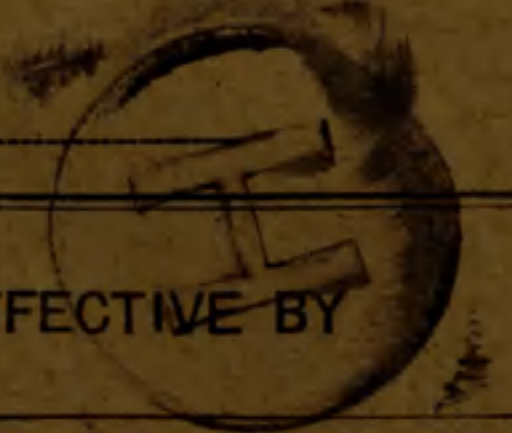
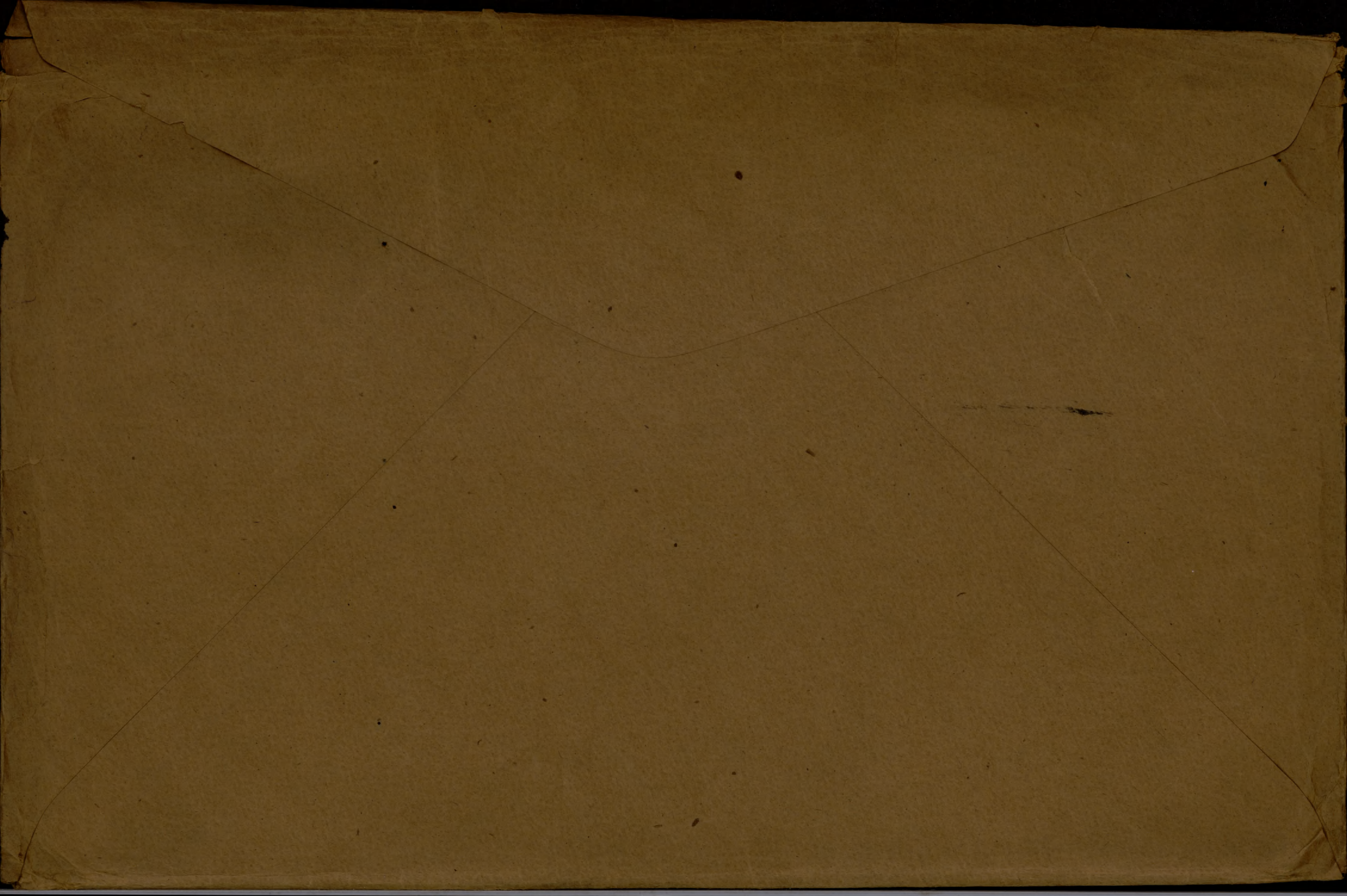


REGIMENTAL DOCUMENTS

NAME BARR THOMAS MURRAY Pfc. REGT. NO. 724699 UNIT 3 Dist Depot H. Q. FILE NO. _____



CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
/ ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
/ CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				9824	Category
/ TRAINING HISTORY SHEET (M.F.W. 113)		M			
/ FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
/ REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
/ COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
/ MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
/ DENTAL HISTORY SHEET (M.F.B. 465)					Category
/ MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)		H			DEMOb ⁿ
/ MEDICAL EXAMINATION (M.F.W. 129)					
/ TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
/ PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
/ DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
/ LAST PAY CERTIFICATE (M.F.W. 44)					
/ PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
/ PARTICULARS OF CHARACTER (A.F.W. 3226)					
/ COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					2
/ A.F.W. 3997					9-27
/ C.A.D.C. 5009					20-27
/ M.F.B. 313 ^a					28-28
/ M.F.W. 145					2
/ DMS 1375					
/ A.G. 10434					
/ AFB 241					
/ A.G. 1238					
/ A.G. 1239					



100TH BN

A. Coy.

ATTESTATION PAPER.

No. 724699

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

DUPLICATE

1. What is your surname? *Barr*
- 1a. What are your Christian names? *Thomas Murray*
- 1b. What is your present address? *Oxford Station, Ont.*
2. In what Town, Township or Parish, and in what Country were you born? *South Mountain, Ont.*
3. What is the name of your next-of-kin? *William Barr*
4. What is the address of your next-of-kin? *Oxford Station, Ont.*
- 4a. What is the relationship of your next-of-kin? *Father*
5. What is the date of your birth? *5th Oct. 1894*
6. What is your Trade or Calling? *Blacksmith*
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, *Thomas Murray 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... *Dec. 9th* 1915... *Murray Barr* (Signature of Recruit)
Wm Campbell (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Thomas Murray 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... *Dec. 9th* 1915... *Murray Barr* (Signature of Recruit)
Wm Campbell (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence. I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at *Lindsay* this *22nd* day of *December* 1915.
E. J. Gordon (Signature of Justice)

Description of *Thomas Murray Barr* on Enlistment.

Apparent Age *21* years *2* 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. *6 1/2* ins.

Chest measurement { Girth when fully expanded *39 1/2* ins.
 Range of expansion *3* ins.

Complexion *Dark*

Eyes *Brown*

Hair *Black*

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

Scar below right knee

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 declares that he is not subject to fits of any description.

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

Date *December 9th* 191*5*

Place *Rimbey*

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.

Thomas Murray 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.

J. H. Hill Lt. Col. (Signature of Officer)
 O. C. 109th Overseas Battalion, C. E. F.

Date *DEC 29 1915*

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 724699 (Rank) Private

Name (in full) BARR Thomas Murray enlisted in
the 109th Battalion

CANADIAN EXPEDITIONARY FORCE at Lindsay Ont on the 9th
day of December 19 15

HE served in Canada England France

and is now discharged from the service by reason of Demob R.O. 1420

Auth 3DD-3-B-617 D/ 26-2-19

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

Age 24 yrs 4 months

Height 5ft 6½ ins

Complexion Dark

Eyes Brown

Hair Black

Marks or Scars

scar below left knee

Barr T M
Signature of Soldier

J. P. Rapp
Issuing Officer
Rank

Date of Discharge 28-2-19

Signed at Kingston Ont this 28th day of February 19 19

in Military District No. 3

File Reference No. 3DD-3-B-617

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.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

B

Aug. 1/16

OVERSEAS CONTINGENTS

2383

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15			
----	--	--	--

576188
Sep

PARTICULARS OF SEPARATION ALLOWANCE

No. 724699
 Rank Pte Promoted _____ Reverted _____ Discharge _____
 Soldier's Name S. M. Barr.
 Battalion A. Co. 109th Battn.
 Beneficiary _____
 Relationship _____
 Address _____

PARTICULARS OF ASSIGNMENT

(mother)
 Name Mrs. William Barr.
 Address Oxford Mills. Ont.
 Change of Address _____
 1 _____
 2 _____
 3 _____
 4 _____

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Sept 30/17			210	210	
Oct	K 47824		15	15	
Nov.	C 54265		15	15	
Dec	D 57766		15	15	Bh.
Jan	V 65216		15	15	2B10
Feb	B 94190		15	15	
Mar	A 93522		15	15	✓
April	J 8268		15	15	
May	C 11675		15	15	R
JUN	B 19958		15	15	
JUL	Y 33014		15	15	
AUG	B 31301		15	15	
SEP	B 36090		15	15	
Oct	A 49214		15	15	
Nov.	A 57301		15	15	
Dec.	B 67528		15	15	

919-7-4

M. F. W. 128
400M-6-17-172-39-1141
L. L. 2320-M. & D. 7363.

31-12-18
 Regina
 20-12-18 21-12-18
 Barr
 1090 D 55858



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 Battalion C.E.F.

(2) Regimental Number..... 724699.

(3) Full Name of Soldier..... THOMAS MURRAY BARR.

(4) Place of Birth..... KEMPVILLE, Ont CA.

(5) Are you married, or not?..... No

(6) If married, state,
(a) Full name of your wife..... No.

(b) Present Postal Address.....

(7) Are you a widower?..... No.

(8) Have you any children?..... no.

If so, give number of boys and girls.....

Also their names and ages.....

(9) Is your Father alive? Yes William Barr

If so, state name and address Oxford Station, Ont Can.

(10) Is your Mother alive? Yes Mary Barr

If so, state name and address Oxford Station, Ont Can.

(11) If your Mother is a widow No.

Are you her sole support, or not? No.

(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.

Nil

(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.

Nil

(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.

Nil

(15) Are you insured? No.

If so, in what Company?

Have you made arrangements for payment of your Insurance premium.....

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 - 8 1916

[Signature] Lt. Col.
O. C. 109th Overseas Battalion, C. I. S.
Officer Commanding.

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44. 1188 (D.P.) 250M.-12-18. 1772-89-908.

LAST PAY CERTIFICATE

Regimental No. 724699 Rank Plt Name Barr J M (Surname first) Unit 38 Wln who was* Deschgd On Feb 28 1919, to Feb 1 1919 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Feb 1 to Feb 28 1919 the inclusive date of transfer or discharge.

Table with columns Dr. and Cr. containing financial entries: Bal. Dr. or Cr. from prev. month, Regimental Pay, Field Allowance, Separation Allowance, Clothing Allowance, Post Discharge Pay, *Other Credits, Advances, Separation Allowance and Assigned Pay Cheque No., *Other Charges, Balance on transfer or on discharge, cheque No., Total.

A monthly stoppage of \$ 15 (†) has been paid on account of Assigned Pay for the month of Feb 1919 and Separation Allee. for month of Feb 1919 (to) Assignee M W Barr Oxford Mills Ont. (†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

Outfit Allowance of \$ has been paid by Paymaster, Military District No.

REMARKS:—

State (1) date of enlistment married or single. (2) Separation Allowance, entitled or not no (3) Reason for discharge 899-3-B-617 (4) Authority for discharge or transfer

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date Feb 27/18 Place Kingston Ont

W Peters Captain, OFFICER I/C DEMOBILIZATION PAY DIV. MILITARY DISTRICT No. 8 Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916. (B) For purposes of transfer it is to be made out in triplicate. (C) For purpose of discharge it is to be made out in duplicate. (D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

COMPILED BY FWSG 74720

CR 5471 = 49 7/100 Attached

INSTRUCTIONS

RESEARCH CENTER
BOSTON COLLEGE

RESEARCH CENTER
BOSTON COLLEGE

Research Center
Boston College
300 Commonwealth Ave
Boston, MA 02163

RESEARCH CENTER
BOSTON COLLEGE
BOSTON COLLEGE
RESEARCH CENTER
BOSTON COLLEGE

724699
 EOR
 NIE
 DUPLICATE
 MEDICAL HISTORY SHEET.

Surname Barr Christian Name Thomas Murray

Examined { on 8th day of December 1915
 at Lindsay
 Birthplace { City or Town South Mountain
 County Ontario

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

Apparent age 21 years
 Trade or occupation Blacksmith
 Height 5 Feet 6 1/2 Inches.
 Weight 155 Lbs.
 Chest measurement { Minimum 36 1/2 inches.
 Maximum expansion 39 1/2 inches.
 Physical development Good
 Small-Pox Marks None
 Vaccination Marks { Arm Right None Left Two
 Number Two
 When Vaccinated last Feb. 2nd 1916.

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

(a) Marks indicating congenital peculiarities or previous disease None
 (b) Slight defects but not sufficient to cause rejection None

Date	Result	VACCINATIONS,
<u>2.2.16.</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>18.4.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>25.4.16</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>22.9.16.</u>	<u>T.A.B.</u>	

Enlisted on 4th day of December 1915 at Lindsay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Batt</u> <u>C.E.F.</u>	<u>424699</u>		<u>4.12.15.</u>
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

CASE HISTORY SHEET.

Artillery Park Hospital. Kingston Ont. Station.

No. 724699 Rank. Pte. Name. Barr T.M. Age. 22

Unit. 5 Cas. Co. Completed years of service ^{Where and how long} } 3yrs. 6 Mos. Canada & Overseas

Date of admission Jan 8. 19. Date of discharge Feb. 24. 19.

Diagnosis. Syphilis Place of origin. England

CONDITION ON ADMISSION AND PROGRESS OF CASE. Having a history of V.D.S. while in England patient was sent to this hospital for clearance Wassermann was taken on Jan 12th 19. and reported positive. Patient was given seven intra-venous injections of Diarsenol and six intra-muscular injections of Mercury. On January patient had an operation for circumcision and was given general anesthetic. Wassermann was again taken on Feb. 18. 19. and was reported Negative.

FAMILY HISTORY. Not applicable.

(Tuberculosis, mental or nervous diseases.)

TREATMENT. Jan. 10. 19. Diarsenol .3 Gms Mercury 1 Gr.

(Especially any specific or special form.) Jan. 13. 19. Diarsenol .4 Gms

Jan. 21. 19. Diarsenol .4 Gms Mercury 1 Gr.

Jan. 28. 19. Diarsenol .4 Gms Mercury 1 Gr.

Feb. 4. 19. Diarsenol .5 Gms Mercury 1 Gr.

Feb. 11. 19. Diarsenol .5 Gms Mercury 1 Gr.

Feb. 18. 19. Diarsenol .5 Gms Mercury 1 Gr.

CONDITION ON DISCHARGE. Wassermann of Feb. 18th. 1919. Negative and patient is being discharged as cured.

Date. February 24th. 1919.

S. C. Lamb Capt. AM.C.
Medical Officer i/c case.

CASE HISTORY SHEET

1. Name of patient: _____
2. Date of admission: _____
3. Referring physician: _____
4. Presenting complaint: _____

5. History of present illness: _____
6. Past medical history: _____
7. Social history: _____
8. Family history: _____

9. Physical examination: _____
10. Laboratory and diagnostic studies: _____
11. Review of systems: _____

12. Assessment and plan: _____
13. Progress notes: _____
14. Discharge summary: _____

15. Final diagnosis: _____
16. Prognosis: _____
17. Date of completion: _____

MEDICAL CASE SHEET

SYPHILIS

When Contract 1916

Where " England

Register Serial Number.....

Placed on..... Jan 8.19. Struck off..... Feb.24.19.

Number of months under treatment..... 1&16 days

Primary sore..... Nil.

Lymphatic Glands..... Nil.

Skin..... Nil.

Mucous Membrane..... Nil.

Other Symptoms..... Wassermann of Jan.12th.1919. Positive.

Regimental No. 724699 Rank Pte. Name Barr. J. M. Unit 3. Cas. Co. Station Kingston, Ont. Case No.

DATE	TREATMENT	DOSE	REMARKS
Jan.10.19.	Diarsenol	.3 Gms.	
	Mercury	1 Gr.	
Jan.13.19.	Diarsenol	.4 Gms.	
	Mercury	66 ---	
Jan.21.19.	Diarsenol	.4 Gms.	
	Mercury	1 Gr.	
Jan.28.19.	Diarsenol	.4 Gms.	
	Mercury	1 Gr.	
Feb. 4.19.	Diarsenol	.5 Gms.	
	Mercury	1 Gr.	
Feb.11.19.	Diarsenol	.5 Gms.	
	Mercury	1 Gr.	
Feb.18.19.	Diarsenol	.5 Gms.	
	Mercury	1 Gr.	

MEDICAL CASE SHEET

SYMPTOMS

Medical Record No. _____ Date of Admission _____ Station _____ Case No. _____

History of Present Illness: _____
Past History: _____
Family History: _____
Social History: _____
Review of Systems: _____

Date	Examination	Findings
10/1/50	General	Well
10/2/50	General	Well
10/3/50	General	Well
10/4/50	General	Well
10/5/50	General	Well
10/6/50	General	Well
10/7/50	General	Well
10/8/50	General	Well
10/9/50	General	Well
10/10/50	General	Well
10/11/50	General	Well
10/12/50	General	Well
10/13/50	General	Well
10/14/50	General	Well
10/15/50	General	Well
10/16/50	General	Well
10/17/50	General	Well
10/18/50	General	Well
10/19/50	General	Well
10/20/50	General	Well
10/21/50	General	Well
10/22/50	General	Well
10/23/50	General	Well
10/24/50	General	Well
10/25/50	General	Well
10/26/50	General	Well
10/27/50	General	Well
10/28/50	General	Well
10/29/50	General	Well
10/30/50	General	Well
10/31/50	General	Well

Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank *Plc* Name *J. M.* Surname *Barr*
Unit or Corps *MDJ* (If a soldier) Regtl. No. *724699*
Born at *South Mountain, Ont* on, date *Oct. 23rd, 1896*
Signature (for identification) *Barr J. M.*

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe. *no*

Weight *180* lbs.
Height *5* ft. *6* ins.

2. NUTRITION AND DIATHESIS? *Good*

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM? *no*

4. RESPIRATORY SYSTEM. *no*

5. HEART?
Abnormal Sounds? *no*
Abnormal Size? *no*
Pulse Rate? *76* Intermittence or irregularity? *no*

6. ARTERIES.—Any hardening? *no*

7. DIGESTIVE SYSTEM? *no*

8. GENITO-URINARY SYSTEM?
Urinalysis—s.g.? *1010* Reaction? *ac* Albumen? *0* Sugar? *0*

9. SKIN, MIDDLE EAR, EYE or any other part? *no*

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. *no*

11. Opinion as to the health and physical condition of the one examined? *Good*

Examined at *Yuma Park* Signed *J. H. ... M.O.*
Date *1/12/18* Signed *... M.O.*

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

Medical Examination upon leaving the service

of an officer in the general service, to certify his fitness

Rank

Post

Date

Signature

1. PHYSICIAN

Weight

Height

2. NUTRITION AND GROWTH

3. NERVOUS SYSTEM

4. RESPIRATORY SYSTEM

5. HEART

Appearance

Heart

Rate

6. BLOOD

7. URINARY SYSTEM

8. GENITOURINARY SYSTEM

9. SKIN, NAILS AND HAIR

10. SIGHT

11. HEARING

Remarks

Date

Signature

729699

8 APR 1918

MEDICAL HISTORY SHEET. ORIGINAL

Surname Barr Christian Name Thomas Murray

Examined { on 8th day of December 1915
at Lindsay
Birthplace { City or Town South Mountain
County Ontario

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

Apparent age 21 years
Trade or occupation Blacksmith
Height 5 Feet 6 1/2 Inches.
Weight 155 Lbs.
Chest measurement { Minimum 36 1/2 inches.
Maximum expansion 39 1/2 inches.
Physical development Good
Small-Pox Marks none

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
<u>11.5.18</u>	<u>5</u>	<u>Illman</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right none Left Two
Number Two
When Vaccinated last Feb. 2nd 1916.

Date	Result	VACCINATIONS
<u>2.2.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease none

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>11.5.18</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>18.4.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>25.4.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>2.5.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.

Enlisted on 4th day of December 1915 at Lindsay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th BATT.</u>			<u>4.12.15.</u>
Transferred to..	<u>C.S. 4.</u>	<u>724699</u>		
	<u>38th 73rd</u>	<u>3/12/16</u>		
	<u>109th</u>	<u>12</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>3rd C.E.D. Seaford.</u>	<u>5-7-18.</u>	<u>Fit for Duty. Civ.</u>	<u>Proprietor</u>
<u>Barnesfield</u>	<u>25-2-19</u>	<u>Fit</u>	<u>Major, C.A.M.C.</u>

CANADIAN

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

C.

Christian Name *James Murray*

Surname *Barry*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
<i>Coumshingaugh</i>	<i>Asht</i>	<i>5</i>	<i>12</i>	<i>16</i>	<i>13</i>	<i>12</i>	<i>16</i>	<i>Syphilis</i>	<i>9</i>	<i>Placed on Syphilis Register Aldershot 6.12.16 1 ch. & 1/2 oz. inj. improving</i>	<i>W. J. D. [Signature]</i>
<i>NORFOLK WAR HOSPITAL THORPE NORWICH</i>		<i>30</i>	<i>3</i>	<i>18</i>	<i>25</i>	<i>4</i>	<i>18</i>	<i>Shrapnel Wd left wrist</i>	<i>26</i>	<i>No fracture Trans to RCH. Dies</i>	<i>J. G. [Signature]</i>
<i>M. G. [Signature]</i>	<i>Epson</i>	<i>10</i>	<i>5</i>	<i>18</i>				<i>Do</i>	<i>8</i>	<i>Wound healed - causing no dis- ability. Dis for D.</i>	<i>J. C. [Signature]</i> OF LT. COL., R.A.M.C., IN CHARGE
<i>Artillery Park</i>	<i>Kingston</i>	<i>8</i>	<i>1</i>	<i>19</i>	<i>24</i>	<i>2</i>	<i>19</i>	<i>Syphilis</i>	<i>47</i>	<i>Wassermann negative Discharged as cured</i>	<i>[Signature]</i> Capt. [Signature] SS. [Signature] Capt.

7 MAY 1918

MEDICAL CASE SHEET

SYPHILIS

When Contracted.....1916.....
 Where ".....England.....
 Register Serial Number.....
 Placed on.....Jan 8.19.....Struck off.....Feb.24.19.....
 Number of months under treatment.....1&16 days.....
 Primary sore.....Nil.....
 Lymphatic Glands.....Nil.....
 Skin.....Nil.....
 Mucous Membrane.....Nil.....
 Other Symptoms.....Wassermann of Jan.12th.1919. Positive.....

DATE	TREATMENT	DOSE	REMARKS
Jan.10.19.	Diarsenol	.3 Gms.	
	Mercury	1 Gr.	
Jan.13.19.	Diarsenol	.4 Gms.	
	Mercury	6 ---	
Jan.21.19.	Diarsenol	.4 Gms.	
	Mercury	1 Gr.	
Jan.28.19.	Diarsenol	.4 Gms.	
	Mercury	1 Gr.	
Feb. 4.19.	Diarsenol	.5 Gms.	
	Mercury	1 Gr.	
Feb.11.19.	Diarsenol	.5 Gms.	
	Mercury	1 Gr.	
Feb.18.19.	Diarsenol	.5 Gms.	
	Mercury	1 Gr.	

Regimental No. 724699..... Rank Pte..... Name Barr J. M..... Unit 5. Cas. Co..... Station Kingston, Ont..... Case No.....

MEDICAL CASE SHEET

SYPHILIS

Year of admission

Age

Sex

Place of birth

Place of residence

Occupation

Marital status

Education

Religion

Other symptoms

System	Present	History	Examination	Diagnosis
General				
Head				
Eyes				
Ears				
Nose				
Throat				
Heart				
Lungs				
Abdomen				
Genitalia				
Skin				
Bones				
Neurological				
Psychiatric				
Other				

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	724699.	Opl.	Barr	T. M.
Year	Unit.		Age.	Service.
1918	38th Bn.		22.	

Station and Date.	Disease
11-5-18	SW Left Wrist.
Convalescent Hosp. Woodcote Park, Epsom.	Wound healed and cause no disability
	feels fit DT. TAB 11-5-18.
	TAB 11.5.18
	<i>[Signature]</i> Capt C.A.M.C.

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

CASE HISTORY SHEET.

Artillery Regt. Hospital. Kingston Ont. Station.

N~~7~~24699 Rank Pte. Name Barr T.M. Age 22

Unit 3 Cas. Co. Completed years of service ^{Where and how long} } 3yrs. 6 Mos. Canada & Overseas

Date of admission Jan 8.19. Date of discharge Feb.24.19.

Diagnosis Syphilis Place of origin England

CONDITION ON ADMISSION AND PROGRESS OF CASE. Having a history of V.D.S. while in England patient was sent to this hospital for clearance Wassermann was taken on Jan 12th 19. and reported positive. Patient was given seven intra-venous injections of Diarsenol and six intra-muscular injections of Mercury. On January patient had an operation for circumcision and was given general anesthetic. Wassermann was again taken on Feb.18.19. and was reported Negative.

FAMILY HISTORY Not applicable.

(Tuberculosis, mental or nervous diseases.)

TREATMENT Jan.10.19. Diarsenol .3 Gms Mercury 1 Gr.

(Especially any specific or special form.) Jan.13.19. Diarsenol .4 Gms

Jan.21.19. Diarsenol .4 Gms Mercury 1 Gr.

Jan.28.19. Diarsenol .4 Gms Mercury 1 Gr.

Feb. 4.19. Diarsenol .5 Gms Mercury 1 Gr.

Feb.11.19. Diarsenol .5 Gms Mercury 1 Gr.

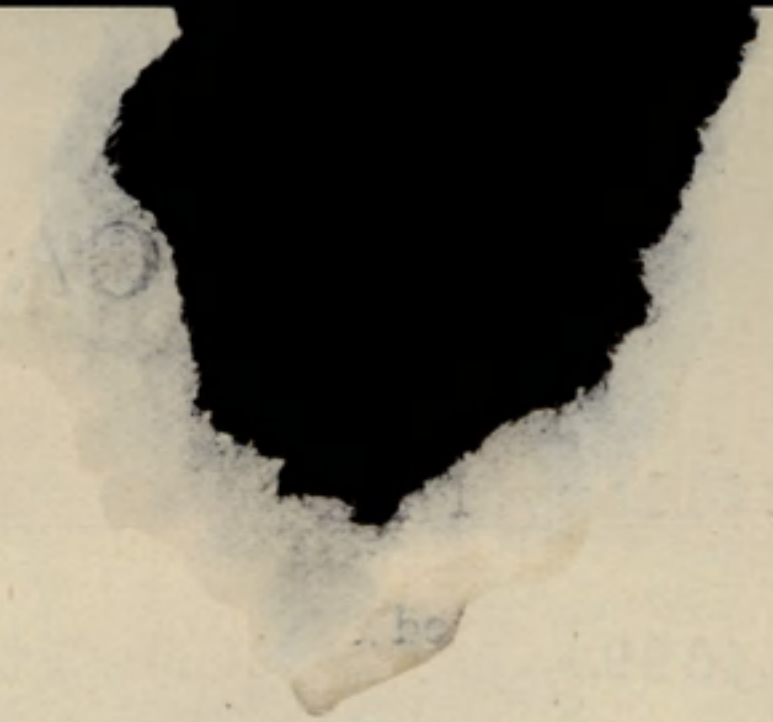
Feb.18.19. Diarsenol .5 Gms Mercury 1 Gr.

CONDITION ON DISCHARGE, Wassermann of Feb.18th.1919. Negative and patient is

(and disposal made of case.) being discharged as cured.

Date February 24th.1919.

S.S. Clark Capt. AM.C.
Medical Officer i/c case.

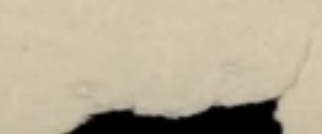


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[Handwritten signature or initials]



DEPARTMENT OF MILITIA AND DEFENCE.

346

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

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 *Thomas M.* 2. Surname *Garr*
3. Rank *Pte* 4. Original Unit *104 Batt* 5. Reg. No. *724699*
6. Address, in full, to which future payments of gratuity are to be forwarded
Oxford Mill Box 59
Ontario
7. Date of enlistment in the C.E.F. *Dec 3/15*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *no*
9. Relationship of such dependent *no*
10. Address, in full, of such dependent *no*
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:—
104 Battalion Welby Surrey
July 28/16 till May 6/17
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 unit and dates of such service *Not Applicable*
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
Canada Dec 3/15
to Eng July 20/16 104 Batt Lo France May 6/17
to Eng March 23/18 6 Reserve Lo Canada Dec 12/18
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? .. *Class A.*
21. Have you, during the present war, served in the Imperial Forces? .. *no*
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled .. *no*
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? .. *no*
 (b) If so, was such reversion in consequence of misconduct or inefficiency? .. *no*
24. Are you now serving in the C.E.F. If not, give:—(a) Date of discharge .. *28 Feb 1919* (b) Reason for discharge .. *Demob.*
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..... *38 Battalion*
May 2/17 till March 23/18
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: *Sam. J. M.*

Place of Residence: *Oxford Mills Ont.*

Declared before me at: *Kingston*

This *28* day of *Feb* 19*19*

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

J. J. Rooney Capt.

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			<i>183 days</i>	<i>\$ 4.00</i>

Certified Correct.

District Paymaster.

P.O. 59. Oxford Mills and;

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. 7.24.499 Rank Pte Surname BARR
(Give name in full)
Thomas Murray
Unit or Corps 404 C.C.D.P. Birthplace South Mountain and

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

1. GENERAL DESCRIPTION:

Physique Good Weight 163 lbs. Height 5 ft. 6 in. Colour of Eyes Grey
Nutrition Good
Pulse 74 Strong
Condition of arteries Normal
Vision Rt. Normal Left Normal
Hearing (conversational voice) Rt. 15 ft.
Left 15 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)
Scar 1" long ant surface of leg. France 1917. no disability.
Scar on left wrist 1" long (Post surface) Mch 23rd 1918. no disability

Opinion as to general health and physical condition Good on enlistment. fit for duty.

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 V.D.S. Cardio-Vascular System No
Special Senses No Integumentary System No Respiratory System No
Disturbance of mentality No Muscular System No 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.

Had V.D.S. Connaught Hospital, Eng, 5-12-16 until 13.12.16
Had Shropshire West left wrist Norfolk Hospital 30-3-18
until 25-4-18 no disability
Scar 1" long ant leg. no disability
In Artillery Park Hospital Kingston V.D.S, 8-1-19 until
24-2-19. Wasserman negative Discharged as cured, S.J. Crook Cott.

Report of Artillery Park Hospital: Having history of V.D.S. while in England, was sent to this Hospital for clearance. Wasserman was taken on July 12 1919 & reported positive, Patient was given intravenous injection of Diarsenol & six intra-muscular injections of mercury. On Jan'y patient had

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

An operation for Circumcision was given general anaesthetic. Wasserman again taken on July 18. 19 & was reported negative & patient is discharged as cured. S.S. Crook Cott sub. M.O. 1/c care.

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date SignedM.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 SECTION FOR USE IN CANADA—

Examined at *Barrifield*.....(Canada)

Date *25-2-19* Signed *E.D. Gordon*M.O. *Sub*

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 *Barrifield*

(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]

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

"Mother"

To Whom Mrs. William Barr. By Whom Assigned Barr, T. M.
 Address Oxford Mills Regtl. No. 724699
Oxford Station. Rank Pte.
Cont. Corps A. 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				



15 11

11 11

11 11

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2. Mrs. William Barr. "Mother"
 PAYMENTS. 924699

Name of Soldier Barr, T. M.
Pte. a Co. 109th Bde

L. L. Job 319.-Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
			\$15.00	AUG 7 1916
April	1916			
May				
June				
July				
Aug.		15703	15	
Sept.		P17111	15	
Oct.		P21714	15	
Nov.		O24474	15	
Dec.		C33791	15	
Jan.	1917	Z37550	15	
Feb.		Z42858	15	15 (JW)
March		Z49409	15	15
April		O44	15	15.8
May		Y6625	15	
June		C12465	15	15.5
July		Z22004	15	15
Aug.		B26297	15	15
Sept.		C33567	15	15
Oct.		K.47824	15	210
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

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.				

A.G.R. Rank Name **BARR, Thomas Murray** Reg'l No. **724699**
 Unit **109th Bn.** If in perm. Corps, }
 What Unit? } **Lindsay,** Married or Single **Single.**
 Place and Date of Enlistment **9th Decr., 1915.** Place of Birth **South Mountain, Ont., Canada.**
 Name and Address, Next-of-Kin **William Barr,**
P.O., Oxford Station, Ont., Canada. Relationship **Father**
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship
 Discharge, Date and Place Reason Character

76759
 N.E. R.O. No. 8857
 F.M.P.R. 1
 Category **Can OB**

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 H. M. T. 2810 31-7-16			
26-9-16	109 th Bn	App'l ^{ts} Act/L. Corps	Braunschott	25-9-16	P ^{lt} II. D.O. 270
20-11-16	"	Reverts to Rank to meet Establishment Witley		16-10-16	P ^{lt} II. D.O. 325
4-12-16	"	Admitted to Comaught Street	"	4-12-16	Trevel 359 d. Cl. 45
11-12-16	"	SOS on tape to 124 th Bn	"	8-12-16	344
12-12-16	ob 124 th Bn	Job. fr 109 th	"	"	269
15-12-16	"	Disch ^d Off.	"	15-12-16	272 Dec. 162
29-3-17	12 Res	Atch from 124 Bn	Landlig	29-3-17	-81
28-3-17	124 Bn	SOS to 12 Res Bn	-	29-3-17	-83
3-5-17	12 Res	SOS to 124 Bn of S	do	3-5-17	-112 P ^{lt} II 95 124 Bn 8517

A.T. 102 CHECKED
 11/11/17



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.				
31-7-17	124 Bn.	S. Montan transfer to 38 Bn.	Field	31-7-17	Pt. II 0 118
4-8-17	38 th Bn.	To S from 124 th Bn.	✓	1-8-17	Pt. II 76
30-3-18	E.O.R.	"Wounded"	Field	24-3-18	CP. A. 176 S.W. R. Farm
22-3-18	38 th Bn.	Granted one C.C. Badge	✓	9-12-17	Pt. II 23
6-4-18	E.O.R.D.	"Wd" Posted from 38 th Bn	Seaford	29-3-18	Pt. II 94 ³ D/18-4-18 3 rd C.D. Pt II 122
22-5-18	✓	On com to 3 rd C.C.D.	Pt. II	14-5-18	Pt. II 154 ³ D/24-5-18
11-7-18	6 th Bn.	Posted from E.O.R.D.	"	11-7-18	Pt. II 162 ³ D/11-7-18 + 3 rd C.D. Pt II 161 D/11-7-18
24-7-18	✓	apptd. <u>apptd.</u> with pay	"	24-7-18	Pt. II 172
28-10-18	✓	Reverted to prev. grade of Pt. II/c. as surplus to station!	"	28-10-18	Pt. II 255
4-1-19	✓	S.O.S. on tpr. to C.E. & Canada	Witley	12-12-18	~ 5

1231

CERTIFICATE OF SERVICE

(Issued following loss of Permanent Discharge Certificate M.F.W. 39)

This is to Certify that No. 724699 (Rank) Private
(Name in full) BARR, Thomas Murray
Enlisted in 109th Battalion
Canadian Expeditionary Force, on the 4th day
of December 19 15
He served in FRANCE
with the 124th & 38th Ba ttalions
and was discharged at Kingston., Ont.
on the 28th day of February 19 19
by reason of DEMOBILIZATION

His conduct and character while in the Service were Good

Medals and Decorations, etc. BRITISH WAR & VICTORY MEDALS

Description on Discharge

Age 24 Years

Height 5'6 $\frac{1}{2}$ "

Complexion Dark

Eyes Brown

Hair Black

H.Q. Ottawa

24th day of August 19 38

W. E. L. Coleman
OFFICER i/c RECORDS
A. G. BRANCH
MIG 24 1938
for (W. E. L. Coleman), Major,
Officer i/c Records,
for Adjutant-General

NOTE—This Certificate of Service if lost will not be replaced.

STATE OF NEW YORK

IN SENATE

JANUARY 18, 1900

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

FOR THE YEAR 1899

ALBANY:

ANDREW DEWEY, STATE PRINTER

1900

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

BARR T.M.

REGIMENT

38th Bn.

RANK

Pte

No.

724699

Date of Examination in England

7/12/15

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

Fill

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 *yes*
- (b) In England
- (c) In France *yes*

*Kinnel Park
N. Wales*

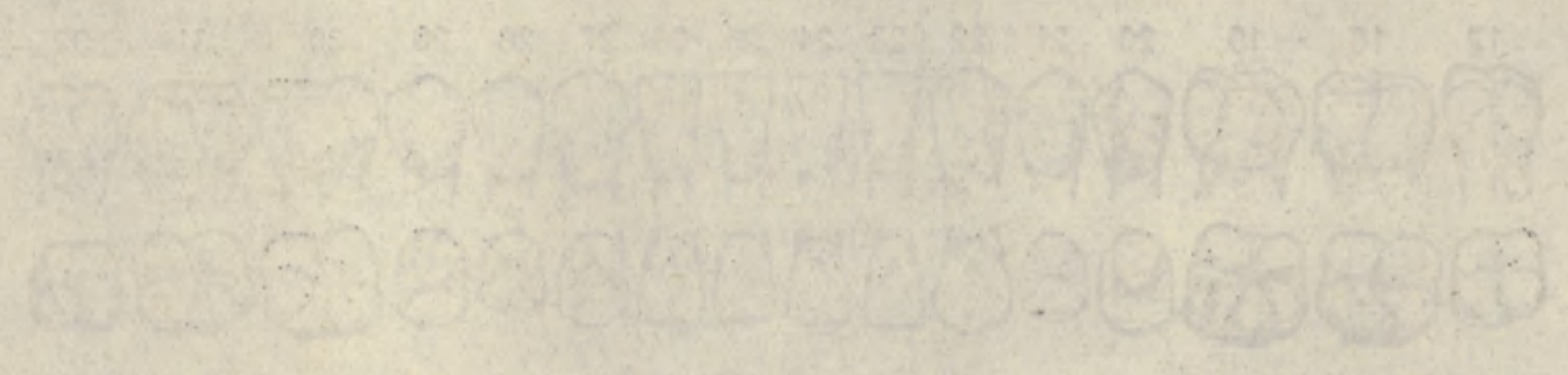
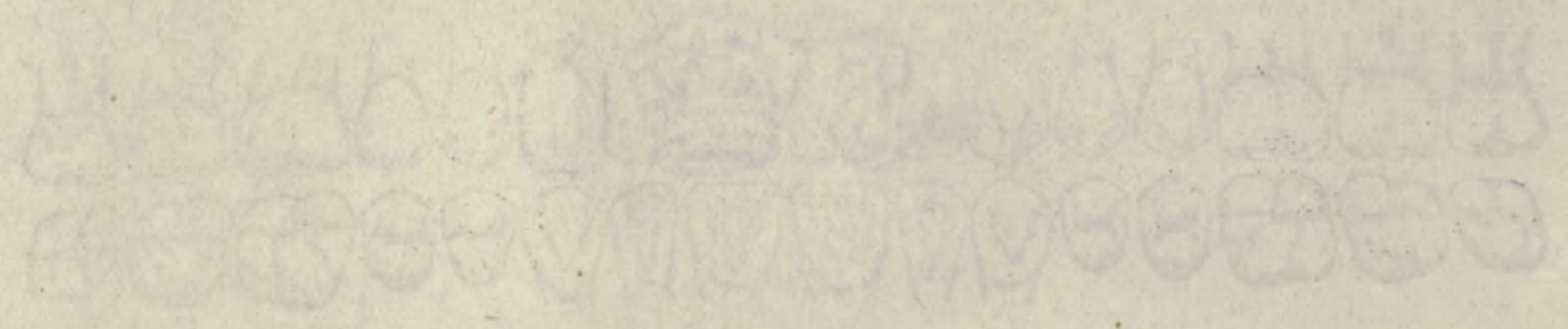
Signature of Dental Officer

*H.W. Reed
Capt*

CANADIAN ARMY DENTAL CORPS OFFICER
DENTAL CERTIFICATE FOR DEMOBILIZATION

DIRECTOR TO
DENTAL OFFICER

1. This form will be
filled out by the
Dental Officer in
charge of the
unit to which the
patient is assigned.
2. It should be
filled out for
all patients who
are being
demobilized.
3. It should be
filled out for
patients who are
being transferred
to another unit.
4. It should be
filled out for
patients who are
being discharged
from the service.



[Handwritten signature]

- 1. Name
- 2. Service Number
- 3. Grade
- 4. Denture
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

[Handwritten signature]
[Handwritten signature]

[Handwritten signature]
[Handwritten signature]

[Handwritten signature]
[Handwritten signature]

Casualty Form—Active Service.

Regiment or Corps *4th Res Bn*
 Rank *pte* Surname *Dunn* Christian Name *J.M.*
 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 _____
 Signature of Officer *J. H. ...*

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 ...			
<i>11-7-18</i>	<i>DISCHARGED FROM 3RD C.C. DEPOT</i>	<i>Seaford</i>	<i>4th Res Bn. PART II D.O. NO.</i>	<i>16/1: 11-7-18</i>	<i>For O.C. 3rd Canadian Command Depot</i>
<i>11.7.18</i>	<i>4th Res Bn</i>	<i>SD. S. 6th Res Bn. on posting from C.O.R.D.</i>	<i>Seaford</i>	<i>11.7.18</i>	<i>Pte B.D. 162</i>
<i>24.7.18</i>	<i>O.C. 6th Res Bn</i>	<i>Appointed a/c plinth pay allowances</i>	<i>Seaford</i>	<i>24.7.18</i>	<i>Pte B.D. 173</i>
<i>28.11.18</i>	<i>O.C. 6th Res Bn</i>	<i>Reverted to the permanent grade of private as enlisted to establishment</i>	<i>Seaford</i>	<i>28.11.18</i>	<i>Pte B.D. 255</i>

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

[P.T.O.]

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				
3-17-18	Obbich Res	On Command Kimmel Park, pending despatch to Canada	Welles	3-12-18	PTBO 284 <i>[Signature]</i>
OFFICER I/a RECORDS 6th CAN. REG. BN					
3/12/18	6th Res	T.O.S. Kimmel Park S.I.S. On proceeding to Canada	Kimmel Park	9-12-18	D.O. 5 12-12-18 D.O. 10 Spakher Capt OC #7 Wing Comau Camp
12.12.18	Sailed from	Liverpool			<i>[Signature]</i> ADJUTANT H.M.C.
18/12/18	Casualty Company No. 3 District Depot.	Disposal, Part Two D.O.	Kingston	33/1/18	<i>[Signature]</i> LIEUT. for C.O. Casualty Co., No. 3 District Depot
28-2-19	SOS	Q is charged	Kingston	28-2-19	<i>[Signature]</i> ja

724669
Barr J.M.

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				
8.5.17	C.B.D.	T.O.S. 124th. Bn.	Field	4.5.17	Pt. 2 O. #102.
	do.	Left XXX for Unit	do.	8.5.17	N.R. 251
12.5.17	O.C. 124 Bn.	Joined Unit	do.	11.5.17	B. 213 D.C.S. 16
3.7.17	do.	Trans. to 38th Can. Inf. Bn.	do.	31.7.17	d/21.5.17.
19.7.17	O.C. 38th Bn.	T.O.S. 38th Bn.	"	1.8.17	AFB 241 A.A.G. Can. Sec. 3rd. Ech. K.1.16
		Auth. Adg. - K.1.14/14788 B 241.			14788
11.8.17	"	Joined unit	Field	5.8.17	B. 213. DCS. 145.
5 JAN 18	"	14 days leave	Paris	31.12.17	" do. 3. 10 JAN 18
9.3.18	"	One E.C.B.		17.1.18	"
24.3.18	6 C.C.S.	Shelley R. Ryan	6 C.C.S.	24.3.18	" DO23. 22.3.18
27.3.18	"	"	to W.A.S.	27.3.18	do 50
28.3.18	14 Plats	"	14 Plats	28.3.18	do 183
29.3.18	"	"	to England	29.3.18	do 303
"	"	Wounded-Posted E.O.R.D. Seaford.	"	"	W3083/5088
"	"	"	"	"	DO.33 d-18 AVR 18
					Lieut. for Lt Col. A. A. G.
					Canadian Section, G.H.Q. - 3rd. Ech.
6-4-18	E.O.R.D.	Posted from 38th Bn. Officer Seaford		29.3.18	do 94
					Lieut.
					for libot i/c Records. O.M. 75 C

Casualty Form—Active Service.

Rank Mc Surname Bair Christian Name Thomas Murray
 Regiment or Corps 12th Res Bn
 Religion C of E Age on Enlistment 21 years 2 months.
 Enlisted (a) 9/12/15 Terms of Service (a) 50yr Service reckons from (a) 9/12/15
 Date of promotion to present rank _____ Date of appointment to lance rank _____
 Extended { _____ } Re-engaged { _____ } Qualification (b) Civilian
 or Corps Trade and Rate Blacksmith
 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 ...			
<u>29.3.17</u>	<u>12th</u>	<u>Att to 12th Res Bn from 124th Bn</u>	<u>England</u>	<u>31-7-16</u>	
			<u>East Sandling</u>	<u>29.3.17</u>	<u>Part II 81</u>
<u>3.5.17</u>	<u>O.C. 12th Res. Bn. C.E.F.</u>	<u>Transferred to 124th O's Bn</u>	<u>EAST SANDLING</u>	<u>3.5.17</u>	<u>Part II 112</u>
					<u>Lieut. i/c Records 12th Res. Bn. C.E.F.</u>
<u>26-9-16</u>	<u>109th Bn.</u>	<u>App'd Act 2nd C of Pl.</u>	<u>Bramshott</u>	<u>25-9-16</u>	<u>P-15 270</u>
<u>20-1-16</u>	<u>"</u>	<u>Reverts to ranks. new Est.</u>	<u>Willy</u>	<u>16-10-16</u>	<u>-1-325</u>
<u>11-12-16</u>	<u>"</u>	<u>Att on tld to 124th Bn.</u>	<u>"</u>	<u>8-12-16</u>	<u>-1-347</u>
<u>2-12-16</u>	<u>O.C. 124th Bn</u>	<u>Att " " to 109th</u>	<u>"</u>	<u>8.12.16</u>	<u>-1-269</u>
<u>28.3.17</u>	<u>124th Bn.</u>	<u>Att to 12 Res Bn.</u>	<u>East Sandling</u>	<u>29.3.17</u>	<u>-1-83</u>

Surname **Barr** Christian Name or Names **T.M.** Reg. No. **724699**
 Rank **Pte** Unit **E.O 38** Co. **109th Bn** Troop Batty.
 Hospital **Connaught Aldershot** Date of Admission **6-12-16**

Transferred **6. Gas beg Station** Hosp. **24.3.18**
Weymouth, Dorset, Dorset Hosp. **29.3.18**
M.C. H. W. P. K. Epsom Hosp. **11.5.18**

Diagnosis **W.S.L.**
 (1) **S.W. R. Forearm,**
 Later Diagnosis (if changed) **Ru.**
 (2)
 (3)

Additional Diagnosis: if more than one state present

DISPOSITION Date

C.L. 13-12-16 45 REMARKS
15.3.17. 62. Dis. 13.12.16
30.3.18 A176-II **Dis 17.5.18**
3.4.18 B177.1
14.5.18 B212
23.5.18 B219

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

HERB
Number

724699

Rank

L/Cpl ~~10~~

Surname

BARRR

Christian Name

Thomas Murray

Units

124 Coan PwM

Theatre of War

France

Date of Service

3-5-17

Remarks

Latest Address

Kemptville Ont

Roll No.

B Page 18801

200m.-6-21.

DESP. FEB 7 1923
REGN. NO. 30110

Reg. No. <i>7246</i>	Rank <i>PTE</i>	Surname <i>Barr</i>	Category <i>A III</i>	Dentally Unfit <i>FIT.</i>
Christian Names (1) <i>Barr</i>		(2) <i>38 Barr</i>	(3) <i>Thomas Murray</i>	Date

Place of Enlistment <i>Rundsay</i>	Date of <i>22/12/15</i>	Taken on from <i>E.O.R.D.</i>	Religion <i>CE</i>	Inoculations <i>✓ 11/18</i>	Company <i>B</i>
Province <i>Out</i>	Age on <i>21 1/2</i>	Date <i>11-7-18</i>	Vaccination <i>2 2/16</i>		

On Command	Hospital	Permanent Cadre Date taken on	Employed as
Date Proceeding	Date Admitted		

Record of Overseas Service: <i>38 Barr 4/5/16 — 29/3/18.</i>	Profession or Trade (Civil) <i>Shoemaker</i>
Reason for Return: <i>DSW. Wrist 1 W. S.</i>	Transferred or Posted to Date

Married or Single <i>Single</i>	LEAVE.			
	No. of Pass Issued.	FROM.	To.	Free Transportation.
Address of Next of Kin <i>Mr. Major Barr Oxford - Mills Outario</i>	<i>17</i>	<i>14th</i>	<i>24/5/18</i>	
Country				

SURNAME. *Barr,* (649-B-20065) 3 CARD NO. *S.O.S. 25-2-19.*
 CHRISTIAN NAMES *Thomas Murray.*
 REG. NO. *724699.* RANK *Pte.* Auth. N.P. 60.
1-3-19.
 UNIT *109th* Br.
 FORMER CORPS *Wil.*

	CHANGE OF ADDRESS
NEXT OF KIN.	
NAMES IN FULL <i>Barr, William.</i>	
RELATIONSHIP TO SOLDIER <i>Father.</i>	
ADDRESS <i>Oxford Station, Ont.</i>	

COUNTRY OF BIRTH *Canada, South Mountain,* DATE *out*
 PLACE OF ATTESTATION *Lindsay, Ont.* DATE *Dec. 22nd 1915.*
Sailed from Halifax 23/7 16 per S.S. "Olympic".

MARRIED

SINGLE

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. 724699 RANK

Pte.

NAME Ross. - D.

M.

T. O. S. 4-12-15.

UNIT

109th Battalion.

D. O. 17. 9-12-15.

M. D. 13

PAID FROM		PAID TO		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
					PARTICULARS	AUTHORITY
1915	1915.					
Dec 4	Dec 31			✓		
1916	Jan. 1916			✓		
	Feb.			✓		
	Mar.			✓		
	April.			✓		
	May.			✓		
	June.			✓		
	July.			✓		

UNIT SAILED
JUL 23 1916



REGT'L NO 724699

H. Q. FILE NO. 649-

NAME Barr Thomas Murray

RANK AND CORPS Pte. (109th. Bu.) non. 38th Bn.

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

8-3
Q 158

30-3-18

Adm. to No 6 Cas. Clearing Station
March 24th 1918, (GSW Right Arm.)

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
45	Counaught, Aldershot.	6-12-16	N.Y.H.
62	Discharged "	13-12-16	N.D.S
A176	nobbas Sly Str	24-3-18	Sw R. forearm
B177	Norfolk Warthope Norwich	29-3-18	Sw. Forearm (East. Out.)
B212	Milbomerson	11-5-18	" " "
B219	Discharged.	17-5-18	Sw. L. Forearm

LEDGER No. 308

SERIAL No. A33724

REG. No. 724699. NAME Barr T. M.

RANK Pte. CORPS 3 bas. Co. AGE 22 SERVICE 3 years 6 mos 60/s.

HOSPITALS
1 Artillery Park Kingston

DATE OF ADMISSION
8-1-19.

DIAGNOSIS Syphilis

TRANSFERRED TO

DISPOSITION To unit 24-2-9.

CATEGORY —

M.F.W. 2553.
1126-D.P.-50M-12-18.
1772-39-1332.

CONNUGHT
HOSPITAL
13 DEC 1916
ALDERSHOT.

724699
Army Form I. 1238.
W. H. ...

SYPHILIS CASE-SHEET.

Regtl. No. *724699* Rank and Name *Pte. Barr R.M.* Corps *124 109. C. S. "A" Coy*
 Placed on Syphilis Register at *Aldershot* on *6.12.16* No. in Register *1199/16*
 Disease contracted at *London* Primary sore appeared on (date) *Nov 30th 1916*

CONDITION WHEN PLACED ON REGISTER.

Primary sore—character and site *Multiple ^{hard} sores on Glans & Prepuce.*
 Lymphatic glands *in Neck, Elbows & Groins normal.*
 Skin (nature and distribution of rash) *Nil.*

Mucous membranes *Throat, Tongue & cheeks normal.*

No condylomata at anus.

Other symptoms *No Headaches.*
Eyes normal.
No Fever.
No Pains in bones or joints.
No nervous lesions.

Examination of exudate from sore—Spirochaeta Pallida (present or absent)
 Examination of blood serum—Method employed (original or modification) *Not Examined.*
 Wassermann reaction (Result (positive or negative))

Station *Aldershot* Date *6.12.16* Signature of M.O. *W. H. ...*

Struck off Syphilis Register at _____ on _____

Cause of being struck off Register { (a) Recovered
 (b) Transferred to Army Reserve
 (c) Discharged from Army }

Station _____ Date _____ Signature of M.O. _____

Signature of M.O. (Each M.O. will sign his name in full on the first occasion; subsequent entries may be initialled.)	Other Methods	
	Mercurial (Preparation and dose) Inunctions or Oral	
Treatment	Mercurial Intramuscular Injection. Dose of Mercuric Mercury in grains	
		Mercurial Intramuscular Injection. Dose of Mercuric Mercury in grains
Wasser- mann Reaction	Arsenical Intravenous Injection. Dose in grammes	Neo-Salvarsan
		Salvarsan
Urine	Method (Original (O.) Modification (M.))	Result { Positive (+) Negative (-)
		Normal (N.) Albumen (Alb.)
Weight clothed, without boots—lbs.		
Date	Symptoms and progress (Date of admission to hospital, and date of discharge from hospital, to be entered in red ink.)	
Station		

MARRIED OR SINGLE *Single*

PLACE OF BIRTH *South Mountain Ont*

NAME AND ADDRESS OF NEXT OF KIN *William Barr
Oxford Station Ont. Can*

RELATIONSHIP OF NEXT OF KIN *Father*

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.		
PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Prom L. cpl</i>	<i>25/9/16</i>	<i>D.O. 270-25/9/16</i>
<i>Reverts to Pte</i>	<i>19/10/16</i>	<i>D.O. 325-29/1/16</i>

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

REG'L. No. *724699* RANK *Private* NAME *Barr Thomas Murray*

IF IN PERM. CORPS | UNIT *109th Bn* | TRANSFERRED TO *124th Bn.* DATE *21-1-17* AUTHORITY *D.O. 344*

PERMANENT FORCE ALLOWANCES TRANSFERRED TO *12th Base Bn* DATE *21/4/17* AUTHORITY *11.12.16*

PLACE OF ATTESTATION *Lindsay Ont* TRANSFERRED TO *124th Bn* DATE *21-7-17* AUTHORITY *D.O. 112 3/5/17*

DATE OF ATTESTATION *Dec 9th 1916* TRANSFERRED TO *180th Bn* DATE *NOV 1 1917* AUTHORITY *Master Roll*

ASSIGNED PAY MONTHLY \$ *15^{00/100}* DATE EFFECTIVE *Aug 1/1916*

PAYABLE TO *Mrs Wm Barr Oxford Station 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	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS					
	NO. OF DAYS	RATE		AMOUNT		NO. OF DAYS	RATE		AMOUNT		NO. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2				3	4				CREDIT	DEBIT			
		\$	C.	\$	C.		\$	C.	\$	C.		No.				DATE	No.																	DATE	No.	DATE
<i>July 31</i>															<i>16 10</i>	<i>16 10</i>																				
<i>Aug 31</i>	<i>31</i>	<i>1⁰⁰</i>	<i>31</i>	<i>00</i>	<i>31</i>	<i>10</i>	<i>31</i>	<i>00</i>	<i>31</i>	<i>00</i>					<i>34 10</i>	<i>69 56</i>					<i>9 73</i>		<i>15</i>	<i>24 73</i>	<i>25 47</i>											
<i>Sept 30</i>	<i>6</i>	<i>05</i>	<i>30</i>	<i>30</i>					<i>3</i>						<i>33 30</i>	<i>39 30</i>	<i>71 12</i>	<i>9 16</i>					<i>15</i>	<i>29 60</i>	<i>29 17</i>										<i>D.O. 270 Prom L. cpl 25/9/16</i>	
<i>Oct 31</i>	<i>31</i>	<i>1 05</i>	<i>32 55</i>	<i>31</i>	<i>31</i>				<i>3 10</i>						<i>35 65</i>	<i>41 10</i>	<i>150</i>	<i>15/10/16</i>					<i>15</i>	<i>32 03</i>	<i>32 79</i>										<i>20 days 29/16 Reverts to Pte 19/16</i>	
<i>Nov 30</i>	<i>30</i>		<i>30</i>	<i>30</i>	<i>30</i>				<i>3</i>						<i>19 15</i>	<i>20 10</i>					<i>15</i>	<i>34 1</i>	<i>26 51</i>	<i>39 28</i>											<i>16 days @ 5⁰⁰ 80⁰⁰</i>	
<i>Dec 31</i>	<i>31</i>		<i>31</i>	<i>30</i>					<i>3 10</i>						<i>33</i>	<i>18 10</i>					<i>15</i>	<i>341</i>	<i>26 51</i>	<i>39 28</i>												<i>16 days - 165-17/16</i>
<i>Jan 31</i>	<i>31</i>		<i>31</i>	<i>30</i>					<i>3 10</i>						<i>34 10</i>	<i>28 10</i>					<i>15</i>		<i>27 17</i>	<i>46 21</i>												<i>11.12.16 124th Bn. Off. 1/17</i>
<i>Feb 28</i>	<i>28</i>	<i>1 00</i>	<i>30 80</i>						<i>3 10</i>						<i>32</i>	<i>22</i>					<i>15</i>	<i>421</i>	<i>15</i>	<i>59 21</i>											<i>Stop Stop pay D.O. 272</i>	
<i>Mar 31</i>	<i>31</i>	<i>1 10</i>	<i>34 10</i>						<i>3 10</i>						<i>29 25</i>	<i>417</i>	<i>15/1</i>	<i>460</i>	<i>31/1</i>			<i>90</i>	<i>600</i>	<i>155 04</i>	<i>39 84</i>										<i>Repayment V^o 496 P.</i>	
<i>Apr 30</i>	<i>30</i>		<i>34 10</i>						<i>3 10</i>						<i>30 80</i>	<i>506</i>	<i>15/2</i>	<i>603</i>	<i>26/2</i>			<i>15</i>	<i>67</i>	<i>30 26</i>	<i>40 38</i>										<i>Apr. 124th Bn.</i>	
<i>May 31</i>	<i>31</i>		<i>34 10</i>						<i>3 10</i>						<i>34 10</i>	<i>814</i>	<i>23/15/16</i>	<i>790</i>	<i>15/2</i>	<i>402</i>	<i>24/2</i>	<i>15</i>	<i>12 17</i>	<i>56 38</i>	<i>18 10</i>										<i>Trans 12 Base Bn 20/1/17</i>	
<i>June 30</i>	<i>30</i>		<i>34 10</i>						<i>3 10</i>						<i>22</i>	<i>22</i>					<i>15</i>		<i>15</i>	<i>25 10</i>											<i>6,4005 H. 838 - 20/4/17 - 11.12</i>	
<i>July 31</i>	<i>31</i>		<i>34 10</i>						<i>3 10</i>						<i>307</i>	<i>307</i>					<i>15</i>	<i>4 80</i>	<i>1 16</i>	<i>37 99</i>	<i>32 21</i>										<i>V.D. 6-12-16 to 13-12-16 = 8 days @ 60⁰⁰ 480</i>	
			<i>336 25</i>						<i>336 25</i>						<i>16 10</i>	<i>352 35</i>					<i>150-</i>	<i>16 84</i>	<i>320 14</i>	<i>32 21</i>												

ASSIGNED PAY. ENGLAND or CANADA.	SEPARATION ALLOWANCE. ENGLAND or CANADA.	NAME: BARR, Thomas Murray
EFFECTIVE DATE: 1/8/16	EFFECTIVE DATE: -	NUMBER: 724699.
AMOUNT: \$1500	AMOUNT: -	PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY	WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.	AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
Mrs. Wm Barr		DD 325.	20/1/16	16/10/16 Pte
Oxford Station. Ont.		B0.173	24/7/18	a l/c pte
mother		B0.255	28/10/18	6 Res 28/10/18 Pte.
Stopped Eff 1/1/19				

UNIT AND TRANSFERS			
ORIGINAL UNIT: -	109th Bn.		
DATE ACCOUNT FIRST OPENED -	3/1/16 1/8/16.		
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
			38th Bn.
	44	1/4/18	25/1/18
			Canada

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS							
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
13/1/18	5688	Watley	973				
24/1/18	6234	-	973				
1/2/18	6365	-	973				
			4379				

PARTICULARS OF RENDERING NON-EFFECTIVE: **Transferred to Canada Eff 1/1/19. Disposal. Auth. 6th Res Bn. Rd of 1/1/18. C.P. Bal 43.23**

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
1918											
Mar 31	Bal Fwd								63/16		
Apr	P.P.	33		R1392 - London 10/4/18	487			15	76/29		
May		33		AR 427 Ipsom 13/5/18	973			15			
	P.P. 17/5/18 - 7pm 27/5/18	730		R5934 London 4/5/18	487						
				AR 179 Ipsom 17/5/18	487						
				✓ 1532 - 3CCD 29/5/18	487				3455		
June	P.P.	41.40			68.14			15			
		33		C.A.P.				15			
				AR 2175 - 3CCD 16/6/18	973						
				2413 ✓ 28/6/18	487				3795		
		33			14.60			15			
July		34.10		C.A.P.				15			
	✓ l/c as l/c pte 24/7/18 to 31/7/18	40		AR 2955 - 3CCD 11/7/18	973						
				✓ 2445 6 Res 27/7/18	730				4042		
		34.50			17.03			15			
Aug.	l/c pte pay	34.50		C.A.P.				15			
				AR 2996 - 6 Res - 15/8/18	730						
				3483 - ✓ 27/8/18	14.60				3917		
		35.65			21.90			15			
Sept.		38.50		C.A.P.				15			
				AR 4280 - 6 Res - 14/9/18	730						
				4485 ✓ 29/9/18	487				4650		
		34.50			12.17			15			
Oct.	PVA	35.65		C.A.P.				15			
				AR 4924 10/10/18 6th C.R. Bn.	730						
				overcredited l/c l/c pte pay. l/c at S.C.		20					
				AR 5366 26/10/18 6 Res	973				4992		
		35.65			17.03	20		15	4650		
				Carried forward							

NUMBER 724699 RANK

NAME BARR, Thomas Murray

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				<i>Brought forward</i>					49 92		
Nov	PP	33	-	cap				15	67 10		
				al 5688. 15/11. 6 Re.	- 973				117 02		
				- 6365. 1/12 ✓	- 2433				73 79		
				- 6224. 26/11 ✓	- 973						
Dec	PP	34	10	cap	43 79			15	43 23		
		67	10					30	43 23		

Checked 2/12/18.
Murray
 37 10
 87 02
 43 79
 43 23

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

M. OR S. _____ REGT. No. *724699* RANK *Pte* NAME (IN FULL) *Barr J.M.*

ORIGINAL UNIT C.E.F. *38-10th* IF IN P.F. WHAT UNIT? _____ (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____

DATE OF ATTESTATION *Dec 3rd 1915* TRANSFERRED TO _____ DATE _____ AUTHORITY _____

ASSIGNED PAY, \$ *15* DATE EFFECTIVE _____

PAYABLE TO *Mr W Barr* RELATIONSHIP _____ ANY CHANGE IN ASSIGNEE OR ADDRESS _____

ADDRESS *Oxford Mills Ont*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE _____ EFFECTIVE _____

DISCHARGED *Kingston 28-2-19* PLACE _____ DATE _____ REASON _____ AUTHORITY _____ IF ENTITLED TO POST DISCHARGE PAY _____

B-151

MONTH	PAY AND F. A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS																									
	NO. OF DAYS	RATE	AMOUNT		CREDITS	CREDITS	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3				DEBITS	DEBIT	CREDIT																											
			\$	C.			\$	C.	\$	C.	\$	C.							\$		C.	\$	C.	\$	C.																				
Dec 31/18					11	45	11	45												11 45																									
Jan 1/19	31	$1\frac{10}{100}$	34	10	3	36	37	40					15				15			33 91	<i>2445</i>																								
Feb	29	$1\frac{10}{100}$	30	80			65	80					15	20	49	71	70			99 71	<i>4030</i> <i>5328</i> <i>5412</i> <i>Dr. J. C. Clolly #471</i>																								
<i>War Service Gratuity</i>																																													
<i>W.S.G.S.A.</i>																																													
<i>183 days @ minimum 420.00 - - 420.00</i>																																													
<i>W.S.G.S.A.</i>																																													
<table border="0"> <tr> <td>70.00</td> <td>70.00</td> <td>350.00</td> <td><i>26754 / Feb 28/19</i></td> </tr> <tr> <td>70</td> <td>140</td> <td>280</td> <td><i>Mr W 2595 Rec</i></td> </tr> <tr> <td>70</td> <td>210</td> <td>210</td> <td><i>#315606 net 29/19</i></td> </tr> <tr> <td>70</td> <td>280</td> <td>140</td> <td><i>Apr 21/19 #320799</i></td> </tr> <tr> <td>70</td> <td>350</td> <td>70</td> <td><i>29/5/19 #357219</i></td> </tr> <tr> <td>5 36</td> <td>64 64</td> <td>470</td> <td><i>28/6/19 938468</i></td> </tr> </table>																						70.00	70.00	350.00	<i>26754 / Feb 28/19</i>	70	140	280	<i>Mr W 2595 Rec</i>	70	210	210	<i>#315606 net 29/19</i>	70	280	140	<i>Apr 21/19 #320799</i>	70	350	70	<i>29/5/19 #357219</i>	5 36	64 64	470	<i>28/6/19 938468</i>
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5 36	64 64	470	<i>28/6/19 938468</i>																																										

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S S REGINA ^{IND. 3} Army Form W3997.
Sa 12 12 18 Ar 20 12 18

Regtl. No. 724699 Rank *Pte*

Name *Thomas Murray Barr*
(Christian Names in full)

Unit *109th Bn* Regt. *6th Canadian Br.*
or
Corps

Category - *ACE* Next of Kin *Father*

Intended place of residence - *Kemptville, Ont*

Occupation - *Blacksmith*

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COVER

FOR

DISCHARGE DOCUMENTS.

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