

ATTESTATION PAPER.

No. 651356

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... Butchart
- 1a. What are your Christian names?..... Ivan
- 1b. What is your present address?..... Lions Head, Ont,
2. In what Town, Township or Parish, and in what Country were you born?..... Ozark, Mich. U S
3. What is the name of your next-of-kin?..... William Butchart
4. What is the address of your next-of-kin?..... Lions Head, Ont,
- 4a. What is the relationship of your next-of-kin?..... Father
5. What is the date of your birth?..... 22nd. August 1892
6. What is your Trade or Calling?..... Tinsmith
7. Are you married?..... No
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes *I. Butchart*
9. Do you now belong to the Active Militia?..... No
10. Have you ever served in any Military Force?..... No
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... Yes
12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date January 15th. 191 6 *Ivan Butchart* (Signature of Recruit)
W. C. Capt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **Ivan Butchart**, 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 January 15 191 6 *Ivan Butchart* (Signature of Recruit)
W. C. Capt (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 Lions Head Ont. this 15 day of January 191 6.

W. C. Capt (Signature of Justice)
about etc

Description of Ivan Butchart on Enlistment.

Apparent Age 23 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. 7 1/2 ins.

Chest measurement { Girth when fully expanded 36 1/2 ins.
Range of expansion 4 1/2 ins.

Complexion Fair

Eyes Grey

Hair Brown

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

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* Fit for the Canadian Over-Seas Expeditionary Force.

Date January 15 1916

Place Lions Head Ont.

Ray Hacking
MO

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.

Ivan Butchart 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.

A. Weir (Signature of Officer)

Date January 15 1916

L. L. Hall

C.E.F. REGIMENTAL DOCUMENTS

NAME.....BUTCHART IVAN

REGT. NO.

UNIT

BN CE

H. Q. FILE NO

54560

Treated for mould contamination
Traité contre la moisissure

Date: 20/12/2013 GK

[illegible]

M.F.W. 2589
20M-4-46 (9113)
H.Q. 1772-39-1377

Surname Butchart Christian Name or Names I. Reg. No. 651356
 Rank Unit Co. Troop Batty.

A/Sgt Hospital 160th Bn Date of Admission

Transferred Bramshoytt Mil 19-12-16
 Hosp.

Cou. R. X. Buxton. Derbyshire Hosp. 6. 2. 14.
 Hosp.

Hosp.

Diagnosis

Arthritis

(1)
 Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

C.L. 28-12-16 19

2 16. 2. 14. 40

25-5-17 14

Dis 19-5-14
 REMARKS

A.M.D. 2 DEPT.

Bch. of D.G.M.S. O.M.F.C. London,

Rw

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
19-12-16	Military Hosp	Bramshott	W.D.E	19		
6-2-17	Red X Buxton		arthritis	40		
19-5	Discharged		"	67		

[illegible]

SURNAME.

Butchart

CARD NO.

CHRISTIAN NAMES

Ivan.

REGL. NO.

651356.

RANK

~~Pte.~~ Sergt.

UNIT

160th.

FORMER CORPS

Mil.

S.O.S. Memo 17-519.

FOLL.

Auth 100.139 19-519

#1200.

Batt

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Butchart William.

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

Lion's Head. Ont

COUNTRY OF BIRTH

U. S. A. Ozark. Mich.

DATE

PLACE OF ATTESTATION

Lion's Head Ont.

DATE

15/1/16.

416-5075/19 321 K.

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

No. *651356* RANK *Pte*
Sgt.

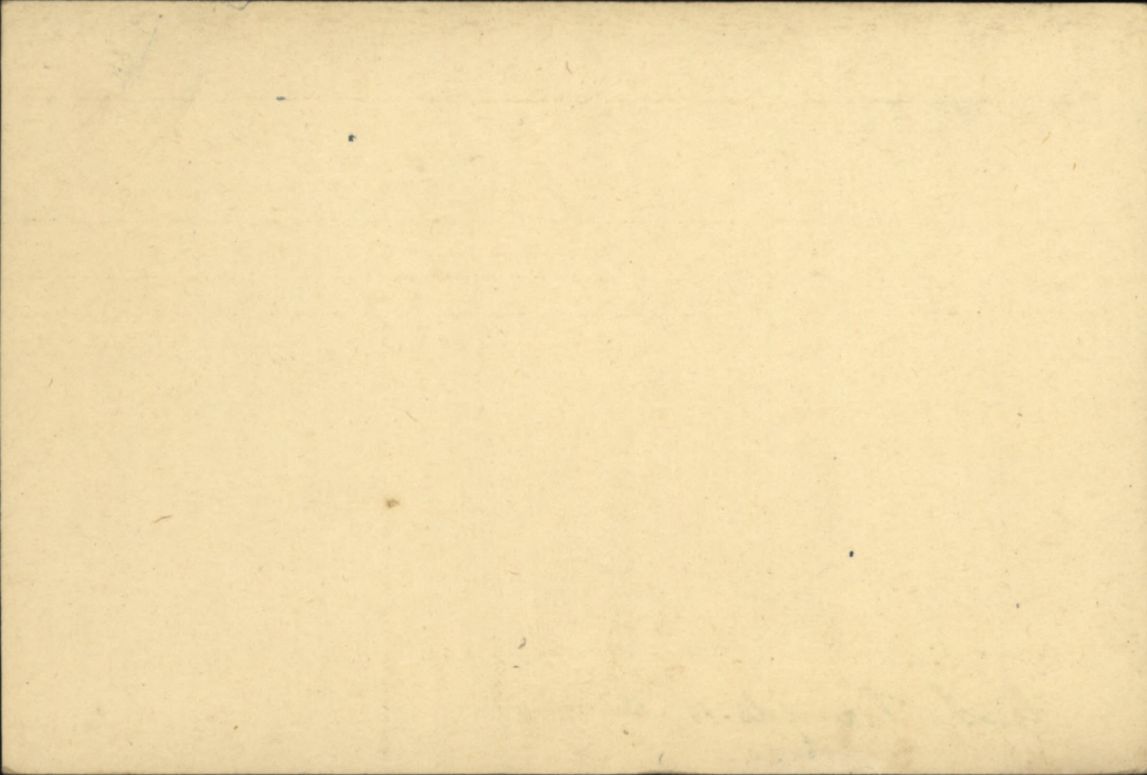
NAME *Butchart Ivan.*

T. O. S. *15-1-16*
(to 15-18-1-16)

UNIT *160th Battalion.*

M. D. *1*

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1916.</i>	<i>1916.</i>			
<i>Jan 15.</i>	<i>Jan 31.</i>	<i>✓</i>		
<i>Feb.</i>		<i>✓</i>		
<i>Mar.</i>		<i>✓</i>		
<i>Apr.</i>		<i>✓</i>		
<i>May</i>		<i>✓</i>		
<i>June</i>		<i>✓</i>		
<i>July</i>		<i>m.</i>		
<i>Aug.</i>		<i>✓</i>		
<i>Sept.</i>		<i>✓</i>		
<i>Oct.</i>		<i>m.</i>		
			<i>Prom. Sgt. 10/6/16</i>	<i>(D.O. 43) of 16/6/16</i>
				UNIT SAILED OCT 17 1916



NAME

RANK AND CORPS

CABLE

No.

DATE

NATURE OF CASUALTY

REG'T L No

H. Q. FILE No. 649-

FOLLOWS

No.

FOLLOWS

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

19	Mil - Bramshott	19-12-16	N. Y. 20. A.
40	Can. Lin. Woodcot Pk Epsom	9-2-17	Haemorrhoids
Ho.	Can. " Mil. Bramshott	6-2-17	Arthritis
67	Can. + Spec Buxton Derbyshire	19-5-17	Arthritis

Number

651356

Rank

Sgt

Surname

BUTCHART

Christian Name

Joan

Units

C.E.

Theatre of War

France

Date of Service

6-4-18

Remarks

Latest Address

80.0 Lion Head
Dor.

Roll No.

B. Page 21353

200m.-6-21.4.

IMPERIAL

Surname

Christian Name

Rank

Regtl.No.

File No.

Register No.

Date

Ledger No.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge

Class "A" No.

THIS IS TO CERTIFY that No. 651356 (Rank) Sgt.

Name (in full) Ivan BUTCHART enlisted in
the Canadian Engineers

CANADIAN EXPEDITIONARY FORCE at Sains Head Out on the 15th
day of January 1916

HE served in England and France in 1st Bn C.E.

and is now discharged from the service by reason of Demobilization.

Medical Unfitness.

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

Age 26.

Height 5 ft. 8 inches

Complexion Dark

Eyes Brown

Hair Dark

Marks or Scars

Deformity Little
Finger both hands.

Signature of Soldier

Date of Discharge

DISCHARGE SECTION
MAY 17 1919
No. 1 District Depot

Issuing Officer

for O. C. Dispersal Area Sta. "K."
Rank

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.

gift

10-9/59

311

87A

44124

154

1124

Notes on Discharge

574

91-11-8800-91 C-040:
 100-85-800: 6 B

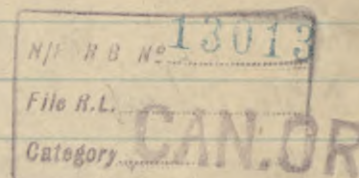
A.G.R. Rank *aptgt.* Name BUTCHART, Ivan Reg'l No. 651356
 Unit 160th Bn. If in perm. Corps, What Unit? Married or Single Single.
 Place and Date of Enlistment Lions Head, Ont. 15th Jan. 1916. Place of Birth Ozark, Mich. U.S.
 Name and Address, Next-of-Kin William Butchart,
 Lions Head, Ont. Relationship Father.

Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to

Relationship

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.				
ARRIVED IN ENGLAND "S.S. METACAMA 28-10-16					
2-11-16	O.S. 160th Bn Accepted. Act. Sergt.	Bramshott	17-10-16	Pt. II. D.O. #262.	
18-12-16	160 th Bn adm. Bramshott Mil. Hosp.	"	16-12-16	Pt. ^{D.C.L. 19.} II D.O. #308	
16.2.17	"	Adm to Can Red X Spec Hq.	Buxton	6.2.17	6L 40.
21-5-17	"	S.O.S. Posted to ~~160th Bn.~~ 25 Regt.	B. Shott	20-5-17	PHO 0140 ^{amended 25. 19. 10. 17}
21-5-17	25 th Res.	I.O.S. from ~~160th Bn.~~ 160 th Bn.	B. Shott	19-5-17	PHO 0142
25-5-17	160 th Bn	Discharged to Can Red X Spec Hq.	Buxton	19-5-17	6L 67 Discharged
6-6-17	25 th Res.	S.O.S. to 160 th Bn ^{from O.S. and then rank.}	B. Shott	4-6-17	PHO 0158 160 th PHO 0158 d/8-6-17
24.2.18	160 th Bn	Reverted to Rank of Act / Sergt.	"	25-2-18	PHO 0029.
1-3-18	160 th Bn	S. Son Transf to 107 th Bn Maly	"	28-2-18	PHO 0031 9107 th PHO 0020/5/18

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.				
	107 th				
19.4.18	Pr. C.E.	S.O.S. to C.E.R. Pool	Field	6.4.18	D.O. 3646. E.R. R. 35/20 th
23.5.18	"	T.O.S. from C.E.R. R.		6.5.18	D.O. 544 CER 55/22 nd
2.7.18	1/Pr. C.E.	T.O.S. from 107/Pr.		30.5.18	D.O. 1. & 107/Pr. 66/23
27.8.18	"	<u>Confirmed in rank of Corporal</u>		1.8.18	D.O. 23.
10-3-18	"	<u>Promoted Sgt.</u>		17.1.19	" 19.
28.3.19	D. King. C.C.C.	T.O.S. from 1 C.C.C.	Scho	26.3.19	" 10.
7.5.19.	✓	S.C. St Canada		6.5.19	" 35
			59-K.	6.5.19	

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

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

Casualty Form—Active Service.

250M.—1-16.
H. Q. 1772-39-920.

Unit, Regiment or Corps 160th O. S. Battalion, C. E. F.

Regimental No. 651356 Rank Pte. Name Butchart, Ivan

C. E. F.

Enlisted (a) 15-1-16 Terms of Service (a) 8 6 8 Service reckons from (a) 15-1-16

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

Duration of War

Extended Re-engaged Qualification (b) 1 J. Smith

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	17/10/16	
		Arrived - England Liverpool	28/10/16	
2-11-16	Bn 25th	a/sergeant with pay	Witley	17/10/16 P.O. Order 262.
21-5-17	160th Bn	S.O.S. on transfer to ~~at O.R. Depot 27th Res. Bn.~~	Witley	20-5-17 D.O. Part II #140.
		(amended P.O. 255 d/19-10-17)		P. B. Whitehead
21-5-17	25th Res.	P.O.S. on posting from 160th Bn	Bramshott	20-5-17 Part II D.O. 142.
6-6-17	25th Res.	Posted to 160th Bn O.M.F.C.	Bramshott	14-6-17 Part II D.O. 158.
8-6-17	160th Bn	Taken on strength	Witley	15-6-17 Part II D.O. #158.
19-10-17	0.6/160th Bn	Entry of 21-5-17 amended to read P.O.S. on transfer to 25th Reserve Bn	Witley	20-5-17 D.O. Part 2 #255.
24-2-18	0.6/160th Bn	Reverts to rank of Corporal to proceed overseas.	Witley	25/2/18 D.O. Part 2 #29.

CAPTAIN,
ADJUTANT,

FOR O.C. 160th CANADIAN INFANTRY BATTALION

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]

CERTIFIED CORRECT
2 MAR 1918
RECEIVED
LONDON

Fill in Only Last Name, Rank and Name

651356 Butchart Ivan

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				
1/3/18	S.O.S. 107th Pioneer Bn	S.O.S. on proceeding to 107th Pioneer Bn	Whitley	28/2/18	D.O. Part 2 #31 R.B. Whitehead CAPTAIN, ADJUTANT, FOR C.O. 169th CANADIAN INFANTRY BATTALION.
1.3.18	1 B.B.B.	ARRIVED C.B.B.	FRANCE	1.3.18	N.R. D 553 d/4.3.18
4.3.18	107th Bn	J.O.S.		1.3.18	PART II ORDERS No 20 D 5.3.18
5.3.18	1 B.B.B.	LEFT C.B.B.	b.b.R.b.	2.3.18	N.R. D R4 R 1624 d/5.3.18
9.3.18	B.B. 107th Bn	ARRIVED 107th		4.3.18	B 213 D 9.3.18
14.3.18	b.b.R.b.	Arrived		13.3.18	W.R. 158 d/14.3.18
16.3.18	T.O.T.Bn	To b.b.R.b.		13.3.18	B 213
4-4-18	CCM	~~S.O.S.~~ S.O.S. to Canadian Engineers Rinf Pool.		6-4-18	NR 574235 W.O. Tel 76962 S D(2) d/3-4-18. daily Cdn Sect 3rd Ech.
"	"	TOS CER Pool 7-4-18			RA 590/303(5) d/6-4-18
"	"	*from 107th Can pnr Bn P, 35			Pt 2 DO 36 d/19-4-18
18.5.18	"	S.O.S. to 107th Can. Pnr. Bn			D/35 d/4 1918.
18-5-18	"	~~2/5/18 1918 C.B.B.~~ ~~Cancelled.~~ S.O.S. to 107th Can Pnr Bn.		5.5.18	D/54 d/4 1918.
18-5-18	"	T.O.S 107th Cdn Pion Bn		6-5-18	NR-727 KR 550 Pt 2. DO 54 d/23-5-18
18-5-18	OC 107th	joined unit		17.5-18	B 213.
1 6 18	OC 107	S.O.S. 107th Bn TO		28 5-18	D O.66
1 6 18	OC 1 CE	1st Cdn ENGR BATTN		29	
3/8/18	OC 1st Bn	T.O.S 1st C.E BATTN		30 5 18	D O N 61
		TO 1st Durham's CRE		31/7/18	B 213 (1st Bde C.E. g-2-3-28 d/30-7-18)

MEDICAL HISTORY SHEET.

Surname Butchart Christian Name Ivan

Examined { on 15th day of Jan. 1916
at Lions Head Ont.

Approved by [Signature]
Rank Captain M.O.

Birthplace { City or Town Ozark Mich.
{ County U.S.A.

Apparent age 23

Trade or occupation Tinsmith

Height 5 Feet 7½ Inches.

Weight 155 Lbs.

Chest measurement { Minimum 32 inches.
Maximum expansion 36½ inches.

Physical development Excelent

Small-Pox Marks none

Vaccination Marks { Arm Right Left X
Number One

When Vaccinated last 1907

(a) Marks indicating congenital peculiarities or previous disease none

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

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
Date.	Result.	VACCINATIONS.
10/6/16		M.O.
7-7-16		M.O.
Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
22/8/16		M.O.
30/8/16		M.O.
7/9/16		M.O.

Enlisted on 15th day of January 1916 at Lions Head Ont.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>160th O. S. Battalion C. F. F.</u>	<u>651356</u>	<u>Good</u>	<u>15/1/16</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>London</u>	<u>4/10/16</u>	<u>Med Board</u>	<u>Fit</u> <u>L. J. Schut</u> <u>For M. Board</u>
<u>Braunschweig</u>	<u>29-3-19</u>	<u>Arthritis R knee</u> <u>ankles & little</u> <u>fingers</u>	<u>unusable</u> <u>capt</u>

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.

Buckhart

Christian Name.

Joan

[illegible]

ORIGINAL.

MEDICAL HISTORY SHEET.

Original 651356

651356
651356

Surname Butchart Christian Name Ivan

Examined { on 15 day of January 191 6
at Lions Head Ont,
Birthplace { ~~City~~ Town Ozark Mich,
County U.S.A.

Approved by *[Signature]*
Rank _____ M.O.

Apparent age 23
Trade or occupation Tinsmith
Height 5 Feet 7 1/2 Inches.
Weight 155 Lbs.
Chest measurement { Minimum 32 inches.
Maximum expansion 36 1/2 inches.
Physical development Excellent
Small-Pox Marks None

Vaccination Marks { Arm Right Left One
Number One
When Vaccinated last 1907
(a) Marks indicating congenital peculiarities of
previous disease None

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

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

Date.	Result.	VACCINATIONS.
<u>10/6/16</u>	<u>Fit</u>	<u>Antitetanus</u> M.O.
<u>7-7-16</u>	<u>Fit</u>	<u>Antitetanus</u> M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>22/8/16</u>	<u>Fit</u>	<u>Antitetanus</u> M.O.
<u>30/8/16</u>	<u>Fit</u>	<u>Antitetanus</u> M.O.
<u>7/9/16</u>	<u>Fit</u>	<u>Antitetanus</u> M.O.
<u>31/5/17</u>	<u>Fit</u>	<u>Antitetanus</u> M.O.

Enlisted on 15 day of January 191 6 at Lions Head Ont,

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment				
Transferred to	<u>160th Bn.</u>	<u>651356</u>		<u>FEB 28 1918</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>London Dist</u>	<u>4-X-16</u>	<u>med. Board</u>	<u>Fit</u>
<u>Braunschweig</u>	<u>29-3-19</u>	<u>anthrax on knees</u> <u>ankles & little</u> <u>finger</u>	<u>Admission Sept</u>

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

Surname Butchart

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				
Bramshott		17	12	16	7	2	17	arthritis	53	No severe arthritis of R. knee, quite painful. Unable to lie up. No sepsis. Just healed. Had severe pain in back & neck & some rash. Heart & lungs normal.	J. A. Herbert Cap. R. Corps.
Canadian Red Cross Special Hospital, BUXTON, DERBY.		7	2	17				Do.		On arrival right knee swollen, ankles, feet. 21.2.17 Developed mumps. 22.2.17 Transferred to Isolation Hospital, Buxton, Derby.	
Canadian Red Cross Special Hospital, BUXTON, DERBY.		30	3	17	19	5	17	Do.	60	Went back at Bramshott Dec 14 & sent to Isolation hospital 2 days. Then to Bramshott Mil. Hosp Dec 16 to Feb 7. Developed mumps & was at Isolation Hospital Buxton until March 20/17. On arrival here knee, ankles, feet were swollen. Treatment: warm mineral baths. Heat pack & massage to feet. Present condition: still lame. Much improved. Discharged under Category A3.	Cap. C. A. M. C. S.

REGT. NO. 651356

RANK *Sgt*

NAME (IN FULL) BUTCHART, Ivan.

M. OR S. /

PARTICULARS	EFFECTIVE DATE	AUTHORITY
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ORIGINAL UNIT
C.E.F.

IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)

IS SEPARATION ALLOWANCE PAID? DATE EFFECTIVE

TO WHOM PAID	RELATIONSHIP
1. JAMES H. HARRIS	
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ADDRESS *M/S ✓*

PLACE OF ATTESTATION TRANSFERRE

ID TO 17-07-01 Bank Lions Head On DATE 15 AUTHORITY 152

DATE OF ATTESTATION

FILED TO DATE AUTHORITY

15-1-16
ASSIGNED PAY \$ DATE EFFECT

.....

PAYABLE TO

3/19
RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Mrs Wm Burkhardt

Leons Head

.....

STOP PAYMENT FORM

.....

ASSIGNED PAY
RENDERED, DATE

DISCHARGED *London* 17

DATE	REASON	AUTHORITY	IF ENTITLED TO POST DISCHARGE PAY
5/19	Dem.	D.O. 139	

OB

BALANCE
FROM
PREVIOUS
ACCOUNT[illegible]

22

7

7

7

22

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75

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651356 ^{April} Butchart Loan

Assigned Pay 20 ⁰⁰/₁₀₀

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																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
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ASSIGNED PAY	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME: BUTCHART	NUMBER: 651356						
EFFECTIVE DATE: 1-10-16	EFFECTIVE DATE: -	PARTICULARS OF RANK OR APPOINTMENT									
AMOUNT: \$ 20.00	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.		AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT					
Mr. William Butchart (mother) Lions Head, Ont. Stopped off 1/14/19				BO 29 24/2/18	25-2-18	60th Bn 13-18					
				BO 19 10/3/19 1066	17-1-19	Promoted Sgt					
				UNIT AND TRANSFERS							
				ORIGINAL UNIT: 160th Bn							
				DATE ACCOUNT FIRST OPENED: 1-10-16							
				AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T S F D	UNIT TRANSFERRED TO				
				N.A.	28-2-18	25-4-18	107th Bn. Bn.				
				35.	7-4-18	21-5-18	68th Bn.				
				54 6/5/18.			107th Bn. Bn.				
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				
3/3.	1465	1CC.	466								
15/3.	1557	✓	466								
29/3-			73-								
			8232								
PARTICULARS OF RENDERING NON-EFFECTIVE: 2 mos to Canada 31/3/19 NK 5714 Bram 31/3 Bram NK 1 Redbal. 79.58											
MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
1918											
March	Bal Forward								16.18	4-	
April	P.P.	33		bal				20			
				AR 32 1CCW. 5-4-18	5 35				23.83		
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				AR 29 1CCW. 19-4-18	7 14						
		37 20		387 107 Bn 14/5	4 46				19.43		
					11 60			20			
June	Pay	36		19 1CCW. 2-6-18	5 35						
				AR 248 1CCW. 1/5/18	5 35						
				CAR				20			
				34 1CCW. 16-6-18	5 35						
				82 1CCW. 28-6-18	5 35						
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July	Pay	34 20		CAR				20			
				231 1CCW. 18-7-18	5 35						
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		37 20		1121 " " 20-8-18	3 57				35.94		
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Sept		36		ban				20			
				1316 1A. W.B.B.R. 7-9-18	3 57						
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				1508 1A. W.B.B.R. 5-10-18	3 73						
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NUMBER 651356

RANK

NAME

Butchart J.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Nov	Cpl Pay	36		ban				20	5454		
				1767 1 b b R b 5-11-18	373						
				2122 " 20-11	1493						
Dec	"	3720		2888 " 7-12	373						
				ban				20			
				2947 " 21-12	373						
Jan	"	3720		ban	2612			20	7882		
		11046			2612			60	7882		
Feb	"	3360		ban				20	9200		
	Diffa in Cpl & Sgt Pay 17/11/18 27/12/18 43 day 23	1290		1061 " 8-1-19	560				17182		
				1162 " 16-1-19	466				10156		
				1258 " 2-2-19	466						
				5229 Bonus 15-2-19	1866						
				1343 1 st b. b. 17-2-19	933						
				1395 " 20-2-19	933	5224					
Mar	Sgt Pay	4650		1557 " 16-3-19	466			20	7026		
		9300		1465 " 2-3-19	466			40	7026		
				983 D. Wing CCC 29-3-19	73						
				134 " 16-4-19	973	180					
				147 " 16-4-19	973						
				1410 " 25-4-19	973				2220		
					9246						

1000 Canada 6/19 P.L. 59

Casualty Form—Active Service.Regiment or Corps **1st Battalion**Rank **Cpl** Surname **Butchart** Christian Name **John**

Religion Age on Enlistment years months

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

Date of promotion to present rank Date of appointment to lance rank

Extended { } Re-engaged { } Qualification (b)
or Corps Trade and Rate

Occupation Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
10-8-18	OC 1 st Bn	Remained Unit		8/8/18	B213
19-8-18	~~OC~~	Confirmed in the Rank of Cpl		1/3/18	Letter 7-6 K917-1799-1
20-11-18	~~OC~~	Attached Cpl		—	Pt 2 DO 250 d/27/8/18
18/1/19	~~OC~~	Rejoined Unit.	Full.	15/1/19	A-7-7 K917-1799
24/1/19	~~OC~~	Promoted Sergeant		27/1/19	B213 DO 19 d/19/1/19
	Int Corp	PROCEEDED TO ENGLAND		25-3-19	N/A
6 MAR 1919	Unit	I.O.S. "D" WING C. C. C. BRAMSHOTT			
	S.O.S.	PROCEEDED TO CANADA			
		Part 11 orders no		8 MAY 1919	

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c.

TH
 Liverpool
 Macclesfield
 May 6 1919

[illegible]

Form A.G.10410. 5M-10236-23-2-17.

OVERSEAS MILITARY FORCES OF CANADA

Date 25.5.17.

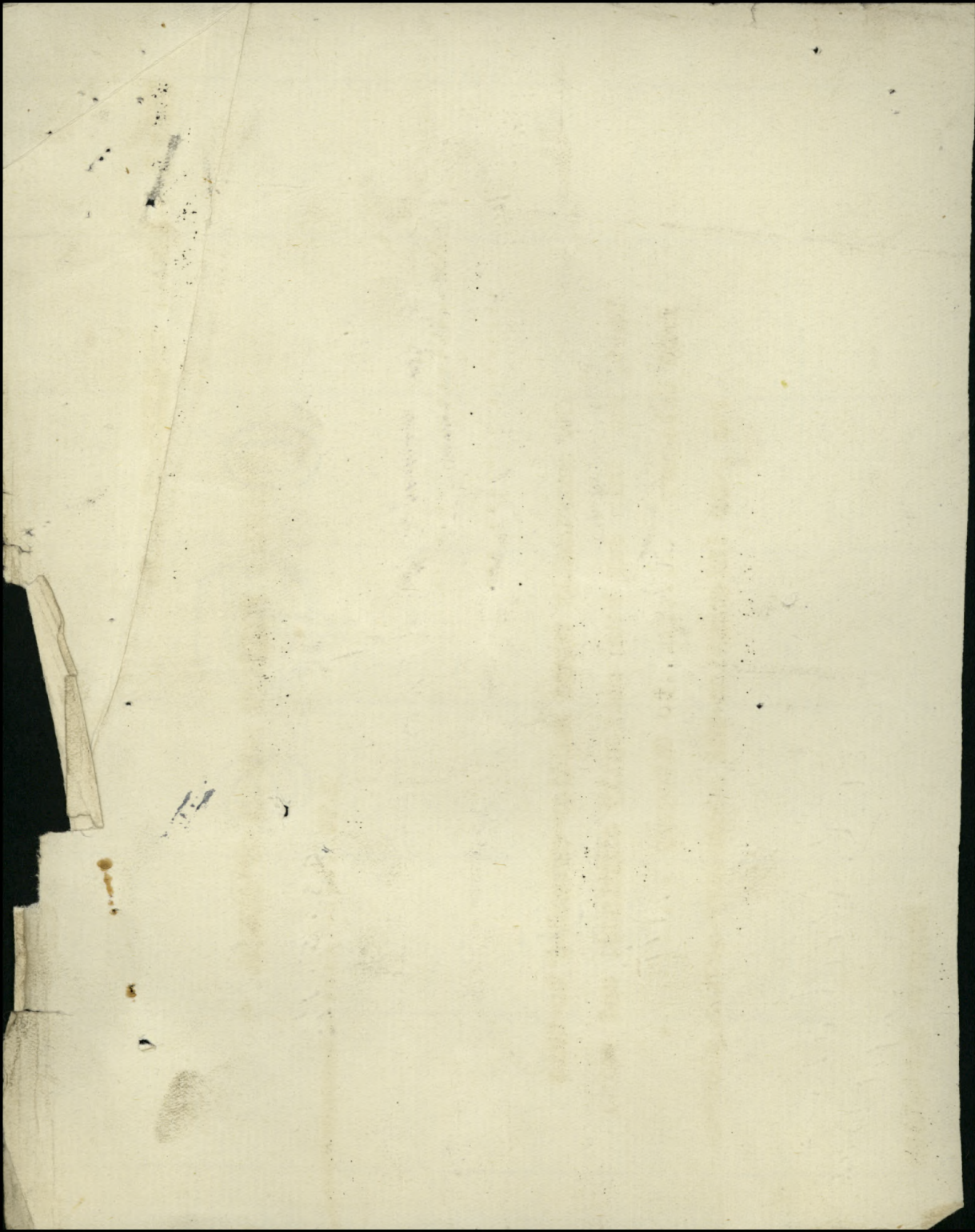
#657356 To: CC 25th Res. Bn.
Sgt Butchart J.

The marginally named soldier attached to this Unit, has this day been medically examined, and raised from Category... *Att* ...to Category... *Att*

For your information and necessary action please.

W.R. Slackhouse
Capt. The.

Reserve Battalion



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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

REGIMENT

RANK

No.

Date of Examination in England

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



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

(c) In France

BRAMSHOTT CAMP
HANTS.

Signature of Dental Officer

E. G. Berry, Capt.

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

(23205) Wt. W 4234—M 627. 1,000,000, 8/16. C.F.&S. Forms/I. 1237/11. P.T.O.

Station
and Date.

MEDICAL CASE SHEET

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
2-T196	651356	Sgt.	Butchart	Ivan
Year	Unit.	Age.	Service.	
1917	160th. Bn.	24	13/12	

Station and Date.

Disease Arthritis. Went sick at Broom's Dr. 14
Rec'd to Detention Hut 3 days then Broom's
Military Hospital Dec 16 - Feb 4th 1917 -

7/2/17

Present
And

Knee Rt. Distention - Ankle - feet - swollen -
Sulphur - Glycerin - - - - -

21-2-17

Developed "Mumps"

22-2-17

Transferred to Isolation Hospital, Buxton, Derbyshire.

N.F.

Timonith

Howard Hay is his Capt. C.A.M.C.
Returned from Isolation Hosp. to Can. Red + Sp. Bux 20-3, 7.
A.M.B. Mon Wed. Fr. (96°) 5 min. W.M. Int. Major C.M.C.

24-3-17

Improving. Increase bath time to 10 min. W.M.

21-3-17

Increase bath to 15 min W.M.

7-4-17

Arches slightly flattened. Has pain below
both inner malleoli with slight swelling of ankle.
Continue Trt. W.M. Add Peat packs and massage
to feet Tues. Thurs. Sat. W.M.

14-4-17

Continue Trt. W.M.

21-4-17

Still lame, very little change in 2 weeks.

12-5-17

Much improved. W.M.

14-5-17

Board. Rec disch from hosp. Category A3

W.M. Int. Major C.M.C.

Station
and Date.

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 Bramscott, Hants. DATE 29/3/19.

1. 1 (a) Unit 1st Bn C.E. (b) Regimental No. 651356 (c) Rank Sgt.
 (d) Surname BUTCHART (e) Christian name Ivan
 (f) Home address Lion's Head, Ont.
 (g) Next of Kin Mr. William Butchart (h) Relationship Father
 (i) Address of Next of Kin Lion's Head, Ont.
2. Age last birthday 26 Date of birth 22/8/1892
3. Enlistment, or Appointment (if an Officer) (a) Place Lion's Head, Ont. (b) Date 15/1/16
4. Personal description:
 (a) Height 5' 8" (b) Weight 150 lbs. (c) Complexion Dark
 (d) Colour of hair Dark (e) Colour of eyes Brown (f) Identification marks, Scars, etc. Deformity little fingers both hands.
Linamith

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
	<u>3 yrs</u>	<u>73</u>
	PERIODS	
	From	To
Canada	<u>15/1/16</u>	<u>17/10/16</u>
England	<u>17/28/10/16</u>	<u>1/3/18</u>
France or other theatres of War	<u>1/3/18</u>	<u>25/3/19</u>

7. Original disease, or injury 1. Arthritis
11. Deformity of both little fingers - slight
- (a) Date of origin 11-12-16 (b) Place of origin England
 (c) Cause Exposure England
Arthritis

M. F. B. 227.

400M.-11-18.
1773-39-117.

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.)

Occasional myalgic pain in rt. knee and both ankles.
Partial loss of function little fingers both hands

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.)

All symptoms are subjective. no swelling of knee or ankles or other signs of any disability.
Soldier states that occasionally especially if working in damp conditions he has pain in rt. knee and both ankles. Knee and ankles become swollen. This condition usually lasts for four or five days and clears up. He says he has not been bothered now for past four months.

Little finger both hands at joint between middle and proximal phalanges remain flexed. Can not fully extend but can fully flex. No pain.

(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).)

According to soldier's statement and record on M.H. S. he reported sick and was admitted to Brambleth Military Hospital on 17-12-16 with diagnosis Arthritis. Right knee and both ankles were swollen and painful. He was then sent to Can Red Cross Special Hospital, Buxton. He was discharged from hospital on 17-5-17. Since then attacks have been occasional but not bad enough to report sick.

Soldier states that at same time as above joints of little fingers were affected and deformity resulted. No mention of this is made on M.H. S.

10.—(b) (Here give a description of the condition to or since enlistment.)

(c) (Here give a description of the condition to or since enlistment.)

Slight

11.—(a) Did the condition exist at the time of enlistment?

(b) If so, has the condition changed since enlistment?

12. Was the disability due to refusal to accept the regimental condition at the time of enlistment?

refusal to accept the regimental condition at the time of enlistment. (If the answer is in the affirmative, state the condition.)

13. What is the present condition of the invalid?

than one?

14. Treatment (Causes of the condition, if known, and the treatment given.)

Hospital

15. Is further treatment required?

16. Can the former condition be repeated?

17. Recommendation (If the invalid is recommended for discharge, state the recommendation.)

(Sections 7, 8, 9 and 10.)

I, the undersigned, certify that the present condition of the invalid is as stated above.

I complain in addition to the above.

Weakness—slight, moderate,
body, or of some of its parts, for

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).)

n i f e

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

Slight deformity of both little fingers

11.—(a) Did the disabling condition have its origin before enlistment?

no
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.
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
(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?

Six months
Permanent

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

Had treatment in Canadian Red Cross Special Hospital, Buxton.

9 (a) above?

System. *No*
Sugar will be excluded.)

System. *No*

System. *No*

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

n.a.

R. H. Johnston Capt. C.M.C.
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, *651356 Pte. Battist* 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

Joan Buitendijk Rank.
Signature of invalid examined.

aslu

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.

yes

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.) |

yes A

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 under sub sec 2.9. 9083 of 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 *Bramshott*

DATE *29-3-19*

Chas. J. ... President.
... Capt 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

H. McKenzie Capt.
 Assistant Director of Medical Services.

Director-General of Medical Services.

DATE *29/3/19*

DATE.....

H.C.

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 Bramshott Hants DATE 29-3-19

1. 1 (a) Unit 1st Bn CE (b) Regimental No. 651356 (c) Rank Sgt
(d) Surname BUTCHART (e) Christian name Ivan
(f) Home address Lion's Head Ont.
(g) Next of Kin Mr. William Butchart (h) Relationship father
(i) Address of Next of Kin Lion's Head Ont

2. Age last birthday 26 Date of birth 22-8-1892

3. Enlistment, or Appointment (if an Officer) (a) Place Lion's Head Ont (b) Date 15-1-16

4. Personal description:
(a) Height 5' 8" (b) Weight 150 est (c) Complexion dark
(d) Colour of hair dark (e) Colour of eyes brown (f) Identification marks, Scars, etc.
Deformity little finger both hands

5. Former trade or occupation tinsmith

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
	3	73

	PERIODS	
	From	To
Canada	15-1-16	17-10-16
England	17-10-16	1-3-18
France or other theatres of War	1-3-18	25-3-19

7. Original disease, or injury I. Arthritis
II. Deformity of both little fingers slight

(a) Date of origin I. 17-12-16 II. 17-12-16 (b) Place of origin I England II. England
(c) Cause I Exposure II Arthritis

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.)

I. Occasional myalgic pains in rt knee and both ankles.

II. Partial loss of function little fingers of both hands.

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.)

I. All symptoms are ~~subjective~~ subjective: no swelling of knee or ankles or other signs of any disability

II. Soldier states that occasionally especially if working in damp conditions he has pain in rt knee and both ankles.. Knee and ankles become swollen. This condition usually lasts for four or five days and clears up..He says he has not been bothered now for past four months.

II. Little finger both hands, at joint between middle and proximal phalanx remained flexed. Cannot fully extend but can fully flex.

No pain

(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 (If pulse rate is abnormal, B. P. will be taken.)	Genito-Urinary System.....no (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).)

I. According to soldiers statement and record on M.H.S. he reported sick and was admitted to Bramshott Military Hosp. on 17-12-16 with diagnosis Arthritis. Right knee and both ankles were swollen and painful. He was then sent to Can Red Cross Hosp. Buxton. He was discharged from hospital on 19-5-17. Since then attacks have been occasional but not bad enough to report sick.

II. Soldier says that at the same time as above joints of little fingers were affected and deformity resulted. No mention of this is made on M.H.S.

10.—(b) (Here give a complete history to or since enlistment, and not

(c) (Here give a description of wounds.

slight deformity bo

11.—(a) Did the disabling con

(b) If so, has it been aggravated condition at time of enlistment

I N.A.

12. Was the disability caused

refusal to accept treatment

The regimental documents will (If the answer is in the affirmative, on this question, conduct sheets

13. What is the probable duration

than one? I Six

14. Treatment (Case reports, general

Had treatment

15. Is further treatment in hand
(If the answer

16. Can the former trade or occupation be resumed
(If not, brief

17. Recommendations.

(Sections 7, 8, 9 and 10 are

I, the undersigned, 651
present condition read, and

I complain in addition of....

g. (a) Weakness—slight, moderate, the body, or of some of its parts, for

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).)

nil

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

slight deformity both little fingers

knee or ankles

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

I N.A. II N.A.

g in damp

Knee and

for four or five

now for past

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable

refusal to accept treatment? I. (A) NO (B) NO II. (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.)

d proximal

n fully flex.

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

than one? I Six months II Permanent

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

Had treatment in Canadian Red Cross Hospital Buxton. Special

on 9 (a) above?

no

ary System and Sugar will be excluded.)

no

y System

ar System no

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? *Refer to*

(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

N.A.

sgd R Johnston Capt CAMC

Medical Officer by whom the case is brought forward.

he reported sick

2-16 with diag-

llen and painful

as discharged

en occasional but

f little fingers

this is made on

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 651356 Pte Butchart I 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

sgd Ivan Butchart Sgt

Rank.

Signature of invalid examined.

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.

Yes

19. Is the invalid fit for

- | | | | |
|--|--------------|--------------|-------|
| (a) General service, | (Category A) | (Yes or No.) | Yes A |
| (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.) | |

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 under Auth tel 9083 of 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	Bramshott	sgd Chas P Jento Capt	President.
DATE	29-3-19	sgd A H MacLaren Capt	} 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			President
DATE			} Members

APPROVED BY	sgd H McKenzie Capt	APPROVED BY	
for	Assistant Director of Medical Services.		Director-General of Medical Services.
DATE	29-3-19	DATE	

Certified a true copy

H Blumenthal
Capt., CAMC.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

War Service Badge
Class "A" No.

260700

(Demobilization.)

1. No.	651356
2. Rank.	Private
3. Name.	BUTCHART, Ivan.
4. Unit.	1st Batt. Can. Eng. 14th Battalion
5. Date of Discharge	MAY 17 1919
Place	MONTREAL London Ont.

6 Reason for Discharge DEMOBILIZATION

7. Authority.

8. Proposed Residence after Discharge

G.P.O.

Lions Head. 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.?

D. Butchart

Signature of Soldier.

10.

CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

London ont

Date

MAY 17 1919

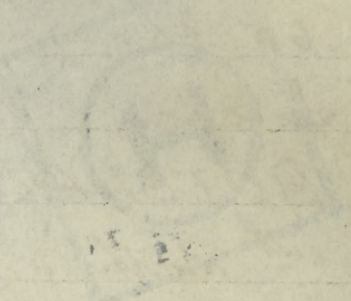
Signature

Wm. Nuttall Unit
for (O. C. Discharging Unit.)

Ken 7-2-23

PROCEEDINGS OF THE BOARD

of the



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), or 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 (P. 851). *and duplicate*
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sanitary Documents.

Group.....*B*
Checked by No.....*55 15*
Date.....*27 APR 1919*

Date of Enlistment

MILITIA AND DEFENCE

16473

Date of Assignment

Separation and Assigned Pay Branch

Oct 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

20.			
-----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 651356
 Rank *Sgt* Promoted Reverted Discharge
 Soldier's Name *Ivan Butchart*
 Battalion *160 Battr*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Mrs. Wm. Butchart*
 Address *Lions Head, Ont*
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					2595-1-1
Oct			260	260	
Nov	C 6708		20	20	
Dec	F 59796		20	20	Pro
1918					
Jan	M 68982		20	20	L.
Feb	C 99593		20	20	
Mar	a 106853		20	20	✓
Apr	A 4010		20	20	S
May	H 18772		20	20	S
June	E 17705		20	20	✓
July	V 33331		20	20	✓
Aug	E 30173		20	20	✓
Sept	H 44447		20	20	✓
Oct	F 47981		20	20	✓
Nov	B 59494		20	20	✓
Dec	M 63566		20	20	✓
1919 JAN	H 74994		20	20	✓
FEB	J 78100		20	20	✓
MAR	J 89780		20	20	✓
APR	B 4463		20	20	✓
May	F 5334		20	20	
			640	640	

1. A/c Closed 31-5-19
 Ret'd per. *Scotlan*
 Date 16-5-19 F.X. 21-5-19
 Clerk *Johnstone*
 MRO 105663

AUDITED

M. F. W. 128
 400M-6-17-1772-38-141
 L. L. 23320-M. & D. 7183.



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.

Name _____

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date _____

Cheque
No.

Amount
S/A

Amount
A/P

Total

REMARKS

M. F. W. 128
400M.—6-17-1772:39-1141
L. L. 22320—M. & D. 7993.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.

50m.—7-16

1772—39—819.

Sheet No. 2.

(Assignee)

PAYMENTS.

Name of Soldier

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>160 C Coy 657356</i>
				<i>20⁰⁰ Oct 1/16</i>
				OCT 1. 1916
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		<i>V 26448</i>	<i>20</i>	
Nov.		<i>29127</i>	<i>20</i>	
Dec.		<i>H34515</i>	<i>20</i>	
Jan.		<i>W31984</i>	<i>20</i>	
Feb.		<i>W38968</i>	<i>20</i>	<i>20 R</i>
March		<i>49067</i>	<i>20</i>	<i>20 Ly</i>
April	<i>21038</i>	<i>350</i>	<i>20</i>	<i>20 6 T 35.0 Paid 27/5/17 2/18.</i>
May		<i>J 6884</i>	<i>20</i>	
June		<i>F13659</i>	<i>20</i>	<i>20. S</i>
July		<i>W22944</i>	<i>20</i>	<i>B.</i>
Aug.		<i>Z 29542</i>	<i>20</i>	<i>W 20</i>
Sept.		<i>Z 36537</i>	<i>20</i>	<i>20</i>
Oct.		<i>H 49003</i>	<i>20</i>	<i>260 WAC</i>
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

Month.	Year.	Cheque No.	Amt.		Remarks.	
Aug.	1918					
Sept.						
Oct.						
Nov.						
Dec.						
Jan.	1919					
Feb.						
March						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Jan.	1920					
Feb.						
March						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12
 50m.—7-16
 H. Q. 1772-39-819

To Whom

Address

Rate

By Whom Assigned

Regtl. No.

Rank

Corps

Rate

OCT 1 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				





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