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Miss Madeline Visant deBury.
1168 Haro St
Vancouver B.C.
Canada.

Name and Address of person or persons to receive personal estate* (See note).

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

this 23 day of January A.D. 1918

This must be signed and Dated by THE SOLDIER HIMSELF.

Francis Visant deBury 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 Victor Joseph

Address of Witness B. Ingham P.O. Out.
Canada

THE TWO WITNESSES

Occupation of Witness Soldier

MUST SIGN HERE

Signature of Second Witness Marshall Puff

Address of Witness #103 Denard St. Toronto Ont.
Canada

Occupation of Witness Electrician

Redundant
Number 57

FORM OF WILL

1. I, *James M. Smith* (Name in full) of the County of *Franklin* State of *Ohio* do hereby certify that the foregoing Will is by me made and declared to be my last Will.

2. I have all my real estate with

3. Name and Address of Person or persons to whom it is to go

4. Name and Address of Person or persons to receive personal estate (See note)

NOTE: This space for the appointment of an executor or administrator is optional.

IMPORTANT NOTE: The most important thing to do is to sign the will in the presence of two witnesses. The witnesses must be present at the same time and in the presence of the testator and in the presence of each other. If a witness has been appointed in the will, he must be present at the time of signing.

5. I declare and acknowledge to the Testator as and for his last Will in the presence of us

6. Signature of Witnesses

7. Occupation of Witnesses

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

M. F. W. 54. (A. F. B. 103.

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps

Regimental No. *340394* Rank *Private* Name *De Bury Francis V.*

C. E. F.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

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

Extended..... Re-engaged..... Qualification (b).....

| Report | | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case | Place | Date | Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents |
|-----------------|-----------------------------|---|---------------|----------------|---|
| Date | From whom received | | | | |
| <i>30-6-19.</i> | <i>J. King b. b. b.</i> | <i>SOS. to Canada</i> | <i>Witley</i> | <i>26-6-19</i> | <i>P. II 50. 31</i> |
| | | | | | <i>W. Rutledge</i> <i>For J. G. P.</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.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

1432

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names *Francis Visart* 2. Surname *DEBURY*
3. Rank *Gunner* 4. Original Unit *30th Bn C.F.C.* 5. Reg. No. *340397*
6. Address, in full, to which future payments of gratuity are to be forwarded
Canadian Bank of Commerce
Toronto Ont
7. Date of enlistment in the C.E.F. *Nov 22nd 1917*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *None*
9. Relationship of such dependent
10. Address, in full, of such dependent
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
None
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service.
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served. *1 year 7 months*
69th Bn C.F.C. 30th Bn C.F.C.
England & France
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department. *No*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *No*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments and under what regimental numbers and units. *no*
19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *no*
20. Have you been issued with a War Service Badge? If so what class? *no*
21. Have you, during the present war, served in the Imperial Forces? *no*
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *no*
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?
- (b) If so, was such reversion in consequence of misconduct or inefficiency?
24. Are you now serving in the C.E.F.?

DEMobilIZATION

JUL 10 1919

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit. *no*
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit. *no*
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?
- (b) If so, are you in receipt of full pay and allowances from that Department?

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: *J. V. deBury*
 Place of Residence: *493 Euclid Ave, Toronto*
 Declared before me at: *Witley Camp Sarny*
 This *22nd* day of *June* 19*19*

*Sections 12. 13. 14. 20
 24. 25. 26 & 27
 unannounced*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2787, dated 11th Nov., 1918.

W. J. Christopher Major 6776

POST DISCHARGE PAY.

| Date paid. | Paid Soldier | Paid Dependent | War Service Gratuity | Net amount due |
|------------|--------------|----------------|----------------------|-----------------|
| | | | <i>122 days</i> | <i>\$250.00</i> |
| | | | <i>less WSG</i> | <i>70</i> |
| | | | | <i>\$210.00</i> |

Certified Correct.

District Paymaster

cash

H. H.
2-8-18Name **DE BURY** ^{Francis Visart} Rank **GNR**Reg. No. **340397**Unit **Anti Pool 8th Army Bde.** 16.9.18.44.Next of Kin **Canada**

| Date | Movement | Place | Casualty | List No. | Notified N/K O. | W.O. List |
|---------|--|----------|----------|----------|-----------------|-----------|
| 28.7.18 | 8 th Army Bde | Memereux | doe | 204/310 | | No 288316 |
| 2.9 | General NPE Cambrai | | do | B 339 | | 25558 |
| | Referring to C/L a 310 and C/L B 339 unit should | | | | | |
| | have 8 Army Bde. | | | | | |
| | Granted 2 nd War Medal from 1911/2/18 to 11/19/18 | | | | | |
| 905. | 24.11.2016 Address Desam Street | | | | | |
| 24.1.19 | 1 st Gen. Spec. Buxton | | do | 8461 | | 5635 |
| 11.2 | Mail Gen. Spec. | | do | 8476 | | 6820 |
| 19.5 | Discharged | | do | 8556 | | 3890 |
| 19.5 | W.P. and 29.5 to 26 RD | | | | | 2682 |

SURNAME.

De Bury

CARD NO.

area B. 4

CHRISTIAN NAMES

Francis Visart

SOS. Dis. 8-7-19
Memb. FOLL. NO. 1864
4-7-19 #6 UN.

REGL. No.

340397

RANK

Gr.

UNIT

69th Lpo. Bty.

FORMER CORPS

Mil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

De Bury, Madeline

RELATIONSHIP TO SOLDIER

Sister

ADDRESS

1168 Harrow St., Vancouver, B. C.

COUNTRY OF BIRTH

Canada St. John. N. B.

DATE

Nov. 25th 1886

PLACE OF ATTESTATION

Toronto. Ont.

DATE

Nov. 24th 1917

R/c 2-7-19, 260/22.

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Salesman

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

31

YEARS

MONTHS

HEIGHT

5

FEET

9 $\frac{3}{4}$

INCHES

CHEST MEASUREMENT

35-

INCHES

EXPANSION

3

INCHES

COMPLEXION

medium

EYES

Blue

HAIR

Brown

DISTINGUISHING MARKS

mole on R. side near breast.
Scar on R. eyelid.

MEDICAL EXAMINATION.

PLACE

Toronto, Ont.

DATE

Nov. 24th 1917

Present address Colonial Hotel, Pittsburgh, Pa.
U.S.A.

NAME

Debury, J. W.

REGT'L. NO.

340397

H. Q. FILE NO 649

RANK AND CORPS

Pvt 4th Cav Artillery

FOLLOWS

NO. as per 0348

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

| | | | |
|---------------------|--------------------|----------------|------------------|
| 9210 ⁽²⁾ | #8 Stal Wimmerup | 28-7-18 | Frac Femur ace |
| B 339 | Gen mil Edmonton | 2-9-18 | " " " |
| B 46 | Granville Can Spec | Buxton 24-1-19 | " " " |
| B 473 | Mil Cowd. W. Exom | 11-2-19 | Frac femur ace & |
| B 556 (1) | Disc | 19.5.19 | Frac. Femur. ace |

No. 340397 RANK Pte.

NAME

Debury Jr.

V.

T. O. S.

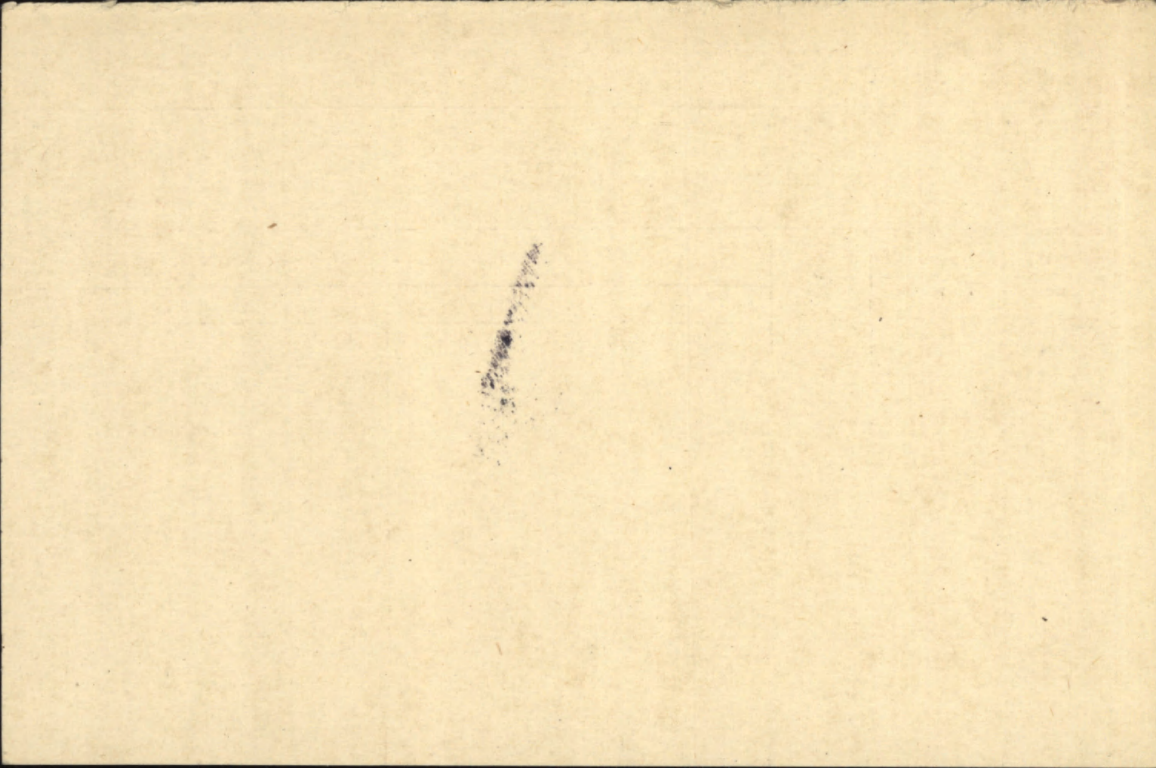
UNIT

69th Depot Battery, C.F.A.

*Transfd. from T.M.C. 26-11-17.
D.O. 339 of 25-12-17.*

M. D. 2

| PAID FROM | PAID TO | SIG. OR REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | |
|-----------------|-----------------|---------------------|---|----------------------|
| | | | PARTICULARS | AUTHORITY |
| 1917 Nov. 27 | 1917 Dec. 31 | ✓ | | |
| 1918 Jan. | 1918 | ✓ | Transfd. O/S. 31-1-18. | D.O. 312 of 31-1-18. |



Number 340397

Rank Gen.

Surname DEBURY

Christian Name Francis Visant

Units I.F.A. Theatre of War France

Date of Service 28-5-18.

Remarks

Latest Address 493 Euclid Ave
Toronto Ont.

Roll No.

200m.-2-21.M.

Page 18798

REGT. NO. RANK NAME

UNIT AGE SERIAL NO. IN A. AND D.

TOTAL SERVICE WHERE DATE AND PLACE OF ORI
AND HOW LONG

DISEASE OR INJURY

OPERATIONS.....

RESULT OF OPERATIONS.....

(A) DATE OF ARRIVAL AT HOSPITAL AS AN ADMISSION

(B) AS A TRANSFER (STATE WHERE FROM).....
NAME OF HOSPITAL

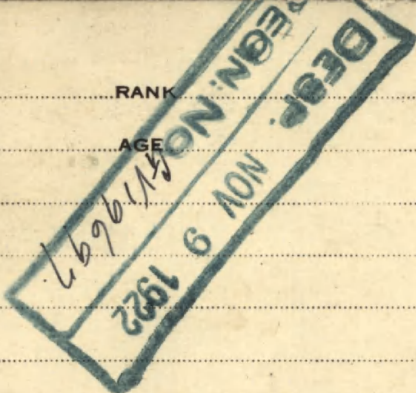
DATE OF DISCHARGE TO UNIT..... IN CA

DATE OF DISCHARGE AS AN INVALID.....

DATE OF DEATH.....

DATE OF TRANSFER (STATE WHERE TO).....
NAME OF HOSPITAL

OTHER INDEPENDENT CONDITIONS DIAGNOSED.....





HOSPITAL.

A. & D. No.

15195

Ward

G 31/172

Unit

C7a

Sick or Wounded.

Regtl. No.

340397

Pl. of Act'n

Mil H Edmonton

Rank

GWS

Name

De Bury J W.

Age

32

Religion

Rb

Service Compl'd

In

Time with Field Force

3

Diagnosis

acc traie Rt knee

Admitted

23 JAN 1919

Discharged

10-2-19

Transferred

G. C. H. Epsom

19 days



SURNAME
DEBURY

CHRISTIAN NAME OR NAMES
F.V.

REG. NO.

340397

| RANK | UNIT | Co. | TROOP | BATTY. |
|------------------------|-------------------|------|-------|--------|
| Gnr. | CA Pool | 8 B. | | |
| HOSPITAL | DATE OF ADMISSION | | | |
| 8 Staty. Wimereux | 28-8-18 | | | |
| 1. Gen. Mil. Edmonton | 2 9.18. | | | |
| 1. Gen. Buxton | HOSP. 24-1-19 | | | |
| 2. M.C.H. Woodcote Pk. | HOSP. 11.2.19. | | | |
| 3. | HOSP. | | | |
| 4. | HOSP. | | | |

Frac. R. Femur Acc. ^{no}

DIAGNOSIS

- 1.
- 2.
- 3.

DISPOSITION

CL 3-8-18 A310-2

Disch 19.5.19. DATE

REMARKS

5.9.18 B339
 16-9-18 B348-2 Note Re. Unit.
 29-1-19 B461
 15.2.19 B.476/18.
 22.5.19. B.556 1/2

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.

FILE No. 340397

VOL.

SUBJECT

DeBury: F. H.

CHARGED TO

PER

DATE

CHARGED TO

PER

DATE

Sten

17-8-42

THIS CHARGE-OUT AND ABSENT CARD MUST NOT LEAVE THE REGISTRY

O.S.S. 5-300M-5-41 (378)

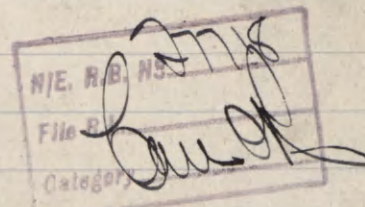
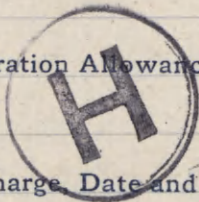
H.Q. 1772-45-8

CR. Rank **CR.** Name **De BURY, Francis Visart.** Reg'l No. **340397.**
 Unit **Rft. Toronto Art. Bgde** If in perm. Corps, }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **Toronto, Nov. 24th. 1917.** Place of Birth **St. John, N.B.**
 Name and Address, Next-of-Kin **Madeline De Bury,**
1168 Harrow Road, Vancouver, B.C., Canada. Relationship **Sister.**

Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____

Separation Allowance \$ _____ Payable to _____ Relationship _____

Discharge Date and Place _____ Reason _____ Character _____



| 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. | | | | |
| C | Arrived in England | | | 24-2-18 | S/S LAPLAND |
| 1-3-18 | Res Bde | Taken on strength from Canada | Witley | 26-2-18 | 26-2-18 ATI 20.60. |
| 29-5-18 | " " | S.O.S. from Pro of Secs | " | 28-5-18 | " 1491. Arty Pool. 73. 11-6-18 |
| 26-8-18 | Arty Pool. | S.O.S. to 8th Army Bde. | Field | 10-8-18 | " 11148. 8th Bde. 99. 128-8-18 |
| 9-9-18 | I.O.P.D. | T.O.S. from Arty Pool. | " | 2-9-18 | " 2524. 8th A. Bde. 107. 17-9-18 |
| <p><i>To Canada 84-13-28 25.6.19</i></p> <p>S.O.S To CA</p> <p>P.B.D.O, 1 d 28.7.19</p> | | | | | |

F.B. 103 CHECKED
4 JUN 1918

Casualty Form—Active Service.

Dpt. Toronto Army Bde
Unit, Regiment or Corps..... *69th Battery C.F.A. C.E.F.*

Regimental No. *340397* Rank *Private* Name *DEBURY, Francis Visart*
C.E.F.

Enlisted (a) *Nov. 24/17* Terms of Service (a) *C.E.F.* Service reckons from (a) *November 24th 1917*

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

Extended Re-engaged Qualification (b) *Gunner (Military)*

| 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 | | | | |

Embarked Canada..... Halifax 10-2-18 S.S. Lapland

Arrived England..... Glasgow 24 35-2-18

D.O.S from Canada Witley 26 FEB 1918 B.O.P.T. 60

BDE. C.F.A. PROCEEDED OISEAS. TO *CH* WITLEY, MA 28 1918 P.T. II No. *149*

ADDRESSES LIST
LIEUT. & ASST. ADJUTANT,
RESERVE BRIGADE, CANADIAN FIELD ARTILLERY.

29.5.18 *C 433 D* Arr Rinf T n S *Cum Duty Pool* 29.5.18 MR. 674 7371-6-18

1-6-18 *DO* Left for *C.C.R.C.* Field. 1-6-18 " 1249.

1-6-18 *C.C.R.C.* Arrived at *C.C.R.C.* " 1-6-18 " 794

28.7.18 *8 C.F.A.* *Frac Finge R (acc) to* 33 *CCS* 27/7 27/7 *95392*

do *8 Staty* *Frac Finge R acc* *8 Staty* 28-7-18 *96025*

(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.

CERTIFIED CORRECT.
 5 JUL 1918
 CAN. RECORDS LONDON.
 MAR 9 1918

Casualty Form - Active Service

| 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 | | | | |
| 29-7-18 | 33 C.C.S. | Fract. Femur (R) acc | 25 A.T. | 27/7-28/7 | S. 2931 |
| 17-8-18 | 8 A Bde | Adm to Hospital | | 27-7-18 | B213. |
| 10/8/18 | Cdn Corps | Posted to 5th Army Bde at 19 | | 10/8/18 | 9681 P.O. in d/26/1918 |
| do | do | 705 8th Army Bde at 19 | | 10/8/18 | do P.O. 99 d/29/18 |
| 11/9/18 | 8 S. Staty | Fract Femur Recd in England | | 11/9/18 | W3034 N4555 |
| 1-9-18 | 47 H. Denis | Invalided Acc during & posted to C.A.R. 2 | Witley | 1-9-18 | W3083/5912 P.O. 107 d/17-9-18 |
| | | | | | <p style="text-align: center;"><i>Chas. Behawell</i> <i>lieut.</i> for Lt.-Col., A. A. G. Canadian Section, G. H. Q., 3rd Echelon, B. E. F.</p> |
| 9-9-18 | 6005 | 205 from Ant. Pool | | 2-9-18 - 259 | |
| | | | | | <p style="text-align: center;"><i>B. L. L. L.</i> LIEUT. FOR LT. COL. I/C RECORDS, C.O.M.F.</p> |
| | | <p>8.O.S. "1" Wing, Canadian Corps Camp, Witley, on proceeding to Canada 18-6 1919, D.O. No 29</p> | | | |
| | | <p style="text-align: center;"><i>W. H. Stammers</i> for Officer Commanding.</p> | | | |
| 25-6-19 | | T. O. S. No. 6 D, D. from... 6/5... and posted. | | | |
| 10-7-19 | | S.O.S. on discharge | | | |
| | | | | | <p style="text-align: center;"><i>Dip. Sec. H. H. D. 185</i> " " " 185 <i>W. H. H.</i> CAPTAIN ADJUTANT NO. 6 DISTRICT</p> |

ASSIGNED PAY. ~~ENGLAND ON~~ CANADA. SEPARATION ALLOWANCE. ENGLAND OR CANADA. NAME: **DE BURY Francis Visart**

EFFECTIVE DATE: **1-2-18** EFFECTIVE DATE: NUMBER: **340397**

AMOUNT: **15⁰⁰** AMOUNT: PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY (WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.)
Can Bank of Commerce HO Toronto Ont
Stopped off 1/7/19

UNIT AND TRANSFERS
 ORIGINAL UNIT: **Tor. Art. Bde**
 DATE ACCOUNT FIRST OPENED: **1-2-18**

| AUTHORITY | DATE EFFECTIVE | DATE LEDGER SHEET T 37 D | UNIT TRANSFERRED TO |
|------------|----------------|--------------------------|---------------------|
| 49-28-8-18 | 10/8/18 | 20/9/18 | 8 C4a |

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS (UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK)

| DATE OF PAYMENT | NUMBER OF A.R. | UNIT PAID BY | AMOUNT | DATE OF PAYMENT | NUMBER OF A.R. | UNIT PAID BY | AMOUNT |
|-----------------|----------------|--------------|--------|-----------------|----------------|-----------------|--------|
| 26/19 | 5633 | S. Wing | 7.30 | 19/5/19 | 29/5/19 | (Epsom D. 2682) | 7.30 |

DAILY RATES OF PAY AND ALLOWANCES

| AUTHORITY | PAY | F.A. | P.F.A. | SUBS'CE ALL'CE |
|-----------|-----|------|--------|----------------|
| | 1 | 10 | | |

Dis: to Canada Bolott: J. Wing 10289 Ledger bal 97.63

PARTICULARS OF RENDERING NON-EFFECTIVE: *L.P. Balu C. Balu 31.93 6/6/19*

| MONTH 1918 | PARTICULARS | CR. 1 | CR. 2 | PARTICULARS | DR. 1 | DR. 2 | DR. 3 | DR. 4 | BALANCE | DEFERRED | SEPARATION |
|------------|-------------|-------|-------|----------------------|-------|-------|-------|-------|---------|----------|------------|
| Mar | Bal. Lwd | | | | | | | | 15 70 | | |
| Apr | Gr P | 33 | | ar 244 10/4 | 9 73 | | | 15 | | | |
| | | | | 2 | 5 00 | | | | | | |
| | | | | 576 23/4 | 2 43 | | | | 16 54 | | |
| | | 33- | | | 17 16 | | | 15- | | | |
| May | Gr P | 34 10 | | ar 840 7/1/18 | 9 73 | | | 15 | | | |
| | | | | ar 1307 23/5/18 | 9 73 | | | | 16 18 | | |
| | | 34 10 | | | 19 46 | | | 15- | | | |
| June | Gr P | 33- | | ar 269 6/6/18 | 3 57 | | | 15- | 34 18 | | |
| | | | | " 345 18/6/18 | 3 57 | | | | 27 04 | | |
| | | 33 | | | 7 14 | | | 15 | | | |
| July | Gr P | 34 10 | | ar 379.8 C4a 11/7/18 | 3 57 | | | 15 | 46 14 | | |
| | | | | ad. 380 - 11/7/18 | 1 58 | | | | 40 70 | | |
| | | | | Shak 455 - 23/7/18 | 4 46 | | | | 36 33 | | |
| | | 34 10 | | | 9 81 | | | 15 | | | |
| Aug | Spay | 34 10 | | | | | | 15 | 55 43 | | |
| | | 34 10 | | | | | | 15 | | | |
| Sept | " | 33 | | Cap | | | | 15 | 73 43 | | |
| | | 33 | | | | | | 15 | | | |
| Oct | | 34 10 | | | | | | 15 | 92 53 | | |
| | | 34 10 | | | | | | 15 | | | |
| Nov | | 33 | | Cap | | | | 15 | | | |
| Dec | | 34 10 | | | | | | 15 | | | |
| Jan | | 34 10 | | Cap 86805 19/1- | 34 07 | | | 15 | 110 66 | | |
| | | 18 20 | | | 3 57 | | | 15 | | | |

Report

NUMBER 340397 RANK

NAME DeBuniz J. V.

| MONTH | PARTICULARS | CR. 1. | CR. 2. | PARTICULARS | DR. 1. | DR. 2. | DR. 3. | DR. 4. | BALANCE | DEFERRED | SEPARATION |
|-------|---|--------|--------|---------------------|-----------------|----------|--------|--------|------------------|----------|------------|
| | Bal Forward | | | | | | | | 114 66 | | |
| | Extended furlough. 19/12/18 to | | | | | | | | 20 23 | | |
| | 9/1/19 R _h 30 R ₂ B ₁ 4/1/19-21 days | 15 33 | | cap | | | | | | | |
| Feb | | 30 80 | | C.A. 2171 | 9/1/19 | 14 60 | | | | | |
| March | | 34 10 | | 14227 | Boston | 29/1 | 4 87 | | | | |
| | | 80 23 | | 2902 | " | 11/2 | 9 73 | | | | |
| | | | | cup | | | | 15 | | | |
| | | | | 975 | Ant 1 | 11/3 | 4 87 | | 130 82 | | |
| | | 80 23 | | | | | | | | | |
| | | | | | | 34 87 | | 30 | | | |
| Apr | Spay | 33 | | Sunk. Q4005. 4/4/19 | | . 69 | | | | | |
| May | | 34 10 | | AR. 1589 | Epsom. | 15/4/19 | 9 13 | | | | |
| | | | | " 3406 | " | 26/4 | 19 47 | | | | |
| | | | | " 1459 | " | 19/5 | 48 64 | | | | |
| | | | | " 910 | " | 15/5 | 9 45 | | | | |
| | | | | C.A. P. apr May | | | | 30 | 79 63 | | |
| | | 64 10 | | | | | | | | | |
| | | 33 | | " | | 88 29 | | 30 | | | |
| June | | 7 30 | | Jun | | | | 15 | | | |
| | SF 19/5/19 - 29/5/19. 10 days | | | 5633 | 2/6/19. Tring | 73 | | | | | |
| | DONS 28/5/19. CARD. | | | 18528 | 24.6.19. Millay | 8 L.P.C. | 9 73 | | 22 70 | | |
| | | | | | | | 82 73 | | | | |
| | | | | | | | | 15 | | | |

To S to Can 25.6.19 SL 84 C.D.A.

MEDICAL CASE SHEET.*

| | | | | |
|-------------------------------------|----------------|-------|----------------|-----------------|
| No. in Admission and Discharge Book | Regimental No. | Rank. | Surname. | Christian Name. |
| | 340397 | gun. | De Bury. | F.V. |
| Year | Unit. | Age. | Service. | |
| | C.F.A. | 32 | $\frac{9}{12}$ | |

Station and Date.
Edmonton
Mil Hosp.
Nov 27, 18

Disease Fracture thru great trochanter of
left femur. No wound. Treated on
Thomas splint and screws in tibia.
Good union. No shortening.
Walking with walking caliper since
Nov 15th.
Transfer to Woundbury.

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

Station
and Date.

of returned to the east side

of the river. The river is

very shallow and is

very muddy. The

river is very

OVERSEAS MILITARY FORCES OF CANADA.

DATE... *May 9th* ... 1919.

To:- Hospital Representative,
Military Convalescent Hospital,
Woodcote Park, Epsom, Surrey.

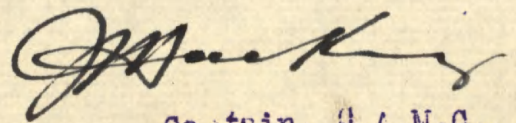
40

C7h
340397
Sp De Bury to D.

The marginally-named soldier has this day been medically examined and placed in *B III* Category and is now available to be discharged. I hereby certify that this man has been found at this inspection this day free from Vermin, Venereal and Infectious Diseases.

FURLOUGH ADDRESS:-

4 M C G
Blackpool



Captain, O.A.M.C.,
for the Commandant,
Military Convalescent Hospital,
Woodcote Park, Epsom, Surrey.

NEAREST STATION:-

Blackpool.

TAB
2 *17.4.19*

Form A.S. 20410 21-10898-23-2-17

OVERSEAS MILITARY HEALTH SERVICE

DATE: *1945. 11. 19*

To: Hospital Representative,
Military Convalescent Hospital,
Coutts Park, Harrogate

The following report was received from the
Hospital Representative, Harrogate, dated
1945. 11. 19. It states that this man was found
at the Harrogate Convalescent Hospital, Harrogate,
on 19. 11. 45.

Dr. J. H. D. ...
for the Commandant,
Military Convalescent Hospital,
Coutts Park, Harrogate

Dr. J. H. D.
Harrogate

11. 19. 45
Harrogate

11. 19. 45
Harrogate

CANADIAN EXPEDITIONARY FORCE

War Service Badge

Class A, No. 129142

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 340397 (Rank) Gunner

Name (in full) DEBURY Francis Visar enlisted in

the Law Field Artillery

CANADIAN EXPEDITIONARY FORCE at Toronto on the 24th

day of November 1917

HE served in 30th Batt C & A France & England

and is now discharged from the service by reason of

Demobilization: medically unfit for general service
~~Medical Unfitness.~~

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

Age 32

Height 5' 9 3/4" in

Complexion Medium

Eyes Blue

Hair Brown

F. V. deBury.

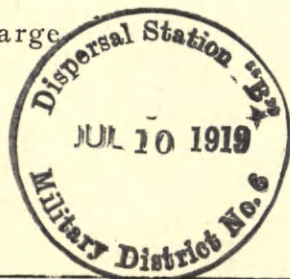
Signature of Soldier.

Marks or Scars

Mole on rt side near nose

Scar on rt eyelid

Date of Discharge



P. C. Dispersal Station "B"
Issuing Officer.

Rank

JUL 2 1919

Date..... 19.....

N.B.- AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL, OTTAWA, CANADA.

- 1.—That discharge certificate must be carried when wearing uniform.
- 2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and
- 3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialed by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION..... EPSOM DATE..... 3 - MAY 1919

1. 1 (a) Unit..... ART. R.D. (b) Regimental No. 340397 (c) Rank GNR.
 (d) Surname..... DE BURY (e) Christian name..... FRANCIS VISART.
 (f) Home address..... 493 Euclid Ave. Toronto Canada
 (g) Next of Kin..... Miss M. De Bury. (h) Relationship..... Sister
 (i) Address of Next of Kin..... 1168 Haro St. Vancouver, Canada.

2. Age last birthday..... 32 Date of birth..... 25th November 1886

3. Enlistment, or Appointment (if an Officer) (a) Place..... Toronto (b) Date..... 28-11-17

4. Personal description:
 (a) Height..... 5' 11" (b) Weight..... 148 estimated. (c) Complexion..... fair
(stripped)
 (d) Colour of hair..... Brown (e) Colour of eyes..... Blue (f) Identification marks, Scars, etc.
2 vaccination marks

5. Former trade or occupation..... Salesman.

| | | |
|---|-------|------|
| 6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted). | Years | Days |
| | 1 | 155 |

| | | |
|--------------------------------------|------------------|-------------------|
| Patient's statement. | PERIODS | |
| | From | To |
| Canada..... | 28-11-17 | 28-1-18 |
| England..... | 9-2-18 1-9-18 | 5-5-18 To date |
| France or other theatres of War..... | 5-5-18 | 1-9-18 |

7. Original disease, or injury..... Simple frac. R. femur.

(a) Date of origin..... 25-7-18 (b) Place of origin..... Arras.
 (c) Cause..... accidental (fall from mule.)

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

We concur and agree with the opinion of the Medical Officer.

19. Is the invalid fit for

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

B-111

20. It is certified that the invalid

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) Should not pass under his own control. (Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

Boarded for return to Canada. Authority. A.G. Telegram, 9083, 11-11-18

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

J. Macfarlane Col. President.
C. Woody Capt. Members

PLACE Epsom.

DATE 5 - MAY 1919

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed..... Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE.....
CERTIFIED TRUE COPY
 DATE..... } Members
 President.

APPROVED BY
[Signature]
 Assistant Director of Medical Services.
 DATE 5-3-19

APPROVED BY
 ASSISTANT DIRECTOR OF MEDICAL SERVICES
 Director-General of Medical Services.
 CANADIANS, LONDON AREA
 DATE MAY 7 1919
 13, BERNERS ST. LONDON, W.1

Major, C.A.M.C. for A.D.M.S., Canadians, London Area.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

OLD FRAC. R. FEMUR.
1" SHORTENING R. LEG. MODERATE WEAKNESS R. LEG.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

OBJECTIVE.
R. great trochanter is prominent movements of R. hip joint are complete—there is 1" inch shortening of right leg.

SUBJECTIVE.
He complains of slight aching over ~~great~~ R. great trochanter - and in R. groin at times.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System.....No..... Cardio-Vascular System.....No..... Genito-Urinary System.....No.....
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded)
Special Senses.....No..... Respiratory System.....No..... Integumentary System.....No
Disturbances of Mentality.....No..... Digestive System.....No..... Muscular System.....No
Osseous and Joint Systems.....No..... Any other general condition.....No

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

He states that he was thrown from a mule on 25-7-18.

NOTES.
330.C.S.27-7-18 Thomas splint. 8 stat. Hosp. X-Ray shows frac. through G T. troch. c̄ abduction of upper frag. - put up in Sinclair net frame, screw extention. 5th week taken down from net frame—Thomas splint, Evac. 30-8-18 spec.Mil. Hosp. Edmonton. 1-9-18 to 23-1-19-. Granville Can. Spec. Hosp. X-Ray old united frac. R. Gt. Troch. two detached frag. sup. aspect gt. troch. upper frag. united to lower frag. at angle of 90° degrees M.C.H. Epsom 10-2-19.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

He states that he has had no other illness.

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

Two scars (from screws) on front of each leg.

11.—(a) Did the disabling condition have its origin before enlistment? No

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

N.A.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (A) No (B) NO

The regimental documents will be referred to. (If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Permanent

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

Sinclair net frame Thomas splint Massage.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No (If the answer is "yes" state nature of treatment required and probable duration)

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

17. Recommendations

Frederick Marlowe Eastland
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, F. V. DeBury, have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

F. V. DeBury Rank.
Signature of invalid examined.

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION..... **EPSOM** DATE..... **3 - MAY 1919**

1. 1 (a) Unit..... **ART. R.D.** (b) Regimental No..... **340397** (c) Rank..... **GNR.**
 (d) Surname..... **D. E. BURY** (e) Christian name..... **FRANCIS VISART.**
 (f) Home address..... **493 Euclid, Ave. Toronto Canada**
 (g) Next of Kin..... **Miss, M. De Bury** (h) Relationship..... **Sister**
 (i) Address of Next of Kin..... **1168 Haro St. Vancouver, Canada.**
2. Age last birthday..... **32** Date of birth..... **25th November 1886**
3. Enlistment, or Appointment (if an Officer) (a) Place..... **Toronto** (b) Date..... **28-11-17**
4. Personal description:
 (a) Height..... **5' 11"** (b) Weight..... **148 estimated.** (c) Complexion..... **fair**
(stripped)
 (d) Colour of hair..... **Brown.** (e) Colour of eyes..... **Blue.** (f) Identification marks, Scars, etc.
2 vaccination marks
5. Former trade or occupation..... **Salesman.**

| | | |
|---|-------------------|--------------------|
| 6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted). | Years 1 | Days 155 |
|---|-------------------|--------------------|

| Patient's statement. | PERIODS | |
|--------------------------------------|------------------|-------------------|
| | From | To |
| Canada | 28-11-17 | 28-1-18 |
| England..... | 9-2-18 1-9-18 | 5-5-18 To date |
| France or other theatres of War..... | 5-5-18 | 1-9-18 |

7. Original disease, or injury..... **Simple frac. R. femur.**
- (a) Date of origin..... **25-7-18** (b) Place of origin..... **Arras.**
 (c) Cause..... **accidental (fall from mule.)**

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

We concur and agree with the opinion of the Medical Officer.

19. Is the invalid fit for

- (a) General service, (Category A) (Yes or No.)
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- (c) Home service (Canada only), (" C) (Yes or No.)
- (d) Temporarily unfit. (" D) (Yes or No.)
- (e) Unfit for service in Categories A, B and C (" E) (Yes or No.)

B-iii

20. It is certified that the invalid

- (a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)
- (b) Does not require treatment.
- (c) ~~Should pass under his own control.~~
- (d) ~~Should not pass under his own control.~~
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

Boarded for return to Canada. Authority. A.G. Telegram, 9083, 11-11-18

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE Epsom.

DATE 5 - MAY 1919

[Handwritten Signature] President.
[Handwritten Signature] Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned..... understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....
 Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE.....

DATE.....

APPROVED BY

APPROVED BY

[Handwritten Signature]
 Assistant Director of Medical Services.

DATE 5-5-19
 Major, C.A.M.C.
 for A.D.M.S., Canadians, London Area.

ASSISTANT DIRECTOR OF
 MEDICAL SERVICES
 CANADIANS, LONDON AREA.
 MAY 7 1919
 13, BERNERS ST. LONDON, W.1

President.

Members

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

OLD FRAC. R. FEMUR.
1" SHORTENING R. LEG. MODERATE WEAKNESS R. LEG.

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SUBJECTIVE.

He complains of slight aching over great R. great trochanter - and in R. groin at times.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

- Nervous System..... **No**..... Cardio-Vascular System..... **No**..... Genito-Urinary System..... **No**
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
- Special Senses..... **No**..... Respiratory System..... **No**..... Integumentary System..... **No**
- Disturbances of Mentality..... **No**..... Digestive System..... **No**..... Muscular System..... **No**
- Osseous and Joint Systems..... **No**..... Any other general condition..... **No**

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

He states that he was thrown from a mule on 25-7-18.

NOTES.

330.C.S.27-7-18 Thomas splint. 8 stat. Hosp. X-Ray shows frac. through G T. troch. & abduction of upper frag. - put up in sinclair net frame, screw extension. 5th week taken down from net frame- Thomas splint, Evac. 30-8-18 spec. Mil. Hosp. Edmonton. 1-9-18 to 23-1-19-. Granville Can. Spec. Hosp. X-Ray old united frac. R. Gt. Troch. two detached frag. sup. aspect gt. troch. upper frag. united to lower frag. at angle of 90° degrees M.C.H. Epsom 10-2-19.

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He states that he has had no other illness.

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

Two scars (from screws) on front of each leg.

11.—(a) Did the disabling condition have its origin before enlistment? No

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

N.A.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (A) No (B) NO

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

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

Sinclair net frame Thomas splint Massage.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No (If the answer is "yes" state nature of treatment required and probable duration)

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

17. Recommendations.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, F. V. deBury, have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

Handwritten initials in blue ink.

F. V. deBury Rank. Signature of invalid examined.

MEDICAL CASE SHEET.*

| No. in Admission and Discharge Book | Regimental No. | Rank. | Surname. | Christian Name. |
|-------------------------------------|----------------|-------|----------|-----------------|
| | 340 397 | gvr. | De Bury | F. U. |
| Year | | Unit. | Age. | Service. |
| | Canadian | | 32 | $\frac{9}{12}$ |

Station and Date.
 Montreal
 General
 Military
 Surg.
 Hospital
 Jan 11, 1918

Disease Fracture neck of. great trochanter at
 femur Aug, 1918. Treated on Thomas
 splint. Walking calipers used 1st, 1918
 To be transferred to Canadian Hospital

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

MEDICAL CASE SHEET.*

Div III

No. in
Admission
and
Discharge
Book.

Regimental No.

Rank.

Surname.

Christian Name.

340397

Gnr

De Bury

J. J

Unit.

Age.

Service.

Year.

Cau. F. A.

32.

Station
and Date.

Disease

Frac. Rt femur - ans

M. S. Hospital
Epsom
11/2/19

Walks lame
of Rt leg

There is slight shortening

J 11

Mackenzie
Capt C. A. M. C.

5.5.19

Papers written + man boarded Bill

7.5.19

✓ approved by Atkinds

Mackenzie

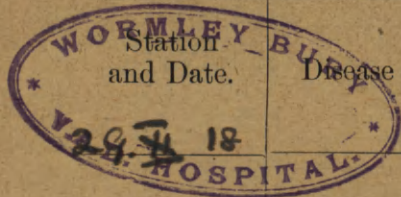
SEP 17 - 4 - 19

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

Station
and Date.

MEDICAL CASE SHEET.*

| | | | | |
|-------------------------------------|----------------|----------|----------|-----------------|
| No. in Admission and Discharge Book | Regimental No. | Rank. | Surname. | Christian Name. |
| | 340397. | Qms | DeBury, | F. |
| Year | | Unit. | Age. | Service. |
| 1918. | | C. F. A. | 33 | 1 yr. |



Disease: Fract. femur R thro' gt Trochanter
Swelling of the ankle: good movement of knee & hip

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

Station
and Date.

1001

1002

1003

1004

1005

Caronica 2-7-19
 PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING
 DAILY RATE OF PAY AND ALLOWANCES

AUDITOR *6* PAYMASTER *11*

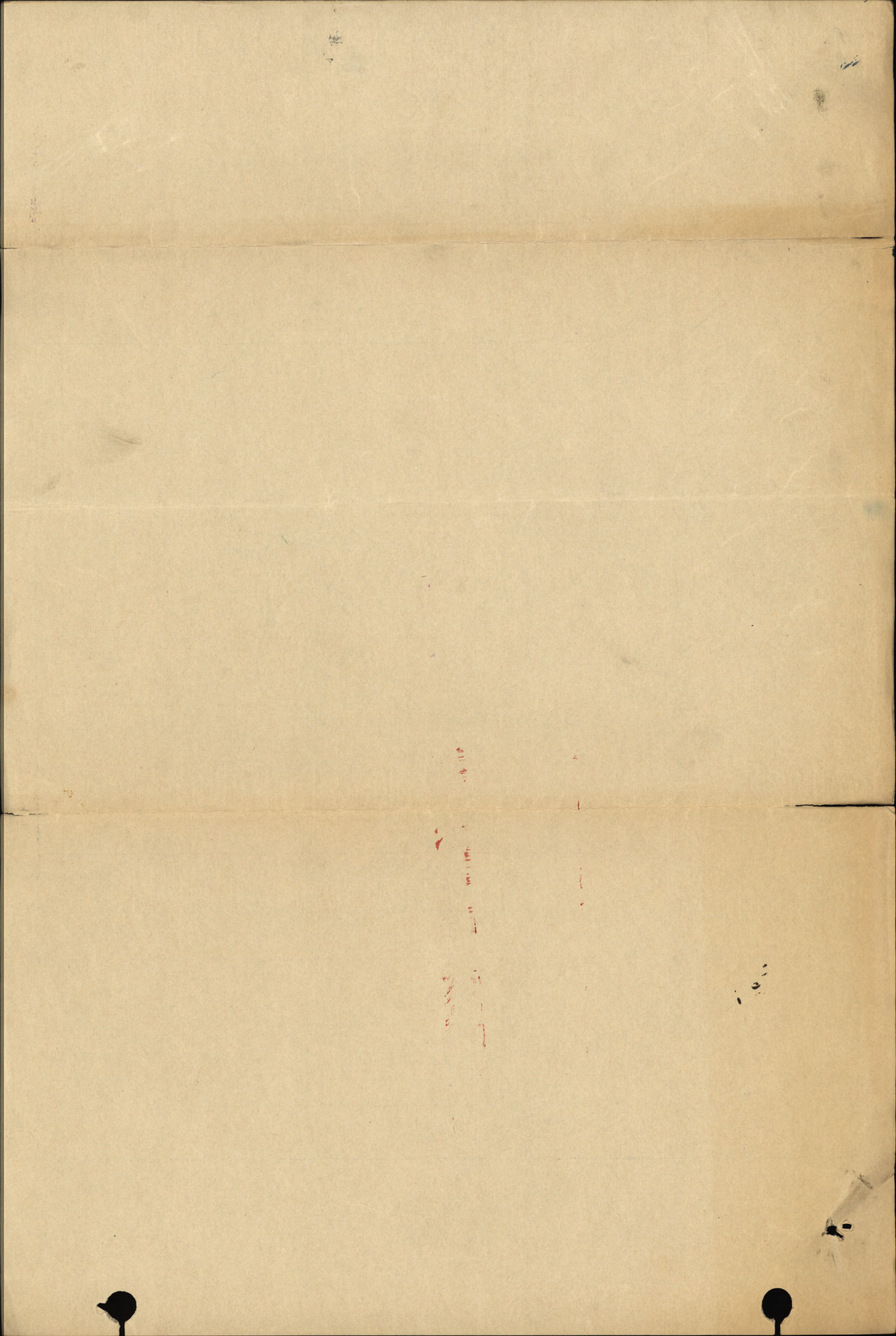
M. OR S. _____ REGT. NO. *340897* RANK *Gpr* NAME (IN FULL) *DeBury F.V.*
 ORIGINAL UNIT C.E.F. *86.F.V.* IF IN P.F. WHAT UNIT? _____
 ADDRESS _____ PLACE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____
 DATE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____
 IS SEPARATION ALLOWANCE PAID? *Nil* DATE EFFECTIVE _____ ASSIGNED PAY \$ *15.00* DATE EFFECTIVE *1-8-19*
 TO WHOM PAID _____ RELATIONSHIP _____ PAYABLE TO *Canadian Bank of Commerce as given*
 ADDRESS _____ ADDRESS *Head Office Toronto Ont*
 STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE _____ EFFECTIVE _____
 DISCHARGED *Halifax* PLACE _____ DATE *JUL 10 1919* REASON *Demob* AUTHORITY *Reg. 210* IF ENTITLED TO POST DISCHARGE PAY _____

| MONTH | PAY AND F.A. | | OTHER CREDITS | | TOTAL CREDITS | | ACQUITTANCE ROLLS | | | CASH PAYMENTS | | | ASSIGNED PAY | | REGIMENTAL CHARGES | | OTHER CHARGES | | TOTAL DEBITS | | BALANCE | | PARTICULARS OR REMARKS |
|-----------------|--------------|------------|---------------|---------------|---------------|---------------|-------------------|------------|------------|---------------|---------------|--------------|--------------|------------|--------------------|--------|---------------|--------|---------------|----|---------|--|--|
| | NO. OF DAYS | RATE | AMOUNT | | CREDITS | | COL. NO. 1 | COL. NO. 2 | COL. NO. 3 | COL. NO. 1 | COL. NO. 2 | COL. NO. 3 | PAY | CHARGES | CHARGES | DEBITS | DEBIT | CREDIT | | | | | |
| | | | \$ | C. | \$ | C. | \$ | C. | \$ | C. | \$ | C. | | | | | | | \$ | C. | \$ | C. | |
| <i>30-6-19</i> | | | | | | | | | | | | | | | | | | | | | | | <i>Balance to allow for wages added on 1st July 1919</i> |
| <i>10-7-19</i> | <i>10</i> | <i>110</i> | <i>1100</i> | <i>3500</i> | <i>7000</i> | | | | <i>487</i> | <i>500</i> | <i>113 33</i> | <i>15 00</i> | | <i>973</i> | | | | | <i>147 93</i> | | | <i>no D. 198 24. 1st July. Advance England</i> | |
| <i>122 days</i> | | | | <i>280 00</i> | | <i>280 00</i> | | | | | | | <i>70 00</i> | | | | | | <i>210</i> | | | <i>1st Payment</i> | |
| | | | | | | | | | | | | | <i>70 00</i> | | | | | | <i>140</i> | | | <i>898 439 11-8-19</i> | |
| | | | | | | | | | | | | | <i>70 00</i> | | | | | | <i>70</i> | | | <i>113 65 45 4/9/19</i> | |
| | | | | | | | | | | | | | <i>70 00</i> | | | | | | <i>280</i> | | | <i>150 24 24 7-10-19</i> | |
| | | | | <i>280</i> | | <i>280</i> | | | | | | | <i>280</i> | | | | | | <i>280</i> | | | | |

Completed

Certified that all payments due on this acct. have been paid.
W. Allinson
 For Senior Officer Pay Services, M. D. 6

JUL 31 1919



Date of Enlistment

Auto NR319

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

2425 Feb 18

RATE OF SEPARATION ALLOWANCE

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

OVERSEAS CONTINGENTS

For Credit

RATE OF ASSIGNMENT

| | | | |
|-------------|--|--|--|
| <i>1500</i> | | | |
|-------------|--|--|--|

PARTICULARS OF SEPARATION ALLOWANCE

No. *340397*
 Rank *Gnr* Promoted Reverted Discharge
 Soldier's Name *F. V. De Bury*
 Battalion *Dep. Art Bde. MND #2*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Canadian Bank*
 Address *of Commerce*
 Change of Address *Head office Toronto Ont*
 1 CANADIAN BANK OF COMMERCE
 HEAD OFFICE,
 2 TORONTO, ONT. 15
 % 340397 GNR F.V. DE BURY
 3 FIFTEEN DOLLARS
 4

| Date | Cheque No. | Amount S/A | Amount A/P | Total | REMARKS |
|--------------|----------------|------------|-------------|-------------|---------|
| <i>Feb 2</i> | <i>94057</i> | | <i>1500</i> | <i>1500</i> | |
| <i>Mar</i> | <i>A123187</i> | | <i>15</i> | <i>15</i> | |
| <i>Apr</i> | <i>B5549</i> | | <i>15</i> | <i>15</i> | |
| <i>May</i> | <i>014255</i> | | <i>15</i> | <i>15</i> | |
| <i>June</i> | <i>225363</i> | | <i>15</i> | <i>15</i> | |
| <i>July</i> | <i>930013</i> | | <i>15</i> | <i>15</i> | |
| <i>Aug</i> | <i>139238</i> | | <i>15</i> | <i>15</i> | |
| <i>Sept</i> | <i>742122</i> | | <i>15</i> | <i>15</i> | |
| <i>Oct</i> | <i>057145</i> | | <i>15</i> | <i>15</i> | |
| <i>Nov.</i> | <i>159228</i> | | <i>15</i> | <i>15</i> | |
| <i>Dec</i> | <i>163552</i> | | <i>15</i> | <i>15</i> | |
| <i>Jan</i> | <i>069517</i> | | <i>15</i> | <i>15</i> | |
| <i>Feb</i> | <i>781870</i> | | <i>15</i> | <i>15</i> | |
| <i>Mar</i> | <i>583871</i> | | <i>15</i> | <i>15</i> | |
| <i>Apr</i> | <i>78534</i> | | <i>15</i> | <i>15</i> | |
| <i>May</i> | <i>96508</i> | | <i>15</i> | <i>15</i> | |
| <i>June</i> | <i>910750</i> | | <i>15</i> | <i>15</i> | |
| JUL | <i>112147</i> | | <i>15</i> | <i>15</i> | |
| | | | 270 | 270 | |

4374-K-9

A/c Closed *31-7-19*
 Ret'd per. *Caroma*
 Date *2-7-19* M.F.W. 187 *11-7-19*
 Closed *M. D. H. P. E. S.*

M.R.O. 96005

M. F. W. 123.
FORM 6-17-1772-83-1141
L. L. 2330-M & D. 1993.

Ok Warner 21/2/18

9/2/87
S.M.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

RATE OF ASSIGNMENT

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. _____

Rank _____ Promoted _____ Reverted _____ Discharge _____

Soldier's Name _____

Battalion _____

Beneficiary _____

Relationship _____

Address _____

Name _____

Address _____

Change of Address _____

1 _____

2 _____

3 _____

4 _____

| Date | Cheque No. | Amount S/A | Amount A/P | Total | REMARKS |
|------|------------|------------|------------|-------|---------|
|------|------------|------------|------------|-------|---------|

M. F. W. 128.
 40MG. - 6-17-1773-38-1141
 L. L. 2320 - M. & D. 1983.

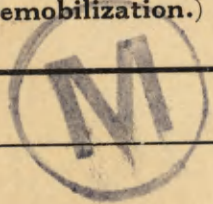
17-8-42

War Service badge
Class A, No. 129144

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

Occupation Group 3
Dispersal Area B

HM T. CARONIA
SAILING, No 84
Embarked 25, 6, 19.



1. No. 340397

2. Rank. Gunner

3. Name. DEBURY Francis Eison

4. Unit. 67A

5. Date of Discharge 10/7/19 Place Halifax N.S.

6. Reason for Discharge.....

MEDICAL DOCUMENTS
FORWARDED TO

~~S. C. R.~~

B. P. C.

ON 11-7-19



DEMobilization

7. Authority. R. O. 1420

8. Proposed Residence after Discharge.....
493 Euclid Ave, Toronto, Ont

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.?.....

F. V. deBury
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place..... HALIFAX, N.S. JUL 2 1919

Date.....

[Signature]
Signature.....
Major
O. C. Dispersal Station "B"
(O. C. Discharging Unit.)

Released 86-42
649-D-1222

E. R. J.

Nov 5-2-10

LIST OF DISCHARGE DOCUMENTS.

| | |
|--|-------------------------------------|
| Attestation Paper, Triplicate..... | Militia Form W. 23 |
| or Particulars of Recruit..... | Militia Form W. 133 |
| Field Conduct Sheet..... | Militia Form W. 178 or A.F.B. 122 |
| Casualty Form..... | Militia Form W. 54 or A.F.B. 103 |
| Last Pay Certificate..... | Militia Form W. 44 |
| Certificate that missing documents are unobtainable..... | |
| Medical History Sheet..... | Militia Form B. 313 or A.F.B. 178 |
| Proceedings of Medical Board..... | M.F.B. 227, A.F.B. 179 or A.F.A. 45 |
| Dental History Sheet..... | Militia Form B. 465 |
| Medical Report..... | M. F. W. 129 or D. M. S. 1375 |
| Regimental Conduct Sheet..... | Militia Form B. 263 |
| Company Conduct Sheet..... | Militia Form B. 263a |

1. Triplicate Attestation Paper (M.F.W. 23), and Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (M.F.W. 44)
13. Pay Sheet (M.F.W. 44)
14. Certificate of Liability (Form M.F.W. 2595).
15. Sundry Documents.

Group..... B

Checked by No..... [Signature]

Date..... 10/11/19

PROCEEDINGS ON DISCHARGE

Department of the Army

| | | | |
|----------------------|--|-------------------------|--|
| 1. Name of Soldier | | 2. Grade | |
| 3. Service No. | | 4. Date of Discharge | |
| 5. Branch | | 6. Reason for Discharge | |
| 7. Date of Discharge | | 8. Place of Discharge | |



R.O. 1430

9. Proposed Residence after Discharge

10. Remarks

CERTIFICATE TO BE SIGNED BY SOLDIER

I hereby acknowledge that at the aforesaid place and date I received my discharge certificate.

Signature of Soldier

CONFIRMATION

The discharge of the above named man is hereby confirmed.

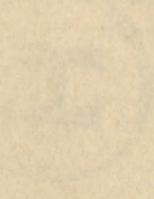
Signature of Officer

Page

| | | | |
|--------------------------|--|----------|--|
| 11. Signature of Officer | | 12. Date | |
|--------------------------|--|----------|--|

LIST OF DISCHARGE DOCUMENTS

| | |
|--------------------------------|--------------------------------|
| Medical History Report | Medical History Report |
| Physical Examination | Physical Examination |
| Psychological Assessment | Psychological Assessment |
| Discharge Summary | Discharge Summary |
| Referral Letters | Referral Letters |
| Insurance Claims | Insurance Claims |
| Legal Documents | Legal Documents |
| Administrative Forms | Administrative Forms |
| Financial Statements | Financial Statements |
| Personal History | Personal History |
| Family History | Family History |
| Genetic Testing | Genetic Testing |
| Immunization Records | Immunization Records |
| Vaccination History | Vaccination History |
| Diagnostic Test Results | Diagnostic Test Results |
| Imaging Studies | Imaging Studies |
| Pathology Reports | Pathology Reports |
| Pharmacy Records | Pharmacy Records |
| Prescription History | Prescription History |
| Medical Equipment | Medical Equipment |
| Prosthetics | Prosthetics |
| Orthodontic Records | Orthodontic Records |
| Physical Therapy | Physical Therapy |
| Occupational Therapy | Occupational Therapy |
| Speech Therapy | Speech Therapy |
| Behavioral Therapy | Behavioral Therapy |
| Group Therapy | Group Therapy |
| Individual Therapy | Individual Therapy |
| Family Therapy | Family Therapy |
| Marriage Counseling | Marriage Counseling |
| Child Therapy | Child Therapy |
| Adolescent Therapy | Adolescent Therapy |
| Elder Care | Elder Care |
| Geriatric Assessment | Geriatric Assessment |
| Dementia Care | Dementia Care |
| Alzheimer's Disease | Alzheimer's Disease |
| Parkinson's Disease | Parkinson's Disease |
| Multiple Sclerosis | Multiple Sclerosis |
| Diabetes Management | Diabetes Management |
| Hypertension | Hypertension |
| Heart Disease | Heart Disease |
| Stroke Recovery | Stroke Recovery |
| Chronic Pain | Chronic Pain |
| Substance Abuse | Substance Abuse |
| Alcoholism | Alcoholism |
| Drug Abuse | Drug Abuse |
| Smoking Cessation | Smoking Cessation |
| Weight Management | Weight Management |
| Obesity Treatment | Obesity Treatment |
| Eating Disorders | Eating Disorders |
| Self-Harm | Self-Harm |
| Suicidal Thoughts | Suicidal Thoughts |
| Mental Health Crisis | Mental Health Crisis |
| Emergency Services | Emergency Services |
| Police Reports | Police Reports |
| Legal Proceedings | Legal Proceedings |
| Insurance Claims | Insurance Claims |
| Medical Billing | Medical Billing |
| Administrative Forms | Administrative Forms |
| Discharge Planning | Discharge Planning |
| Home Care Services | Home Care Services |
| Respite Care | Respite Care |
| Nursing Home | Nursing Home |
| Long-Term Care | Long-Term Care |
| Assisted Living | Assisted Living |
| Independent Living | Independent Living |
| Community Services | Community Services |
| Recreational Therapy | Recreational Therapy |
| Art Therapy | Art Therapy |
| Music Therapy | Music Therapy |
| Dance Therapy | Dance Therapy |
| Equine Therapy | Equine Therapy |
| Golf Therapy | Golf Therapy |
| Fishing Therapy | Fishing Therapy |
| Gardening Therapy | Gardening Therapy |
| Walking Therapy | Walking Therapy |
| Swimming Therapy | Swimming Therapy |
| Yoga Therapy | Yoga Therapy |
| Meditation | Meditation |
| Transcendental Meditation | Transcendental Meditation |
| Vietnam Veterans | Vietnam Veterans |
| Post-Traumatic Stress Disorder | Post-Traumatic Stress Disorder |
| Combat Trauma | Combat Trauma |
| PTSD Treatment | PTSD Treatment |
| Substance Abuse | Substance Abuse |
| Alcoholism | Alcoholism |
| Drug Abuse | Drug Abuse |
| Smoking Cessation | Smoking Cessation |
| Weight Management | Weight Management |
| Obesity Treatment | Obesity Treatment |
| Eating Disorders | Eating Disorders |
| Self-Harm | Self-Harm |
| Suicidal Thoughts | Suicidal Thoughts |
| Mental Health Crisis | Mental Health Crisis |
| Emergency Services | Emergency Services |
| Police Reports | Police Reports |
| Legal Proceedings | Legal Proceedings |
| Insurance Claims | Insurance Claims |
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| Walking Therapy | Walking Therapy |
| Swimming Therapy | Swimming Therapy |
| Yoga Therapy | Yoga Therapy |
| Meditation | Meditation |
| Transcendental Meditation | Transcendental Meditation |



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MEDICAL CASE SHEET.*

| No. in Admission and Discharge Book | Regimental No. | Rank. | Surname. | Christian Name. |
|-------------------------------------|---|-------|-------------------------------|-----------------|
| 15195 | 340397 | Ser | DeBury | J. V. |
| Year | Unit. | Age. | Service. | |
| | 67A | 32 | 9 ⁸ / ₂ | |
| Station and Date. | Disease <i>Acc Trae Rt Femur</i> | | | |
| | Occupation <i>Soldier</i> | | | |
| | Next of Kin <i>Sister Madeline DeBury 1168 Harrow</i> | | | |
| | Enlisted <i>Nov 1917. Toronto.</i> | | | |
| | <i>England Feb. 1918.</i> | | | |
| | <i>France May 1918.</i> | | | |
| | <i>Injury - 25 July 1918.</i> | | | |
| | Hospitals <i>C.C.S. 2 days. U.S. Stal. Hosp. Belgium</i> | | | |
| | <i>Edmonton - 5 months -</i> | | | |
| | <i>Gravelle 23-1-19.</i> | | | |
| | Dentistry Report: | | | |
| | <i>Teeth fair and fairly kept.</i> | | | |
| | History of Present Illness: | | | |
| | <i>on July 25 was thrown from his horse fracturing his R. femur. treated to screw extension. later in England - screw extension & Thomas splint. Has been walking since Dec 1-1918.</i> | | | |
| | Present Condition: | | | |
| | <i>Patient walks to slight limp</i> | | | |
| | <i>No pain and no tenderness. 1/2 inch shortening</i> | | | |
| | <i>Movement of hip free.</i> | | | |
| 30-1-19. | <i>Forsee. Payette</i> | | | |
| 29-1-19 | <i>Plate # 8252</i> | | | |
| | <i>Old united fracture involving great Trochanters right</i> | | | |
| | <i>Two detached fragments superior aspect great</i> | | | |
| | <i>Trochanters upper fragment united to lower fragment</i> | | | |
| | <i>angle of 40 degrees - Capt Proctor</i> | | | |

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
(6365) W2944/P.138 2,950,000 1/18 McA & W Ltd Forms I. 1237/13 (E 2349) [P.T.O.]

Station
and Date.

Feb 1. 19

Removal left from Govt.
For Transfer to Epsom

F. J. Jus. Angorlana