

REGIMENTAL DOCUMENTS

NAME **BARA** **PETER WALLACE** REGT. NO. **726050** UNIT **107th Bn** H. Q. FILE NO. **9795**

S

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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

Drunk

DESERTION

M

H

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2 2406045

1 J.C. 10.3

1 misc

1 CAPC 5009a

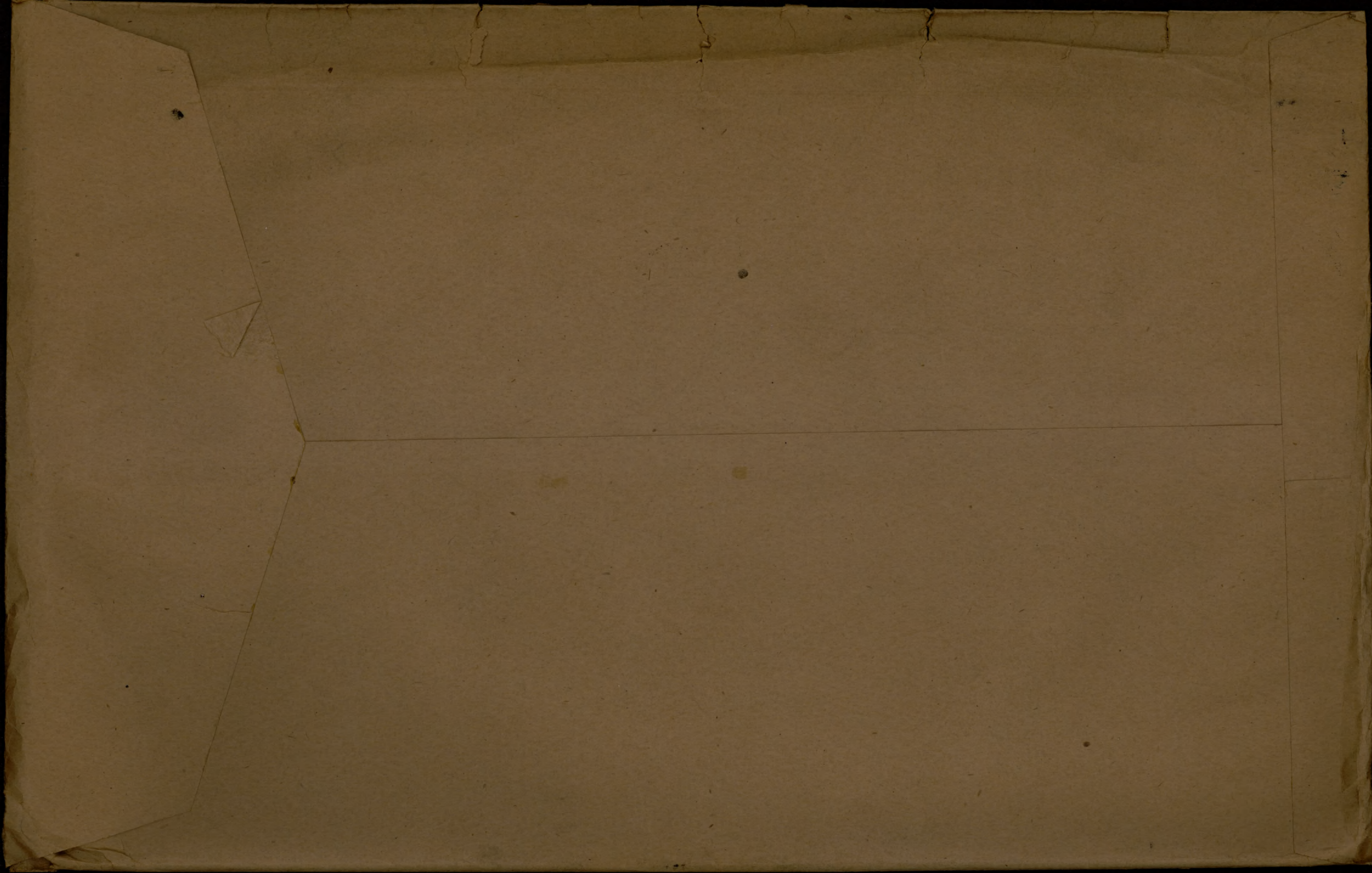
1 MFW 67

1 Train Card

1 R149

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*2-26
25-27
27-27*



ATTESTATION PAPER.

No. 726050

D. Coy

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

TRIPPLICATE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Barr*
- 1a. What are your Christian names?..... *Peter Wallace*
- 1b. What is your present address?..... *Kilmount*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Galway*
- 3. What is the name of your next-of-kin?..... *Mary Barr*
- 4. What is the address of your next-of-kin?..... *Kilmount*
- 4a. What is the relationship of your next-of-kin?..... *Mother*
- 5. What is the date of your birth?..... *February 10th 1880*
- 6. What is your Trade or Calling?..... *Farmer*
- 7. Are you married?..... *No*
- 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.
- 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, *Peter Wallace Barr*, 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 *27th Dec* 1915. *P W Barr* (Signature of Recruit)
J McCulloch (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Peter Wallace Barr*, 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 *27th Dec* 1915. *P W Barr* (Signature of Recruit)
J McCulloch (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 *Kilmount* this *5th* day of *January* 191*6*.
A. H. White (Signature of Justice)

Description of Peter Wallace Barr on Enlistment.

Apparent Age... 25 years months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height..... 5 ft. 8 ³/₄ ins.

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

Complexion..... Dark

Eyes..... Brown

Hair..... Dark Brown

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

None

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..... Jan 5th 1916.

Place..... Keirnovan

J. McCulloch Capt.
 Medical Officer
 109th Overseas Battalion, C. E. F.

*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.

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

Date..... JAN 15 1916 1916.....
[Signature] Lt. Col. (Signature of Officer)
 O. C. 109th Overseas Battalion, C. E. F.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 726050 (Rank) pte

Name (in full) Peter Wallace Barr enlisted in

the 109th Bn.

CANADIAN EXPEDITIONARY FORCE at Kenmount on the 5th

day of Jan 1916

HE served in 4th C.R.I.

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 39

Marks or Scars _____

Height 5' 8³/₄

Complexion dark

Eyes brown

Hair dark brown

PW Barr

Signature of Soldier

aceman

Issuing Officer

Date of Discharge

No. 2 DISTRICT DEPOT

APR 2 1919

TORONTO

FOR
D.C. No. 2 District Depot.

Rank

Date APR 2 1919 1919

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.

To be made out in duplicate.

DUPLICATE
H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins..... **109th OVERSEAS BN., C.E.F.**
.....

(2) Regimental Number **726050**
.....

(3) Full Name of Soldier **Peter Wallace Bar**
.....

(4) Place of Birth **Twp Galway Peterboro County**
Canada
.....

(5) Are you married, or not? **no**
.....

(6) If married, state,
(a) Full name of your wife.....
.....
(b) Present Postal Address.....
.....

(7) Are you a widower? **no**
.....

(8) Have you any children?.....
If so, give number of boys and girls.....
Also their names and ages.....
.....
.....
.....

(9) Is your Father alive? *no*

If so, state name and address

(10) Is your Mother alive? *yes*

If so, state name and address *Mary Barr*

Kinnmount Ont

(11) If your Mother is a widow *yes*

Are you her sole support, or not? *ye*

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

Everything worked farm at home

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

[Handwritten signature]

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

yes

15) Are you insured? *yes*

If so, in what Company? *Canadian Order of Foresters*

Have you made arrangements for payment of your Insurance premium? *yes*

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date *JUL 11 1916*

[Handwritten signature]

Officer Commanding.
O. C. 109th Overseas Battalion, C. E. F.

127410

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Bramshott 5-12- 1916.

No. 726050 Rank PO Name James Peter Wallace

Local Unit 109^A Overseas Unit Age 35

Examination held at Witley

DISABILITY.
Overseas—Local.
(scratch one out)

Myalgia

PRESENT CONDITION.

*Still debilitated after a recent attack
Should improve if on light work, and be fit
for following classification:*

BOARD RECOMMENDS:—

- 1. Fit for Duty.....
- 2. Fit for duty after.....weeks' physical training.
- 3. Fit for Temporary Base Duty.....weeks.
- 4. Fit for Permanent Base Duty BM BM.....
- 5. Discharge.....

Signatures:—

Members

C. E. Cooper Col. R.A.M.C. President.

A. H. ...

APPROVED

Dated at Bramshott 5/12/16 1916. A. J. Stewart Maj

For A.D.M.S.

4500

PROCEEDINGS OF A MEDICAL BOARD.

R. & O. 1015 (Rev. 1916)

1271112710

Dated at Perth 1918.

No. Rank Name

Local Unit Overseas Unit Age

Examination held at

DISABILITY:
Overseas—Local
(scratch one out)

PRESENT CONDITION

BOARD RECOMMENDS:—

- 1. Fit for Duty
- 2. Fit for duty after weeks' physical training.
- 3. Fit for Temporary Base Duty weeks.
- 4. Fit for Permanent Base Duty
- 5. Discharge

Signatures:—

..... President.

Members

.....
.....

APPROVED

Dated at 1918

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Bramshott 5-12- 1916.

No. 726050 Rank PL Name Baron Peter Wallace

Local Unit 109^A Overseas Unit _____ Age 35

Examination held at Witley

DISABILITY.
Overseas—Local.
(scratch one out)

Myalgia.

PRESENT CONDITION.

*The debilitated after a recent attack.
Somed improve if on light work, and be fit
for following classification.*

BOARD RECOMMENDS:—

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty.....weeks.
4. Fit for Permanent Base Duty BT.....
5. Discharge.....

Signatures:—

Members { C. E. Cooper Col. honi Comd President.
H. H. Jackson Comd

APPROVED

Dated at Bramshott 5/12/ 1916. H. Stewart Maj

For A.D.M.S.
4500

PROCEEDINGS OF A MEDICAL BOARD.

Dated at 1918

No. Rank Name

Local Unit Overseas Unit Age

Examination held at

DISABILITY
Overseas—Local
(Scratch one out)

PRESENT CONDITION

BOARD RECOMMENDS—

1. Fit for Duty
2. Fit for duty after weeks' physical training.
3. Fit for Temporary Base Duty weeks.
4. Fit for Permanent Base Duty
5. Discharge

Signatures—

..... President

Members

APPROVED

Dated at 1918

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 726050 Rank Pvt Surname BARR
(Given name in full)
Peter Wallace
 Unit or Corps 3rd Urban Reg BATT Birthplace Thornhill, Ontario

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique Good Weight 140 lbs. Height 5.8 ft. 8 in. Colour of Eyes Brown
 Nutrition Fair
 Pulse 80 per min
 Condition of arteries Good
 Vision Rt. 4/4 Left 4/4
 Hearing (conversational voice) Rt. 24 ft.
 Left 21 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)

Nil

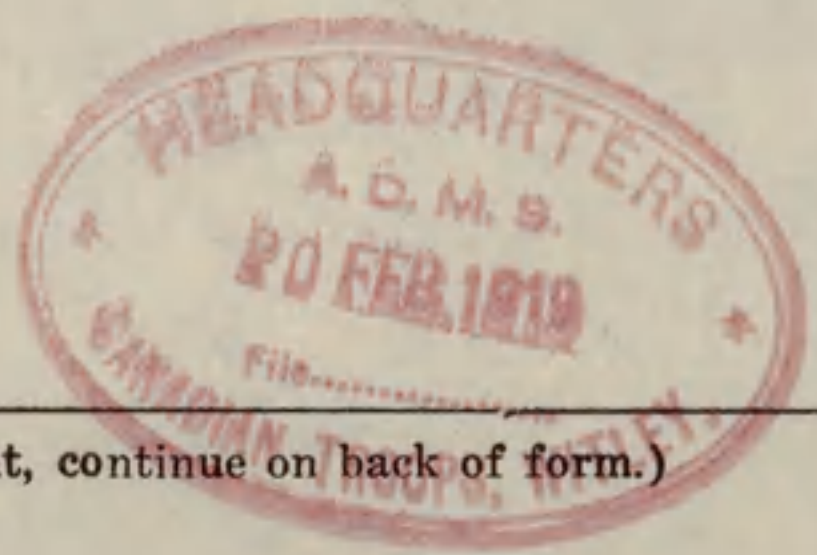
Opinion as to general health and physical condition.....

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System No Cardio-Vascular System No
 Special Senses No Integumentary System No Respiratory System No
 Disturbance of mentality No Muscular System Yes Digestive System No
 Osseous and Joint System No Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Myalgia 18-9/16 - 24/11/16.
Has been two years in France since with absolute freedom from the disease



(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Witby (Overseas)

Date Feb. 19, 1919

Signed Ed. Loutts Capt. M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature P. H. Bar

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at..... (Canada)

Date

Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

726050

DUPLICATE. MEDICAL HISTORY SHEET DUPLICATE

Surname Barr Christian Name Peter Wallace

Examined { on 5 day of January 1916
at Kinnoumt
Birthplace { City or Town Galway Township
County Victoria

Approved by J. McCulloch
J. McCulloch Capt.
Medical Officer
Rank 109th Overseas Battalion, M.O.

Apparent age 30
Trade or occupation farmer
Height 5 Feet 8 3/4 Inches.
Weight 130 Lbs.
Chest measurement { Minimum 33 inches.
Maximum expansion 36 inches.
Physical development Good
Small-Pox Marks none

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

Vaccination Marks { Arm Right none Left Two
Number Two

Date	Result	VACCINATIONS.
<u>24.1.16</u>	<u>good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

When Vaccinated last spring January 24th 1916
(a) Marks indicating congenital peculiarities or previous disease none

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>26.4.16</u>	<u>good</u>	<u>J. McCulloch</u> M.O.
<u>2.5.16</u>	<u>good</u>	<u>J. McCulloch</u> M.O.
<u>10.5.16</u>	<u>..</u>	<u>J. McCulloch</u> M.O.

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

Enlisted on 27 day of December 1915 at Kinnoumt

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bata C.E.F.</u>	<u>726050.</u>		<u>27.12.15</u>
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Bramshott Camp. Hants. 5th Dec, 1916. Approved.</u>	<u>5-12-16</u> <u>R.D. Stewart, Major.</u> <u>for A.D.M.S..</u>	<u>Myalgia</u>	<u>Class B.ii</u> <u>C.E. Cooper Cole, Major.</u> <u>President</u> <u>Medical Board B'shott.</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.

726050

ORIGINAL MEDICAL HISTORY SHEET ORIGINAL

Surname Barr Christian Name Peter Wallace

Examined { on 5th day of January 1916
 at Kinnmount

Approved by J. McCulloch Capt.
 Medical Officer
 Rank 109th Overseas Battalion, C. E. F. M.O.

Birthplace { City or Town Galway Township
 County Victoria

Apparent age 35

Trade or occupation Farmer

Height 5 Feet 8 3/4 Inches.

Weight 130 Lbs.

Chest measurement { Minimum 33 inches.
 Maximum expansion 36 inches.

Physical development good

Small-Pox Marks none

Vaccination Marks { Arm Right none Left Two
 Number Two

When Vaccinated last January 24th 1916

(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.

M.O.

M.O.

M.O.

Date Result VACCINATIONS.

24.1.16 Good J. McCulloch M.O.

M.O.

M.O.

M.O.

Date Result ANTI-TYPHOID INOCULATIONS, ETC.

26.4.16 Good J. McCulloch M.O.

2.5.16 Good J. McCulloch M.O.

10.5.16 .. J. McCulloch M.O.

Enlisted on 27th day of December 1915 at Kinnmount

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Batt.</u>	<u>726050.</u>		<u>27.12.15.</u>
Transferred to..	<u>C. E. F.</u> <u>124th Bn., C. E. F.</u> <u>Com. Ry. Troops</u> <u>4th Bn. C. R. T.</u>	<u>18.1.17</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Bramshott Camp, Hants.</u>	<u>5-12-16</u>	<u>Myalgia</u>	<u>Cur B7</u>
APPROVED	<u>Stewart Maj</u> <u>Iron, m.</u>		<u>Major Cooper</u> MEDICAL BOARD, BRAMSHOTT.

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.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

BARR P W

REGIMENT

30 Res. Bn

RANK

Pvt

No.

726050

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 2, 3, 5, 6, 7, 8, 12, 13, 14

(c) Full Lower

(d) Part Lower 18, 19, 20 29, 31

HAS HE EVER REFUSED DENTAL TREATMENT No

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

Signature of Dental Officer

[Handwritten signature]

CANADIAN ARMY DENTAL CORPS O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

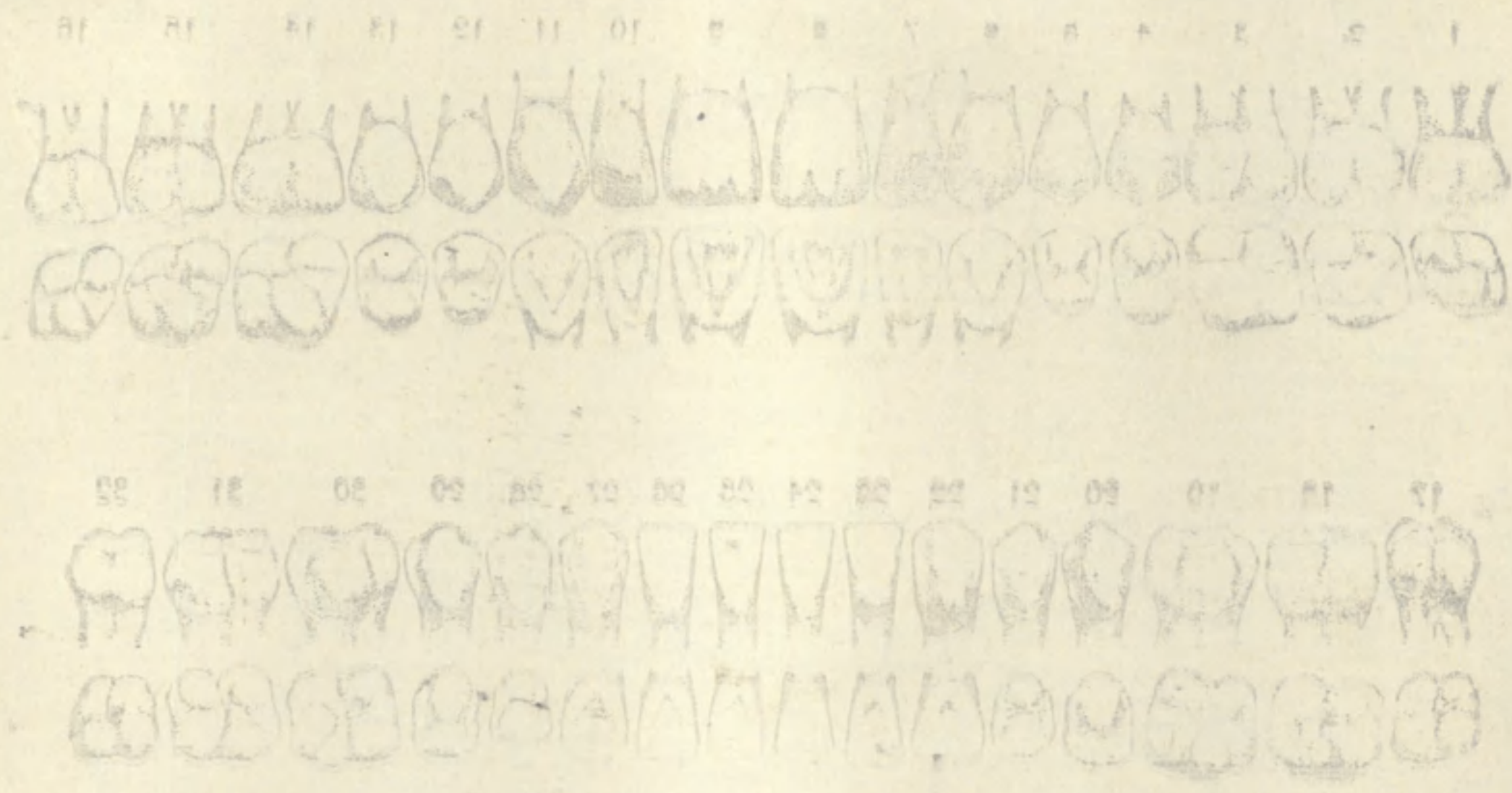
Directions for
Dental Officers

1. This form will be made out for each individual of the class of mobilization in England or France.

2. Figures as per report will be used in designating teeth concerned.

3. In instances of partial dentures the numbers of teeth therein will be stated.

Name of Soldier: _____
 Rank: _____
 Date of Exemption in England: _____
 Date of Exemption in France: _____



PRESENT DENTAL REQUIREMENTS

1. Full Denture

2. Partial Denture

3. Crown

4. Bridge

5. No Treatment

6. Other

7. No Treatment

8. No Treatment

9. No Treatment

10. No Treatment

11. No Treatment

12. No Treatment

13. No Treatment

14. No Treatment

15. No Treatment

16. No Treatment

17. No Treatment

18. No Treatment

19. No Treatment

20. No Treatment

21. No Treatment

22. No Treatment

23. No Treatment

24. No Treatment

25. No Treatment

26. No Treatment

27. No Treatment

28. No Treatment

29. No Treatment

30. No Treatment

31. No Treatment

32. No Treatment

REG. ARY. HCLP
BRANSHOTT, HANT S 8

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No. 726050	Rank. pte.	Surname. Barr	Christian Name. S. W.
Year	Unit. 109 th Cavd		Age.	Service. Peter W.
Station and Date.	Disease Rheumatism Col. synovitis knee joint			
	Transfer to Surgical ward.			
	This man has had an acute synovitis of left knee, under palliative treat. condition improved, however pain its leaving. Mr. Barringer complains a lot of being unable to "carry on" as do any heavy work and before discharging him the Ad. M. S. Dept. advised the superior Dept. looking into his condition.			
	J. G. Lassiter Capt.			
	<u>Nov. 22/16</u>			
Nov. 23-16	Some stiffness about knee. Can walk well. No pain. Says he can carry on. Capt. Dawdell			

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

Station
and Date.

Rank _____ Name BARR, Peter Wallace. Reg'l No. 726050
 Unit 109th Battn. If in perm. Corps, }
 What Unit? } Married or Single Single

Place and Date of Enlistment Kinmount, 27th Decr. 1915 Place of Birth Galway.

Name and Address, Next-of-Kin Mary Barr,
 Kinmount, Ont., Canada.

Relationship Mother. 17245

Assigned Pay Monthly \$ _____ Payable to _____

Relationship _____

Separation Allowance \$ _____ Payable to _____

Relationship _____

N/E. R.B. No. 19045
 File R.L. 16139
 Category 16139
 11-19



Discharge, Date and Place Reason Character

H. W. & V., Ltd.-7165-16.

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 per St. M. 22810		31-7-16	
14-9-16	109 th Bn	Admta to Det. Sub	Bramshott	14-9-16	P ^{II} . D.O. 258
20-9-16	"	Admta to B.M. Hospital	"	19-9-16	P ^{II} . D.O. 264. C.L. 15
30-11-16	"	Disch from B.M. Hospital	"	24-11-16	Myalgia C.L. 39 P ^{II} . D.O. 330
8-12-16	"	S.O.S. on tpf. to 124 th Bn	Ortley	8-12-16	P ^{II} D.O. 343.
9-12-16	S.O.S.	S.O.S. from 109 th Bn	"	"	" 265.
19-12-16	"	S.O.S. to C.A. attached to 124 th Bn	"	6-12-16	" 276
18-1-17	"	Ceases to be att'd to 124 th Bn att'd to Can Railway Troops	"	18-1-17	" 18
23-1-14	Dept: C.R.T.	T.O.S. from 124 th Bn.	Purfleet.	18-1-14	" 12.
25-1-14	"	S.O.S. to 4 th C.R.T.	"	22-1-14	" 14.
1-2-17	4 th C.R.T.	T.O.S. from depot-CRT	"	22-1-17	" 4

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.				
16-1-17	CCAC	S.O.S. & has. & on com to 109th Bn	Hastings	27-11-16	Pt. II D.O. 26
20-2-17	C.C.A.C.	beases to be attach to 109th Bn & S.O.S. to Can. Rly Troops	Hastings	18-1-17	Pt II D.O. 87
23.3.17	4th CRT	Embarked for France		24.2.17	Pt. IID.O. 27
23.3.17	4th CRT	✠ Arrived in France ✠	Field	24.2.17	Pt. IID.O. 27
24.1.19	"	Passed to M.D. 2	Sp. "	15.1.19	" 3
29.1.19.	3rd Bn.	S.O.S. from 1st Coy. (4th Coy.)	Witley.	29.1.19.	" 29
		42-i-33		22-3-19.	
3-3-19	"	S.O.S. M.D. 2 Rhyf	" Witley	3-3-19	-62
25.3.19	M.D. 2	S.O.S. to Canada #2-1-7.	" Rhyf	22.3.19	-71.

RECD. 10 APR 1917
 10 APR 1917

certified correct
yes

2

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

RECEIVED
MAY 21 1919
DISTRICT PAYMASTER
MILITARY DISTRICT No. 2

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

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

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 this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names *Peter Wallace* 2. Surname *Barr*
3. Rank *Private* 4. Original Unit *109th* 5. Reg. No. *726050*
6. Address, in full, to which future payments of gratuity are to be forwarded
Kimmouch Out
7. Date of enlistment in the C.E.F. *Dec 27th 1915*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Mary Barr*
9. Relationship of such dependent *Mother*
10. Present address, in full, of such dependent *Kimmouch Out*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*
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:
Service in France 22 months
" " England 9 "
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? *No*
14. Were you on active service only in Canada or the United States? If so, give particulars of units and dates of such service *No*
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 *Went overseas in June 1916. & discharged Apr 2nd 1919*
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*

360.60

S.A. closed 31-12-1917

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. *\$ 70 when I got my discharge*
20. Have you been issued with a War Service Badge? If so, what class? *yes. A Class*
21. Have you, during the present war, served in the Imperial Forces? *No*
22. Are you entitled to received, 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. *No*
 (b) If so, was such reversion in consequence of misconduct or inefficiency?
24. Are you now serving in the C.E.F. *No* If not, give:—(a) Date of discharge *April 2nd 1919*
 (b) Reason for discharge *Demobilization*
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 which you served at the front, and dates of such service with that unit. *22 months in 4th C.R.I.*
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? *No*
 (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: *Peter Walla a Bar*

Place of Residence: *Keimouk Ouh*

Declared before me at: *Keimouk Ouh*

This *20th* day of *May* 19*19*.

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of the Administration of Oaths.

George Train U.P.

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....
.....
.....

Certified Correct.

District Paymaster.

Certified this document checked with Regimental documents.

Leish

FIRST PAYMENT OF SEP. ALLOW. W. S. G.
TORONTO, ONT. APR - 9 1919
DEPARTMENT OF MILITIA AND DEFENCE.
REGIMENTAL NO. 745606
WAR SERVICE GRATUITY.

P. 880.

2

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 *Peter Wallace* 2. Surname *Barr*
3. Rank *Spr* 4. Original Unit *109th Bn* 5. Reg. No. *796050*
6. Address, in full, to which future payments of gratuity are to be forwarded.....
Kinnmount Ontario
7. Date of enlistment in the C.E.F..... *27 Dec 1915*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
Mrs Mary Barr
9. Relationship of such dependent..... *Mother*
10. Address, in full, of such dependent..... *Kinnmount Ontario*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *No*
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:—
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.....
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?
21. Have you, during the present war, served in the Imperial Forces?
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? *No*
- (b) If so, was such reversion in consequence of misconduct or inefficiency?
24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge *APR 2 1918* (b) Reason for discharge **DEMOBILIZATION**

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.....
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.....
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: *[Signature]*

Place of Residence:

Declared before me at:

This..... day of..... 19....

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. 2767, dated 11th Nov., 1918.

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....
.....

Certified Correct. *[Signature]*
District Paymaster.

SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103-1.
Part I.

(1)*Substantive rank *Acting rank *[To be entered in pencil to facilitate alteration.] (4) Surname (5) Christian Names (6) Army Form, number of, Attestation Form or Record of Service paper) (7) Whether of British or of Alien origin [<i>vide</i> A.C.I. 578 of 1918] (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps	(3) Regtl. No.
--	-----------------------	----------------

(10) Enlistment (b)	(11) Engagement (c)
(12) Service reckons from (date)	(13) Special conditions (if any) of enlistment (d)
(14) Any subsequent variations (if any) of conditions of service	(Authority) (date)

Initials and Rank of an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (<i>vide</i> Army Order 93 of 1917))
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

(17) Next of Kin	(18) Demobilizer (f)	(Place)	(Signature of Posting Officer)
(19) Pivotal-man (f)	(20) Qualifications (g)	(Date)	
		or (21) Corps trade and rate	
(22) Extended {			(23) Re-engaged {
(24) Miscellaneous entries:—			

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [*vide* A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoëing-smith, &c.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889-PP 1150 1M 5/18 G.W.P.Co.(3490)

Date.	From whom received	(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
-------	--------------------	--	--	--------------------------	---	---

3rd Res. 3-3-19

S.O.S to Mel. Inst
No. 2, Kimmel Park
Rhyl

Willy 3-3-19 5062

[Signature]
Lt. Col.
3rd RESERVE BN. O.E.F.

Attached C.C.C.K. P. Part
2 Orders pending transfer to C. E. F.
Canada.

25.3.19

Ceases to be attached on transfer
to C.E.F. Canada. Part 2 Orders.....

[Signature]
Major

Lieutenant for
Officer Comd'g M. D. 2. C. W.
Kimmel Park Camp, Rhyl.

SAILING MC 42
S S REGINA FROM
L'POOL 22, 3, 19

[Signature]

.....Capt.
Adjt., No. 14, C.T.C.S.

Nothing to be written in this margin.

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

M. F. W. 54. (A. F. B. 100.)

Casualty Form—Active Service.

250M.—1-16.
H. Q. 1772-39-920.

109th OVERSEAS BATTALION, C. E. F.

Unit, Regiment or Corps

Regimental No. 426050 Rank Private Name Barr Peter Wallace

Enlisted (a) 24.12.15 Terms of Service (a) O. of. W. Service reckons from (a) 24.12.15

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

Extended _____ Re-engaged _____ Qualification (b) Farmer

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	24.7.16	
		Disembarked England	Liverpool	31.7.16	
8.12.16	109 th Bn	Transferred 124 th Bn	Witley	8.12.16	DO RA 2. 3445

Capt.
109th Overseas Battalion, C. E. F.

Autreselling Capt.
ADJUTANT
100th Overseas Battalion, C. E. F.

9-12-16	124 Bn	Taken for strength of 124 th Bn C.E.F.	Witley	8-12-16	Part II Orders 265- <u>RW Jones</u>
---------	--------	---	--------	---------	--

MAJOR ADJUTANT,
124th BATTALION C.E.F.

19.12.16	124 th Bn	Transferred to C.E.F. and added to 124 Bn.	Witley	6.12.16	Part II Orders 276- <u>RW Jones</u>
----------	----------------------	--	--------	---------	--

MAJOR ADJUTANT,
124th BATTALION C.E.F.

(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.

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				
13-1-17	124th Bn.	Orders to be attached to Transferred to C. Indian Railway Troops	Witley Camp	17-1-17	Part II Order #18 All Eastman Capt. Adj. 124th Bn. C.I.F.
23/1/17	174th Depot C.R.T.	Johnson strength Base Can. Ry. Troops report	Purfleet	18/1/17	202-7012-23/1/17. ✓
25/1/17	Can Ry. Troops	Transferred to 4th Bn Can. Rly Troops	Purfleet	22/1/17	203-7014 25/1/17. ✓ Meredith ADJUTANT, DEPOT CAN. RLY. TROOPS.
1/2/17	4th C.R.T.	Taken on strength	Purfleet	22/1/17	D.O. Part II No 4 ✓
27-2-17	4th C.R.T.	Proceeded of	Purfleet	24-2-17	D.O. Part II No 47 2.
16.1.17	669 Co.	50 S from 124th Bn.	Hastings	27.11.16.	PA 20 # 26.
25.7.17	do	S.S. on trans to 6 R2.	do.	18.1.17	87.
		Landed in France	Boulogne.	24.2.17	L.B. 7658. P/30. No 24/23/17
16.2.18	Abelluit	Granted 15 days LEAVE		15.2.18	(B) 2 2011 28/2/18
9.3.18	do	Returned from LEAVE		5.3.18	(B) 213 22R
16.1.19	C I B D	Trfd to org and posted to CR 4. Depot Witley for purpose of demob.		17.1.19	DO 3/1919

CERTIFIED CORRECT
 25 APR 1917
 CAN. RECORDS LONDON

Fullerton
 A.A.G. Section, B.F.C.
 LIEUT
 FOR LT: COL: RECORDS, G.C.M.F.

3

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

M. F. W. 54. (A. F. B. 3.)

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps.....

Regimental No. 26050

Rank Plt

Name Darr P. W.

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				
MAR 22 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT, TORONTO.		1919	PART II D. O. 105
APR 2 1919	S. O. S.	(DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT,			PART II D. O. 105

[Signature]
 Lieut.
 For O. G. No. 2 District Depot.

(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.

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

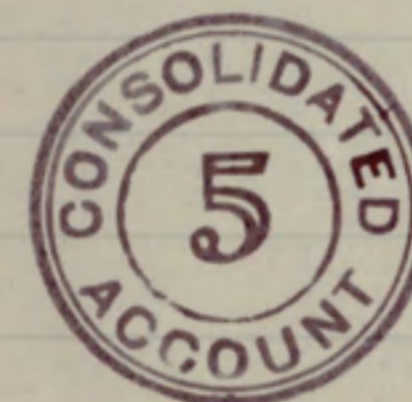
To Whom Mary Barr.
 Address Kinmount, Ont.

By Whom Assigned Barr, Peter Wallace.
 Regtl. No. 726050
 Rank Pte.
 Corps D Co. 109th Batt.

Rate \$15-00 **AUG 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				



11/11/11
11/11/11
11/11/11
11/11/11

11/11/11
11/11/11
11/11/11
11/11/11

ASSIGNED PAY

OVERSEAS CONTINGENTS

Mary Barr.

Sheet No. 2.

L. L. Job 310.—Req. 6574

Name of Soldier

Barr, Peter Wallace
Plt. Dco. 109th Bde

PAYMENTS.

726050

\$15.00

Remarks.

AUG 1 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		015222	15	
Sept.		P 17107	15	
Oct.		P 21708	15	
Nov.		O 24467	15	
Dec.		C 33784	15	
Jan.	1917	Z 37542	15	
Feb.		Z 42847	15	15 (JW)
March		A 49401	15	15
April		0 36	15	15.8
May		Y 6617	15	
June		C 12457	15	15.5
July		Z 21993	15	15
Aug.		C 26285	15	15
Sept.		C 33556	15	15
Oct.		K. A 7813	15	210
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

14
15
30
4

K ✓
Ch

mc

(JW)

✓

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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.				

1-3-16

MILITIA AND DEFENCE

65

SEPARATION ALLOWANCE

Name *Mary Barr*
Address *Kilmount
Osh.*

Name of Soldier *Barr Peter Wallace*
Regtl. No. *726050*
Rank *Plt.*
Corps *109th Battalion*

Relation to Soldier } *Widowed*
wife, child or mother } *mother*

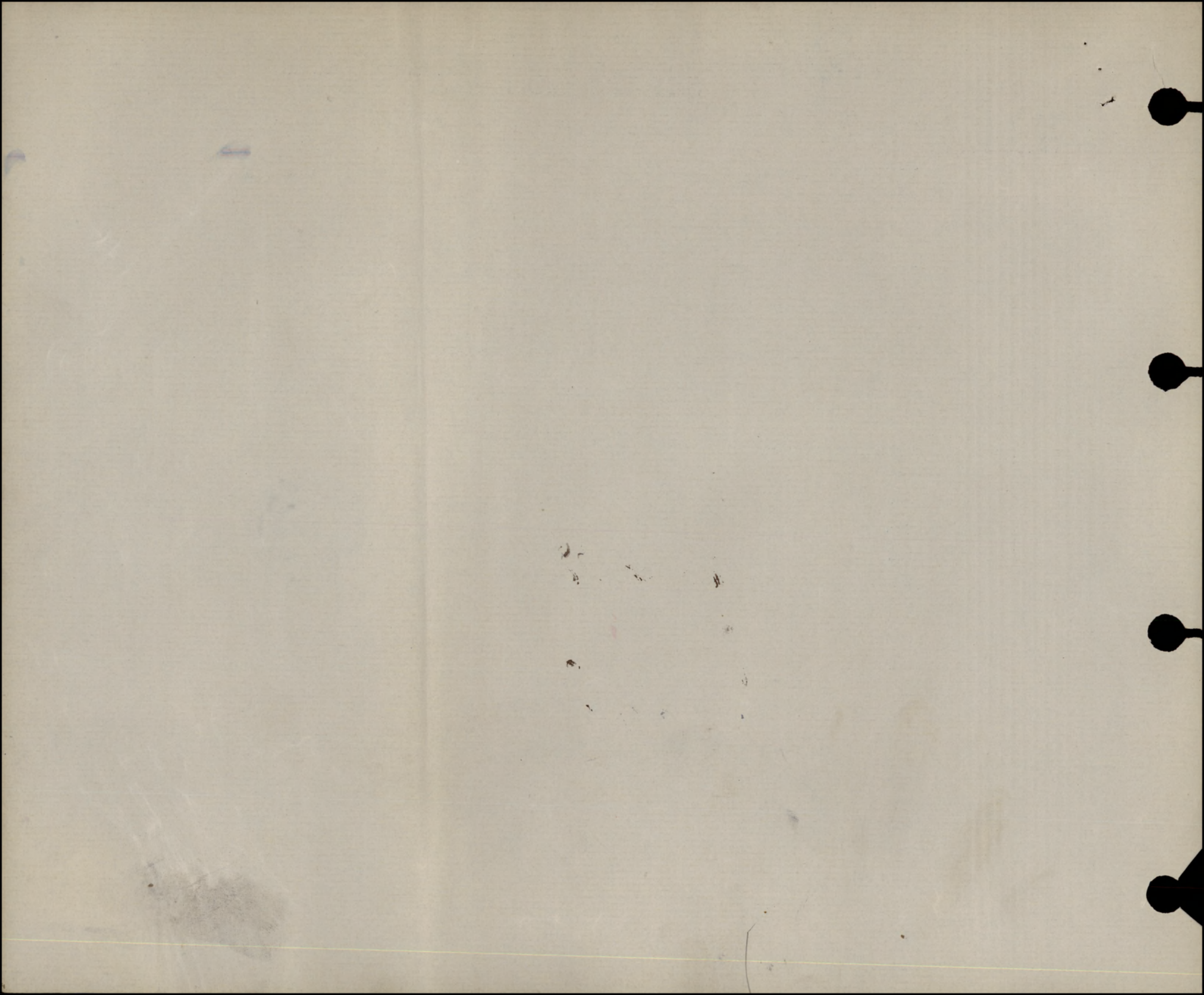
To what Corps belonging }
when called out }

✓

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March		<i>£ 34176</i>	<i>20 - 20</i>	





SEPARATION ALLOWANCE

Sheet No. 2.

Wary Carr

OVERSEAS CONTINGENTS

Widowed Mother

Name of Soldier

Carr Peter Wallace

PAYMENTS.

426050

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
			<i>20</i>	
April	1916	<i>M 13</i>	<i>20</i>	<i>20</i>
May		<i>R 3889</i>	<i>20</i>	<i>20</i>
June		<i>F 5799</i>	<i>20</i>	<i>20</i>
July		<i>T 9929</i>	<i>20</i>	<i>20</i>
Aug.		<i>Q 11638</i>	<i>20</i>	<i>20</i>
Sept.		<i>M 14795</i>	<i>20</i>	<i>20</i>
Oct.		<i>N 18251</i>	<i>20</i>	<i>20</i>
Nov.		<i>O 21672</i>	<i>20</i>	<i>20</i>
Dec.		<i>O 24600</i>	<i>20</i>	<i>20</i>
Jan.	1917	<i>M 26288</i>	<i>20</i>	<i>20</i>
Feb.		<i>M. 30838</i>	<i>20</i>	<i>20</i>
March		<i>m 33261</i>	<i>20</i>	<i>20</i>
April		<i>n 73</i>	<i>20</i>	<i>20</i>
May		<i>O 3218</i>	<i>20</i>	<i>20</i>
June		<i>O 6423</i>	<i>20</i>	<i>20</i>
July		<i>m 9946</i>	<i>20</i>	<i>20</i>
Aug.		<i>p 13584</i>	<i>20</i>	<i>20</i>
Sept.		<i>O. 16029</i>	<i>20</i>	<i>20</i>
Oct.		<i>Z 77397</i>	<i>20</i>	<i>20</i>
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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.				

48

URINARY IS REPORT,
(for board)

Reg. No. 726,050

Rank. Sp

Name. Barr J W

Unit. 3 Gun Res

Sp. Gravity. 1.020

Reaction. Acid

Albumen. Tr

Sugar. Tr

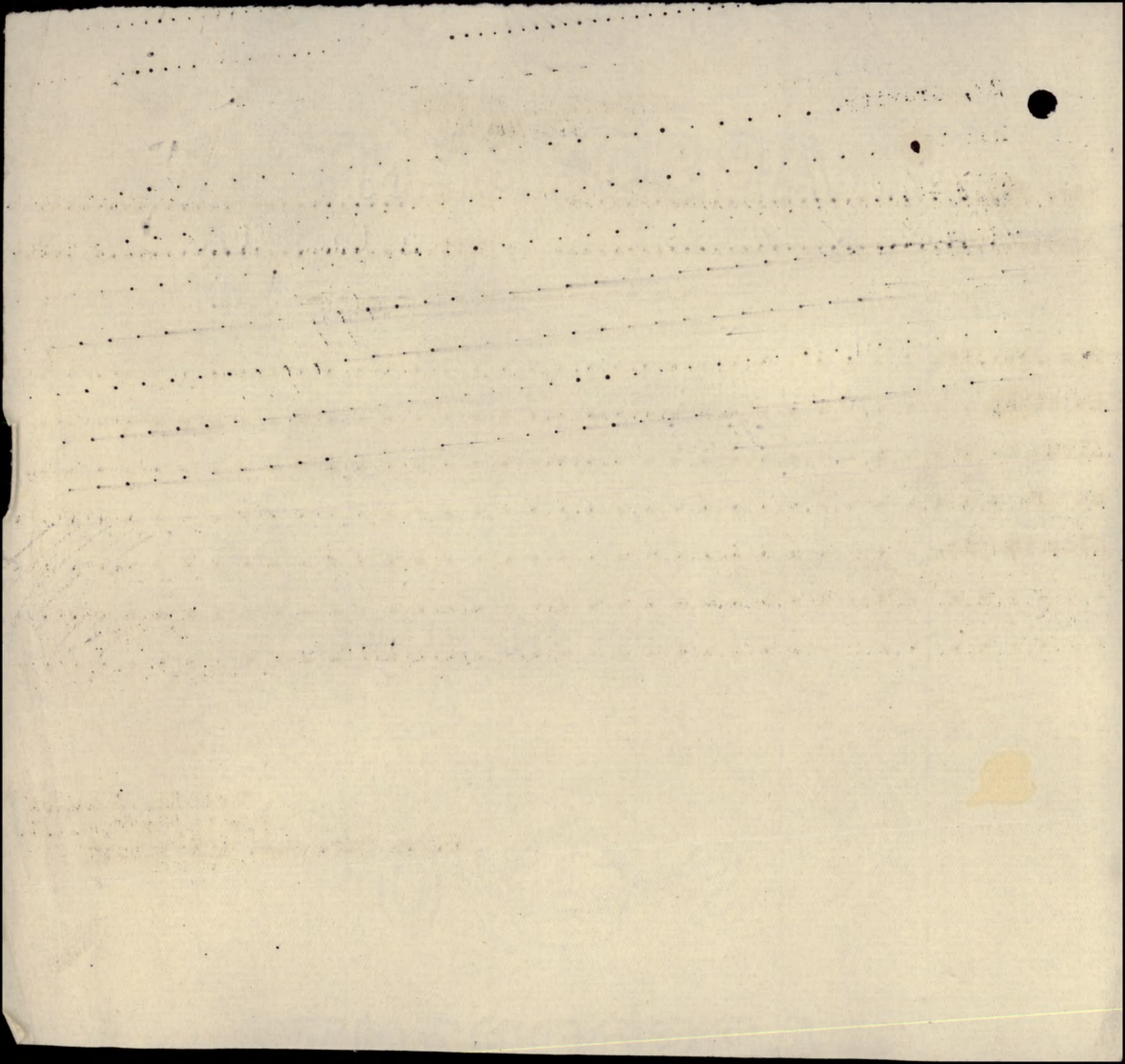
Microscopic.

[Signature]

Captain, O.A.M.C.
for Major O.A.M.C.

O.C., Can. Gen. Laboratory.





Surname
Barr

Christian Name or Names
P.W.

Reg. No.
725050

Rank
Pte.

Unit
109th Bn.

Co.

Troop

Batty.

Hospital

Bramshott Military

Date of Admission

19.9.16

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1)
Later Diagnosis (if changed)

Myalgia

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

Dis 24.11.16.

C.L. 27.9.16 15

30.11.16 39

REMARKS

A.M.D. 2 DEPT.

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

07

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

SURNAME. *Barr.*
CHRISTIAN NAMES *Peter Wallace.*
REGL. No. *726050* RANK *Pte.*
UNIT *109th.* Batt.
FORMER CORPS *Nil.*

2
CARD No. *308 24/19 10/19*
FOLL *105 10/4/19*

NEXT OF KIN.
NAMES IN FULL *Barr. Mrs. Mary.*
RELATIONSHIP TO SOLDIER *Mother.*
ADDRESS *Kinnmount, Ont.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH *Canada, Galway Alta.* DATE *Feb. 10th. 1880.*
PLACE OF ATTESTATION *Kinnmount, Ont.* DATE *Jan. 5th. 1916.*

Sailed from Halifax 23/7 16 per S.S. "Olympic".

MARRIED

SINGLE *Yes.*

WIDOWER

TRADE OR CALLING

Farmer.

RELIGION

Church of England.

DESCRIPTION.

APPARENT AGE

35.

YEARS

0.

MONTHS

HEIGHT

5.

FEET

8 3/4.

INCHES

CHEST MEASUREMENT

36.

INCHES

EXPANSION

3.

INCHES

COMPLEXION

Dark.

EYES

Brown.

HAIR

lt. Brown.

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Kinnoult.

DATE

Jan. 5th. 1916.

No. 726 050 RANK

Pte

NAME

Ross. J.

W.

T. O. S. 27-12-15. UNIT

109th. Battalion.

D.O. 43. 10-1-16

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Dec 27	1916. Jan 31	✓		
	Feb.	✓		
	Mar.	✓		
	April.	✓		
	May.	✓		
	June.	✓		
	July.	✓		

UNIT SAILED
JUL 23 1916



R. 149.

Name *Barr Peter Wallace* Rank *Plé.*

Reg. No. *726.050.*

Unit *109th Bamm.*

Next of Kin *Canada*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
19. 9. 16. 24-11-16.	<i>Wid Braunschott Dis.</i>	<i>N. Y. D M. J. J. J. J.</i>	<i>15. 39.</i>			

REGT'L NO 726050

H. Q. FILE NO. 649-

NAME Barr, P.

RANK AND CORPS Pte.

W.
109th Bn.

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

15
39.

Mil., Bramshott
discharged

19-9-16
24-11-16

M. y. S.
Myalgia

Number

726050

Rank

1st Lt. B

Surname

BARR

Christian Name

Peter Wallace

Units

C.R.I.

Theatre of War

France

Date of Service

24-2-17.

Remarks

Latest Address

P.O. Kinnmount,
Ont.

Roll No.

B Page 18802

200m.-6-21.

DESP. FEB 13 1923

REGN. NO. 16892

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

1-3-16

Separation and Assigned Pay Branch **B**

Aug 1-1916

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	25		
----	----	--	--

2371

RATE OF ASSIGNMENT

15			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 726050
 Rank Pte Promoted Reverted Discharge
 Soldier's Name Peter Wallace Barr
 Battalion B. Co 109th Batta
 Beneficiary Mary Barr
 Relationship W. Mother.
 Address

PARTICULARS OF ASSIGNMENT

Name Mary Barr
 Address Minnauld Crd.
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS	
Sept	30/17 K	47813	380	210	590	
Oct	7 J	22397	20	15	35	
Nov	10 C	54252	20	15	35	
Dec	10 D	57755	20	15	35	
Jan	10 V	65205	30	15	45	PR. 81310
Feb	10 U	44860	15	30	30	
Mar	10 W	84666	xx	15	15	
Apr	10 Y	8598		15	15	
May	10 C	11664		15	15	R
JUN	10 B	19948		15	15	
JUL	10 Y	38003		15	15	
AUG	10 B	31291		15	15	
SEP	10 B	36081		15	15	
Oct	10 A	49207		15	15	
Nov	10 A	57292		15	15	
Dec	10 B	67322		15	15	
Jan	10 B	76157		15	15	
FEB	10 D	77031		15	15	
MAR	10 D	88118		15	15	
APR				15	15	
				480		

AUDITED.
 A/c Closed 31-3-19
 Ret'd per... Regman
 Date... 30-3-19 M.F.W. 187
 Clerk... Chil M. M. 87051

V65205 Cancelled
 S.A. of Cloud. Pw Auth S.D. ruling 16/2/18. file 918
 Cheque U. 84666 Mailed 26/2/18.

86138
212

M. F. W. 128
400M.C.-6-17-1772-38-1141
L. L. 22520-M. & D. 7583.

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

SERVICE GROUP 28

WAR SERVICE BADGE CLASS A 154035
 SHORT FORM.

M.D.2

OCCUPATIONAL GROUP 1

PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

TORONTO
 MOTHER
 FARMER

1. No.	72	<i>M</i>
2. Rank.		<i>PTE</i>
3. Name.	BARR.	<i>Peter W. Barr</i>
4. Unit.	3rd Res.	109. Batts.
5. Date of Discharge	APR 2 1919	Place TORONTO, ONT.
6. Reason for Discharge	DEMobilIZATION	
7. Authority.	No. 2, D.D., Part II, D.O. No. 105-	
8. Proposed Residence after Discharge	<i>Kinnear One</i>	
<p>9. CERTIFICATE TO BE SIGNED BY SOLDIER.</p> <p>I hereby acknowledge that at the undernoted place and date I received my discharge Certificate</p> <p>M. F. W. ?</p> <p style="text-align: right;"><i>P W Barr</i> Signature of Soldier.</p>		
<p>10. CONFIRMATION.</p> <p>The discharge of the above named man is hereby confirmed.</p> <p>Place TORONTO, ONT.</p> <p>Date APR 2 1919</p> <p style="text-align: right;"><i>acseant</i> Signature For O.C. No. 2 District Depot (O. C. Discharging Unit.)</p>		

SAILING 10/42
 S.S. REGINA FROM
 L'POOL 24. 3. 19

Group..... *A*
 Checked by No. *20*
 Date 20 MAR 1919

MARRIED OR SINGLE *Single*
 PLACE OF BIRTH *Galway*
 NAME AND ADDRESS OF NEXT OF KIN *Mary Barr*
Kinmount Ont
 RELATIONSHIP OF NEXT OF KIN *Mother*
 NAME AND ADDRESS OF NEXT OF KIN
 RELATIONSHIP OF NEXT OF KIN
 SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)
 PAYABLE TO
 RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.		
PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL &c.			
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. No *726050* RANK *Pte* NAME *Barr Peter Wallace*
 IF IN PERMT. CORPS / WHAT UNIT UNIT *109th Bn* TRANSFERRED TO *124 Bn.* DATE *21.1.17* AUTHORITY *10343 8.12.16*
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO *ccac.* DATE *1 Feb 1917* AUTHORITY *00 276*
 PLACE OF ATTESTATION *Kinmount Ont* TRANSFERRED TO *Bc Hosp* DATE *3/5/17* AUTHORITY *AR*
 DATE OF ATTESTATION *Dec 27/1916* TRANSFERRED TO *4th Bn B.P.J.* DATE *11/8/17* AUTHORITY *AR*
 ASSIGNED PAY MONTHLY \$ *15.00* DATE EFFECTIVE *Aug 1/16*
 PAYABLE TO *Mary Barr, Kinmount Ont* RELATIONSHIP *Mother*
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO RELATIONSHIP
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY C	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS				
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE				NO.	DATE				NO.	DATE	CREDIT	DEBIT
			\$	c.			\$	c.			\$	c.																							
<i>July 31</i>															<i>2 70</i>	<i>270</i>																			
<i>Aug 31</i>	<i>31</i>	<i>1.00</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>310</i>								<i>34 10</i>	<i>27</i>	<i>9.8.16</i>								<i>15</i>		<i>24 73</i>	<i>12 07</i>							
<i>Sept 30</i>			<i>30</i>				<i>3</i>								<i>33</i>	<i>59</i>	<i>31-8-16 90 15.2.16</i>							<i>15</i>		<i>29 60</i>	<i>15 47</i>								
<i>Oct 31</i>			<i>31</i>		<i>31</i>		<i>310</i>								<i>34 10</i>									<i>15</i>		<i>15</i>	<i>34 57</i>								
<i>Nov 20</i>			<i>30</i>		<i>30</i>		<i>3</i>								<i>33</i>		<i>114 31/10/16</i> <i>42 13/10/16</i>							<i>15</i>		<i>19 86</i>	<i>47 41</i>								
<i>Dec 31</i>			<i>31</i>				<i>310</i>								<i>34 10</i>	<i>204 30/11/16</i>							<i>15</i>		<i>22 29</i>	<i>59 52</i>									
<i>Jan 20 1917</i>			<i>15</i>	<i>30</i>											<i>22</i>									<i>15</i>		<i>15</i>	<i>66 92</i>								
<i>Jan 31</i>	<i>11</i>	<i>1.10</i>	<i>12</i>	<i>10</i>											<i>12 10</i>	<i>445 191</i>							<i>15</i>		<i>4 87</i>	<i>73 75</i>									
<i>Feb 28</i>	<i>28</i>	<i>1.00</i>	<i>30</i>	<i>80</i>											<i>30 80</i>		<i>12-12-16</i> <i>385 22/10/16</i> <i>123 24/11/17</i> <i>20 22/7/17</i>						<i>15</i>		<i>49 07</i>	<i>55 48</i>									
<i>Mar 31</i>	<i>110</i>		<i>34</i>	<i>10</i>											<i>34 10</i>								<i>15</i>		<i>22 49</i>	<i>67 09</i>									
<i>Apr 30</i>			<i>33</i>												<i>33</i>		<i>16 4th C.A.T. 7/4.</i>						<i>15</i>		<i>17 61</i>	<i>82 48</i>									
<i>May 30</i>			<i>33</i>												<i>33</i>								<i>15</i>		<i>15</i>	<i>100 48</i>									
<i>31</i>			<i>1</i>	<i>10</i>											<i>1. 10</i>											<i>101 58</i>									
															<i>334 40</i>										<i>235 52</i>	<i>101 58</i>									

69

15-11-16 230 419th Bn. Wash.
110 34 30 30 16 20 12 17
10/21/17

ASSIGNED PAY ENGLAND OR CANADA. SEPARATION ALLOWANCE ENGLAND OR CANADA.
 EFFECTIVE DATE: 1-8-16. EFFECTIVE DATE:
 AMOUNT: 15⁰⁰ 1.3.19 AMOUNT:

NAME: *BARR, Peter Wallace*
 NUMBER: *726050*

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.

Mrs Mary Barr
16 Emerald
Orto.
Mother

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>Spr</i>

UNIT AND TRANSFERS
 ORIGINAL UNIT: *109 Bata*
 DATE ACCOUNT FIRST OPENED: *1-8-16*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
			<i>H.6RT</i>

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
<i>27/1</i>	<i>3891</i>	<i>L2</i>	<i>973</i>			<i>League Balance</i>	<i>201 7/6</i>
<i>3/2</i>	<i>4054</i>	<i>L20</i>	<i>9733</i>			<i>L.P.C.</i>	<i>80 10</i>
<i>11/2</i>	<i>4304</i>	<i>L3</i>	<i>116</i>				
			<i>12166</i>				

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>1 00</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE: *Dis: to Canada 1.3.19* *MR 3029 12/19* *with - with. M.S.*

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
<i>1918</i>											
<i>March</i>	<i>Bal forward</i>								<i>83 6</i>		
<i>April</i>	<i>p.p.</i>	<i>33</i>		<i>4 2/4</i>	<i>4 CRT</i>	<i>3 57</i>					
				<i>93 15/4</i>	<i>"</i>	<i>3 57</i>					
				<i>a.p.</i>				<i>15</i>	<i>94 50</i>		
		<i>33</i>				<i>7 14</i>		<i>15</i>			
<i>May</i>	<i>p.p.</i>	<i>34 10</i>		<i>a.p.</i>				<i>15</i>			
				<i>203 1/5</i>	<i>4 CRT</i>	<i>3 57</i>					
				<i>302 15/5</i>	<i>"</i>	<i>3 57</i>					
				<i>289 31/11/17</i>	<i>"</i>	<i>9 73</i>			<i>96 73</i>		
		<i>34 10</i>				<i>16 89</i>		<i>15</i>			
<i>June</i>	<i>p.p.</i>	<i>33</i>		<i>a.p.</i>				<i>15</i>			
				<i>402 1/6</i>	<i>4 "</i>	<i>3 57</i>					
				<i>507 15/6</i>	<i>4 "</i>	<i>3 57</i>			<i>107 59</i>		
		<i>33</i>				<i>7 14</i>		<i>15</i>			
<i>July</i>	<i>p.p.</i>	<i>34 10</i>		<i>a.p.</i>				<i>15</i>			
				<i>603 2/7</i>	<i>4 "</i>	<i>3 57</i>					
				<i>704 16/7</i>	<i>4 "</i>	<i>3 57</i>			<i>119 55</i>		
		<i>34 10</i>				<i>7 14</i>		<i>15</i>			
<i>Aug</i>	<i>"</i>	<i>34 10</i>		<i>a.p.</i>				<i>15</i>			
				<i>790 1/8</i>	<i>4 "</i>	<i>3 57</i>					
				<i>887 18/8</i>	<i>4 "</i>	<i>3 57</i>			<i>131 51</i>		
		<i>34 10</i>				<i>7 14</i>		<i>15</i>			
<i>Sept</i>	<i>"</i>	<i>33</i>		<i>a.p.</i>				<i>15</i>			
				<i>1010 1/9</i>	<i>4 "</i>	<i>3 57</i>					
				<i>1103 15/9</i>	<i>4 "</i>	<i>3 57</i>			<i>142 37</i>		
		<i>33</i>				<i>7 14</i>		<i>15</i>			

Forward

NUMBER

426050

RANK

NAME

Barr Pw

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Oct	PP	3410		ap					142 87		
				1186 2/10 4 CRT 0	373 -			15.	161 47		
				1272. 14/10 " 55	373 -				157 74		
Nov		3410		ap	746			15.	154 01		
		33						15.	172 01		
				1263 1/11 " 118	373 -						
				1454 15/11 " 5	373 -				164 55		
Dec		3410		ap				15.	183 65		
				1555 1/12 " 47	1306 -				170 59		
Jan		3410		ap	2052			15.	189 69		
		10120			2052			45.			
				1662 1/1 " "	373				188 96		
Feb		3080		ap				15.	201 76		
				3891 27/1 3 Res	973				192 03		
				4054 4/2 " "	9733				94 70		
				4355. 13/2 " "	1460				80 10		
		3080			12539			15.			

SOS to bank 27.3.19 SL NO CRT.