

A.B. 12/7/05

DISCHARGE DOCUMENT

R. O. No.....

H. Q. No.....

(S)

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

Name Bird George Henry
 Regt. No. 725205 Rank Pte
 Corps 109th Bn. C.A.M.C.

19854

~~cards~~ (1) Med. Unfitness
 (2) Med Unfit
 1 ~~Index~~ Removed 11/1/18.
 1 ~~Part II~~
 1 ~~Casualty~~

1 A.P.B. 122-1 R122-1
 M.P.W. 39-1
 misc - 1

Pay card

M. F. W. 62. 100m.-6-17. H. Q. 1773-30-935.

army form 11237-1
 R149-1
 2 cards

3-29
 22-29
 26 30

A.G.R.

Rank _____ Name BIRD, George Henry Reg'l No. 725205
 Unit 109th Bn. If in perm. Corps, }
 What Unit? } Married or Single Married
Lindsay,
 Place and Date of Enlistment 2nd Feb., 1916. Place of Birth Brampton, Ont.,
Canada.
 Name and Address, Next-of-Kin Sarah Bird,
298 Kingston Rd., Toronto, Ont., Canada. Relationship Wife.
 Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____
 Separation Allowance \$ _____ Payable to _____ Relationship _____



N/E. R.B. No. 2470
 File R.L. _____
 Category Can M 11

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 H. M. T. 2810 31-7-16					
8-12-16	06109 ⁴ B ₂	S.O.S. on tele. to 124 ⁴ B ₂	Witley	8-12-16	Pt II D.O. 343
9-12-16	O.B. 124 ⁴ B ₂	S.O.S. on tele. to 109 th Bn. S.O.S. on tele. to C. C. A. C. R. attd 124 th Bn.	"	"	" 265
18-1-17	"	ceases to be att'd	"	10-1-17	" 18
28-1-17	66ab	S.O.S. to 3 rd Lab. Bn.	Hastings	28-1-17	Pt II 47
29-1-17	3 rd Lt. Bn.	T.O.S. from C.C.A.B.	Bramshott.	28/1/17	Pt II 80.1 66ab 47
9-2-17	" "	Proceeds opera	"	9-2-17	" 11
5-12-17	"	4 Car: Cas: Claiming Sta	"	29-11-17	b.L. 181, transfer to active service
10-12-17	4 th Lt. Bn.	4 th Lt. from 3 rd Lt. Bn.	Stiffle. Pt.	5-12-17	Pt II 47
7-12-17	3 rd Lt. Bn.	1 st Southern Gun: Shop:	Dudley Rd. B'ham.	5-12-17	b.L. 188.

R.B. 103 CHECKED
 MAR 1917
W.P.

Cancelled by M.A.D.
 P.D. 85/26-3-18

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date:	From whom received.				
25 II 17	3 Lab	New Designation	IIth Bn Rly Tps	PHO 70.	
15-12-17.	11 th C.R.I.	Posted to C.R.I. Depot. ^{Invalided} Sick.	Spr. Shield.	4-12-17	PHO 70/11-30. Cancelled PHO 70/11-30. PHO 70/11-30. PHO 63/4-30
		shown on Comd ^d Fr. R.D.			
11-3-18	C.R.T.D.	ceases on Comd to Fr. R.D.	Spr. Turfleet.	21-1-18	PHO 70
18-4-18	C.R.I.	Invalided to Canada ex No 5	Spr. Liverpool	15-4-18	GPB 1910 Neuritis, Sciatic Nerve.
		Com. Gen Hosp.			
20.4.18.	C.R.T.D.	S.O.S. Invalided to			
		Canada on Disc No 5. Com Spr			
		Gen Liverpool (para 392 Sec 16 KR 10)	Pufflect.	15.4.18.	PHO 110
			MD3		
	Dis Dept	For Further Treatment	Kingslan	24/4/18	NR 445

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

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

Casualty Form—Active Service.

250M.—1-16.
H. Q. 1772-39-920.

Unit, Regiment or Corps

109th OVERSEAS BATTALION, C. E. F.

Regimental No. 125205

Rank

Private

Name

Bird George Henry

Enlisted (a) 2/2/16

Terms of Service (a) D of W.

C. E. F.

Service reckons from (a) 31/1/16 2/2/16

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) Cheff Helper.

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	109th	Transferred to 124th Bn.	Witley	9.12.16	<u>343</u> <u>Adjutant</u> Capt. ADJUTANT 109th Overseas Battalion, C.E.F.
9-12-16	124th. Bn.	Taken on strength of 124th. Bn., C.E.F.	Witley Camp	8-12-16	Part II Orders 265 <u>Robertson</u> MAJOR ADJUTANT 124th BATTALION C.E.F.
18-1-17	124th. Bn.	Transferred to C.C.A.C.	Witley Camp	18-1-17	Part II Orders #18 <u>Robertson</u> Capt., Adjt. 124th. Bn., C.E.F.
18-1-17	124th. Bn.	Transferred to 3rd. Labour Battalion	Witley Camp	18-1-17	Part II Orders #18 <u>Robertson</u> Capt., Adjt. 124th. Bn., 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. e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

425205 *Pte Bird G.H.*

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				

28.1.17	3 rd Lab Bn C.C.A.C.	Taken on Strength	Bramshott	28.1.17	Part II. D.O. 1.
9.2.17		Proceeded Overseas with 3 rd Can Lab Bn		7.2.17	Part 2. D.O. 10.11
28/1/17	CCAC	Ceases to be attached & S.O.S to 3 rd Labor Bn	Hastings	28/1/17	<p><i>W. H. Birch</i> LTJ, 3rd CAN. LABOUR BATTN. P. 150 47. <i>W. H. Birch</i> Officer For Colonel i/c Records, C.E.F. Lieut.</p>
11-2-17	CBP	Disembarked	Havre	11-2-17	NK
21 ¹⁰ / ₁₇	O.C. Bn	Granted 10 days leave		14 ¹⁰ / ₁₇	B 213 P. 11 D.O. 63d, 29 ¹⁰ / ₁₇
28 ¹⁰ / ₁₇	"	held from "	"	28 ¹⁰ / ₁₇	"
4 ¹¹ / ₁₇	"	The designation 3 rd Can Lab Bn will in future be 41 th 3 rd Cdn Ry Troops A.G.s A-51-2 M-1			
		d-21 st Nov 17 DO No 1 d25 Nov 17			
29 ¹¹ / ₁₇	H.C.C.C.P.	neuritis Sciaticus	neuro ad	29 ¹¹ / ₁₇	A 3531
29 ¹¹ / ₁₇	Queen Alex	"	"ad 27 ¹¹ / ₁₇ To C.C.C.P.	29 ¹¹ / ₁₇	W 6426
2 ¹² / ₁₇	ob Bn	To Hosp	myalgia	27 ¹¹ / ₁₇	B 213

CERTIFIED COPY
 23 MAR 1917

RECORDS - LONDON

Casualty Form - Active Service.

Regiment or Corps *11th Bn Bdm Rly Troops*
 Rank *Pte* Surname *Burd* Christian Name *G. H.*
 Religion Age on Enlistment years months
 Enlisted (a) Terms of Service (a) Service reckons from (a)
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and rate
 Occupation Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked			
<i>4¹²/₁₄</i>	<i>H b b b s</i>	<i>Invalided Sick per H.S. Jan Breydel & posted to Depot, Purfleet</i>	<i>H.S. Jan b R y</i>	<i>4¹²/₁₄</i>	<i>W3083/4515 A11507df-15¹²/₁₇</i>

G. H. Burd
 Lieut. for Lt.-Col. A. A. G.
 Canadian Section, G. I. Q. 3rd Echelon, B. E. F.

(4) 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.
 (5) Signaller, Shoeing-Smith, &c. W. 5527-M2093 1909m 7/17 (25686) C. P. & S., Ltd. Forms B./103 E/1558.

am
Number

725205

Rank

Sgt

Surname

BIRD

Christian Name

George Henry

Units

C.R.I.

Theatre of War

France

Date of Service

11-2-17.

Remarks

Latest Address

45 Armond av.
Toronto, Ont.

Roll No.

B

200m.-6-21.

Page 18984

DESP NOV 24 1922
REG. NO. 23361

Name BIRD, G. Rank Pte. Reg. No. 725205.
 Unit 3rd Lib. Bn. 11th BRD
 Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917			<i>Seidie</i>			
29-11	No 4. Can P. C. Pts	<i>Seuritis Seatic</i>	<i>Seuritis Seatic</i>			9315
5-12	2/pt. St. Bern. G. H. Dudley Rd	<i>Seuritis Seatic</i>	<i>Seuritis Seatic</i>	A81		
		<i>Seuritis Seatic</i>	<i>Seuritis Seatic</i>	B83		7652
Note	Correct bar to Head	<i>Seuritis Seatic</i>	<i>Seuritis Seatic</i>	B85		
	Ref entry app on A81. Correct name should	<i>Seuritis Seatic</i>	<i>Seuritis Seatic</i>	B104		9295
28-12-17	From Can Spec Buxton	<i>Seuritis Seatic</i>	<i>Seuritis Seatic</i>	B104		
Please cancel entries app on Cas Lists B.83, B.85, & B.104. } B1144 See Over Shows card to 3rd Lib. Bn.						

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
5/12/19	24. Lou Gen Ho	Dealby Rd		B153		
	Birmingham	Nairn's	Scientific		Nerve	
28-12-19	Guan. Can Spec	Guanon	Do	B153		
14-3	No 5	No 4	No 3	B169		14302
15-4	Lu	Lu	Lu	B191		6837
		Embros				

649-43-26835

CARD NO.

SURNAME.

Bird,

CHRISTIAN NAMES

George Henry

REGL. NO.

725 205

RANK

Pte.

UNIT

~~109th~~ # ~~30th~~ B.A.M.C. I.D. #2 Batt.

FORMER CORPS

30th Batt.

*Re 3.O.S. 28-4-19
20.123.4.3.5-19.*

*D.O.S. Dis. 28/6/18 3
Phys. unfit. DOLL. Pt. 473 of
29/6/18*

NEXT OF KIN.

NAMES IN FULL

Bird, Mrs Sarah

RELATIONSHIP TO SOLDIER

Wife.

CHANGE OF ADDRESS

ADDR

*45 Armand Ave,
Toronto, Ont.
2.S.A.A.P. 17/8/16 ad.*

COUNTRY OF BIRTH

Canada, Brampton, Ont.

DATE

March 30th 1873

PLACE OF ATTESTATION

Lindsay, Ont.

DATE

Feb. 2nd 1916

*Sailed from Halifax 23/7/16 per S.S. "Olympic" 458
R/C 25-4-18 159/10-3*

MARRIED

Yes

SINGLE

WIDOWER

TRADE OR CALLING

Chef's helper.

RELIGION

C. of E.

DESCRIPTION.

APPARENT AGE

42

YEARS

10

MONTHS

HEIGHT

5

FEET

6

INCHES

CHEST MEASUREMENT

36

INCHES

EXPANSION

4

INCHES

COMPLEXION

Fair.

EYES

Blue.

HAIR

Grey.

DISTINGUISHING MARKS

Scar of burn on right arm.

Scar on left corner of mouth. Scar on palm of left hand.

MEDICAL EXAMINATION.

PLACE

Lindsay, Ont.

DATE

Feb. 2nd, 1916.

No. 725205 RANK

Plt

NAME

Bird. G.

24.

T. O. S. 31-1-16.

UNIT

D. O. B. 3. 2-2-16

109th. Battalion.

M. D. 3

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

UNIT SAILED

JUL 23 1916

NAME

RANK AND CORPS

CABLE

NO.

DATE

NATURE OF CASUALTY

REG'T'L No.

H. Q. FILE No. 649.

FOLLOWS

No.

FOLLOWS

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

- ~~B 83 1st Galters Gen ¹⁸⁵³ Neuritis Sciatic Nerve~~
~~Dudley Rd. Birmingham ¹⁸⁵³ Neuritis Sciatic Nerve~~
 B. 104 ¹¹ Ex. gran. ¹⁸⁵³ Can. Spec. Buxton 28-12-17 ¹⁸⁵³ Neuritis Sciatic Nerve
 B 153 3/1st South Can. Dudley Rd. Section 5-5-18 Neuritis Sciatic nerve
 Birmingham
 B 153 Granville Comp. Spec. Buxton 28-2-18 " " " "
 Derbyshire
 B 169 #16 Can Gen Orpington 14-3-18 Neuritis Sciatic Nerve
 5 Can Gen H. Orpington
 B 191-2 ² " Invalided to Can 15-4-18 " " "

per list 88

H

725205

NAME

Bird G

REG'T L No.

H. Q. FILE No. 649.

RANK AND CORPS

to
Mar left

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

Bird, George, Henry,

109730

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

U 81 4 Can Coll Stat

29-11-17

(3h) Neuritis Seratic
Merop

A 623
28

REG. NO. 725805 NAME Bird G. W.
(SURNAME FIRST)

RANK Plt CORPS 109th Bu.

AGE 57 SERVICE 2-4/12, E 12 1/2 F 10 1/2

NAME OF HOSPITAL Queens Mil. PLACE Kingston

DATE OF ADMISSION 12-5-18

DISEASE Myalgia

DISCHARGE 18-6-18 En Co

OPERATION

DISCHARGED TO DUTY

TRANSFERRED TO Cas Co 18-6-18

DISCHARGED BY MEDICAL BOARD Over

REMARKS

Adm Don Orthof 15-9-20 NYA
No 23-9-20 Indigestion

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

BIRD

G.H.

725205.

RANK

UNIT

Co.

TROOP

BATTY.

Pte.

11. *E.R.F.*
Man. 3, Lab.

HOSPITAL

DATE OF ADMISSION

1 S.G.H. Birmingham

29-11-17,
5-12-17.1 *Granville Can, spec. Boston* 28.12.17

HOSP.

2.

5. *Can. General Liverpool.* 14. 3. 18.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

Neuritis Seratic Nerve.

1

 Neuritis Siatic Nerve. *6*

2.

3.

A.M.D. 2 DEPT.

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

DISPOSITION

DATE

6-12-17 @ 87 (2)
6L. 8-12-17 B83.

REMARKS

11-12-17 B85-3. Correct Diag.

14. 1. 17. @ 88 (3) Note! - Ref. to Ch. 6-12-17 @ 87 (2)

4. 1. 18 B104. Name should read. Bird.

20. 2. 18 B144. re CFB 83 = 85 + 104. Note delete entries

2. 3. 18. B153. Same entries as before, "Unit changed."

21. 3. 18 B169.

18. 4. 18 B191 (a)

Invalidated to Canada. 15. 4. 18.

Dis. to Canada per HS. Araguaya
from Liverpool 15-4-18.

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

Original

ATTESTATION PAPER.

No. 7 25205

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? Bird
- 1a. What are your Christian names? George Henry
- 1b. What is your present address? 45 Armand Ave, Toronto Ont
2. In what Town, Township or Parish, and in what Country were you born? Brampton, Ontario
3. What is the name of your next-of-kin? Mrs Sarah Bird
4. What is the address of your next-of-kin? 45 Armand Ave, Toronto, Ont
- 4a. What is the relationship of your next-of-kin? Wife
5. What is the date of your birth? March 30th., 1865
6. What is your Trade or Calling? Mason
7. Are you married? Yes
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? 109th Battalion 12 Mos. 3rd Canadian
If so, state particulars of former Service. Labor Battalion, France, 11 1/2 Mos
11. Do you understand the nature and terms of your engagement? Yes
12. Are you willing to be attested to serve in the } Yes
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? No
14. If so, what was the nature of the disability? No
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? No
16. If so, what was the reason? No

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, George Henry Bird, 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 April 28th., 1919 Geo. Henry Bird (Signature of Recruit)
David Brown (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, George Henry Bird, 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 April 28th., 1919 Geo. Henry Bird (Signature of Recruit)
David Brown (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

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

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at Toronto Ont this 28th., day of April 1919.

London Drummond (Signature of Justice)

Description of George Henry Bird on Enlistment.

Apparent Age.....54 years 1 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. 7½ ins.

Chest measurement. { Girth when fully expanded..... 33 ins.
 Range of expansion..... 36 ins.

Complexion..... Fair

Eyes..... Blue

Hair..... Grey

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date..... April 28th., 1919.

Place..... Toronto, Ont

[Signature]
 Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

George Henry Bird..... 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.

[Signature]
 (Signature of Officer)

Date..... April 28th., 1919.

ATTESTATION PAPER.

No. 725205

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

DUPLICATE

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

- 1. What is your surname? *Bird*
- 1a. What are your Christian names? *George Henry*
- 1b. What is your present address? *298 Kingston Rd. Toronto*
- 2. In what Town, Township or Parish, and in what Country were you born? *Brampton Ont*
- 3. What is the name of your next-of-kin? *Sarah Bird*
- 4. What is the address of your next-of-kin? *298 Kingston Rd. Toronto*
- 4a. What is the relationship of your next-of-kin? *Wife*
- 5. What is the date of your birth? *March 30 1873*
- 6. What is your Trade or Calling? *Chapel helper*
- 7. Are you married? *Yes*
- 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? If so, state particulars of former Service. *4 yrs 30th Bn.*
- 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, *George Henry Bird*, 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.

G. H. Bird (Signature of Recruit)
W. Downey (Signature of Witness)

Date *FEB 2 1916* 191

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *George H. Bird*, 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.

G. H. Bird (Signature of Recruit)
W. Downey (Signature of Witness)

Date *FEB 2 1916* 191

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 *2nd* day of *February* 191

W. Downey (Signature of Justice)

Description of George Henry Bird on Enlistment.

Apparent Age..... 42 years 10 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height..... 5 ft. 6 ins.

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

Complexion..... Fair

Eyes..... Blue

Hair..... Grey

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

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.)

*Scar of burn on right arm
 Scar on left corner of mouth
 Scar on palm of left hand*

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..... FEB 2 1916..... 191 .

Place..... Lindsay.....

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.

George Henry Bird..... 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.

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

Date..... FEB 2 1916..... 191 .

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 BATTALION, C. E. F.

(2) Regimental Number 725205

(3) Full Name of Soldier George Henry Bird

(4) Place of Birth..... Brampton Ontario Canada

(5) Are you married, or not? yes

(6) If married, state,
 (a) Full name of your wife..... Sarah Bird

(b) Present Postal Address..... 298 Kingston Road

..... Toronto Ontario Canada

(7) Are you a widower?

(8) Have you any children?..... yes

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

Also their names and ages.....
 William Edwinson age 12 years

.....

(9) Is your Father alive?..... **No**.....

If so, state name and address

(10) Is your Mother alive?..... **No**.....

If so, state name and address.....

(11) If your Mother is a widow.....

Are you her sole support, or not?.....

(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.

(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.

(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**

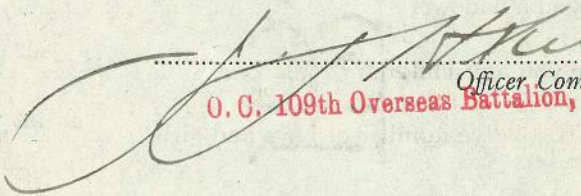
15) Are you insured?..... **yes**.....

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..... **July 9th 1916.**.....

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

CANADIAN EXPEDITIONARY FORCE
DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 725205 (Rank) Private

Name (in full) BIRD. George Henry. enlisted in
the C.A.M.C. T.D.#2

CANADIAN EXPEDITIONARY FORCE at Toronto.Ont on the 28th
day of April 1919

HE served in CANADA.

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 55 Years 9 Months

Height 5 Feet 7½ Inches

Complexion Dark

Eyes Btus.

Hair Grey.

Marks or Scars _____

General Service & Victory

Medals.

G. H. Bird

Signature of Soldier

E. Woodruff

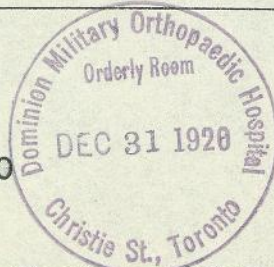
CAPT. & ADJUTANT

DOMINION ORTHOPAEDIC HOSPITAL

Issuing Officer

Date of Discharge

31-12-20



Rank

Date 31st December 1920

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.

CASE HISTORY SHEET.

Don. Dillop. Hospital. Toronto Station.
No. 725205 Rank Cpl. Name Bird, G.H. Age 54
Unit C.A.M.C. Completed years of service } F. 1 E. 1 1/2 C. 1 1/2
Date of admission 15-9-20 Date of discharge 23-9-20
Diagnosis N. Y. A. Place of origin Toronto 15-9-20
Indigestion 499
CONDITION ON ADMISSION AND PROGRESS OF CASE

C.A.M.C. #725205, Cpl. Bird, G.H.
Condition when discharged to duty.

Sept. 22nd, 1920 - Discharge to duty. Definite diagnosis has not been made - appears to have been a Gastro-Intestinal Disturbance.

L. P. Edman - Cash

been a gastric intestinal disturbance

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form)

CONDITION ON DISCHARGE

(and disposal made of case.)

Date

Medical Officer i/c case.

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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps *Amo 21602*
 Regimental No. *425705* Rank *Pt* Name *Pvt George Henry*
 Enlisted (a) *78/4/19* Terms of Service (a) *C.E.F.* Service reckons from (a) *78/4/19*
 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				
		S.O.S. (CAMC., T.D.2) No.2. Det, General List C.E.F. with effect from 24-8-20.	Toronto. Ont.	24-8-20.	A.D.M.S. Military District Orders #196 d/24-8-20.
31-12-20		S.O.S.D.O.H #2 Det.Gen.List.C.E.F. as "Medically Unfit" with effect from 31-12-20.Auth.R.O.1894 & Memo Pt.11.D.O. 349 dated 14-12-20	O.A.,C.A.M.C. T.D.No.2. Toronto.Ont.		Lieut-Colonel. CAMC. CAPT. & ADJUTANT DOMINION ORTHOPAEDIC HOSPITAL

(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.

Army Form - Active Service

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

MEDICAL HISTORY SHEET

725205

Surname Bird Christian Name George Henry

Examined { on <u>28th</u> day of <u>April</u> 191 <u>9</u> at <u>Toronto Ont</u> Birthplace { City or Town <u>Brampton ont</u> County _____ Apparent age <u>54 Yrs 1 Mos</u> Trade or occupation <u>Mason</u> Height <u>5</u> feet <u>5 1/2</u> Inches Weight <u>135 Lbs</u> lbs. Chest measurement { Minimum _____ inches Maximum expansion _____ inches Physical development _____ Small-pox Marks _____ Vaccination Marks { Arm <u>Right</u> <u>Left X</u> Number <u>Three</u> When Vaccinated last <u>1916</u> (a) Marks indicating congenital peculiarities or previous disease _____ (b) Slight defects but not sufficient to cause rejection _____	Approved by _____ Rank _____ M.O. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Fit or Unfit</th> <th>EXAMINED FOR RE-ENGAGEMENT</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Result</th> <th>VACCINATIONS</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Result</th> <th>ANTI-TYPHOID INOCULATIONS, ETC.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT																																		Date	Result	VACCINATIONS																									Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.															
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Enlisted on 28th day of April 1919 at Toronto Ont

CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment			
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.

Surname Bird.....
Christian names George Henry.....
Regtl. No. 725-205- Rank. Plt......
Unit. C.A.M.C......
H. Q.
M. D. No. 2.....
T. O. S. 19.....
D. O. Pt. II of
S. O. S. 19.....
Reason
Auth.

Next of kin Bird Mrs. Sarah..... Relationship. wife.....
Address 45 Armand Ave...... Also notify:
Toronto.....
Ont......

BORN—Place Canada Brampton Ont. Date Mar. 30th 1865-
ATTESTED—Place Toronto Ont. Date Apr. 28th 1919
O/S Re-allisted..... R/C.....

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT *2*

NAME OF SOLDIER

Gross Henry Fred

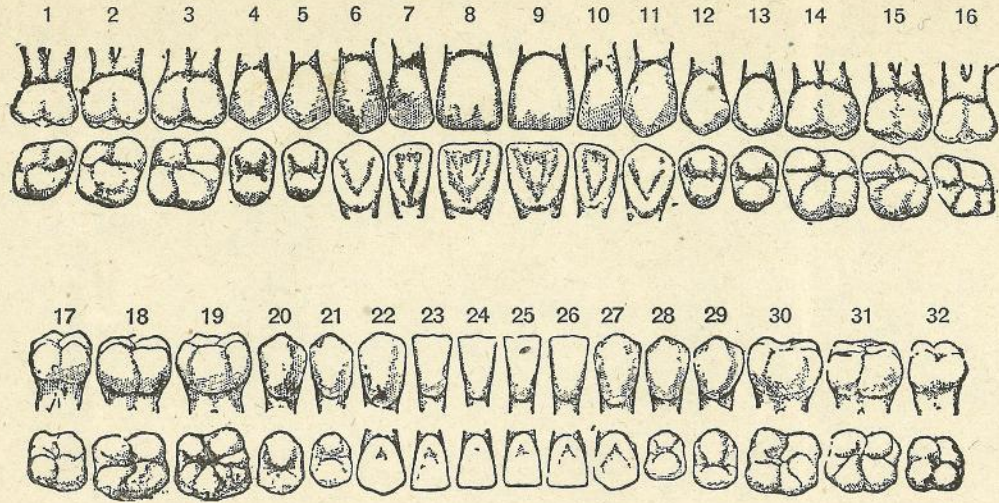
REGIMENT

Private

RANK

No.

2nd root



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) C. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoxa	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS	
												U	L	P			Gold	Porcelain					
																							<i>Full upper and partial lower Imps. Bites Tympan</i>
																							<i>M. K. Shontou</i>

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION..... *D.O.H. Toronto* DATE..... *Dec 6th 1920*

1. 1 (a) Unit..... *C.A.M.C.* (b) Regimental No..... *225205* (c) Rank..... *Pte*
 (d) Surname..... *Bird* (e) Christian name..... *George Henry*
 (f) Home address..... *43 Golfview Ave.*
 (g) Next of Kin..... *Mrs Sarah Bird* (h) Relationship..... *Wife*
 (i) Address of Next of Kin..... *Same address*

2. Age last birthday..... *55* Date of birth..... *Mar 30th 1865*

3. Enlistment, or Appointment (if an Officer) (a) Place..... *Toronto* (b) Date..... *28-9-19*

4. Personal description:
 (a) Height..... *5'7 1/2"* (b) Weight..... *190* (c) Complexion..... *dark*
(stripped)
 (d) Colour of hair..... *grey* (e) Colour of eyes..... *Blue* (f) Identification marks, Scars, etc.....
Scar across left side of mouth & cheek

5. Former trade or occupation..... *Brick-layer*

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

	PERIODS	
	From	To
Canada..... <i>Documentary 2nd Enlistment</i>	<i>28th Apr. 1919</i>	<i>to date</i>
England.....		
France or other theatres of War.....		

7. Original disease, or injury..... *Dupuytren's contraction of both palms.*

(a) Date of origin..... *Re-enlistment* (b) Place of origin..... *Canada*
 (c) Cause..... *Constitutional aggravated by service.*

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

Partial loss function left hand

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

Objective: - Left hand shows contraction of palmar fascia affecting only the little finger which is flexed to a right angle at the 1st interphalangeal joint and slightly flexed at distal interphalangeal joint. Dense firm scar tissue.
Right hand small scar in palm with slight contraction of palmar fascia leading to ring finger but no limitation of movement as yet in this finger.

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

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

Nearbyopia corrected by glasses for reading.
Complains of rheumatic pains in both legs in damp weather. No varicose veins or other abnormalities. Has pyorrhea & rather severe requiring treatment, is slightly debilitated but should improve with dental treatment.

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

History of injury both palms. Left in childhood, burn, scar followed. Small scar right palm since 30 years. M.H.S. states scars on palms. Enlisted Feb 1st 1916, 9½ months in France, Railway Troops. In Hosp 6 months for debility and rheumatic legs 1918. Discharged June 1918, medically unfit. Given \$75 in lieu of pension(?) Took dizzy spell 3 months after discharge. Taken on strength of D.S.R.R. out patient Class I 3 months. Treatment, massage and electrical. Tonics at Euclid Hall. Re-enlisted Apr 1919 in C.A.M.C. Amb. Coy. Contraction of little finger developed during this service.

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

Recent attack of acute indigestion about Sept 12th 1920. In bed one week, discharged from Hosp. Sept 12th 1920

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

See Sect 9 a

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

Yes

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

Yes

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment?

(a) and (b) no

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

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

Permanent will get worse

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

None

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration)

No

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

No

17. Recommendations Discharge as medically unfit for military service

Robertson Reji
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

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

I complain in addition of

G. H. Bissel Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

The board concurs

19. Is the invalid fit for

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

20. It is certified that the invalid

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

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

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

Discharge as medically unfit for Military Service.

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

PLACE *P.O.H. Toronto*

DATE *Dec 6th 1920*

E. R. M. Gies President.

R. W. H. H. H. H. H. Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

..... President

PLACE..... Members

APPROVED BY..... APPROVED BY.....
Assistant Director of Medical Services. Director-General of Medical Services.

DATE *DEC 15 1920*
[Signature]
CAPT.
FOR A. D. M. S. M. D. 2

DATE.....

Reserved for M.H.C.

Regt. No. 12520 Rank PTE Surname BIRD Christian Name GEORGE HENRY
Unit or Corps (a) Overseas from United Kingdom 3RD C.I.B. (b) In United Kingdom DEPOT PURFLEET

Born at Town BRAMPTON County or Province ONTARIO Country CANADA

Date of Birth 30TH Month MARCH Year 1863 Age 54 yrs 10 months

Joined at LINDSAY ONTARIO Date JAN. 31ST 1916

Former Trade or Occupation BRICKLAYER

Permanent marks or peculiarities that will serve for future identification:—

IRREGULAR BURN SCAR SIZE OF SHILLING AT LEFT CORNER OF MOUTH
LARGE-TRIANGULAR BURN SCAR IN PALM OF LEFT HAND.

Height feet 5 inches 6 Colour of eyes BLUE

Signature of Soldier (for identification purposes) G.H. Bird

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. DISABILITY (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted). (Follow the official nomenclature as far as possible.)

Group the disabilities, placing those resulting from separate causes in separate groups.

- Disabilities Group (a) MYALGIA - LUMBAR.
- Disabilities Group (b) NEURITIS - SCIATIC.
- Disabilities Group (c) NOT APPLICABLE.

2. CAUSE OF DISABILITY. (Follow the official nomenclature in stating the disease or injury.)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i.) As to Group (a) above.	GENERAL SERVICE CONDITIONS.	FRANCE.	SEPT. 1917.
(ii.) As to Group (b) above.	GENERAL SERVICE CONDITIONS.	FRANCE.	SEPT. 17.
(iii.) As to Group (c) above.	NOT APPLICABLE.	NOT APPLICABLE.	NOT APPLICABLE.

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

3. Is the disability due to disease contracted or injuries received prior to Active Service?

- (i.) As to Group (a) above? NO. If yes, has Active Service aggravated it? NOT APPLICABLE.
- (ii.) As to Group (b) above? NO. If yes, has Active Service aggravated it? NOT APPLICABLE.
- (iii.) As to Group (c) above? NOT APPL. If yes, has Active Service aggravated it? NOT APPLICABLE.

4. Is the disability due to disease contracted or injuries received while on Active Service—

- (i.) As to Group (a) above? YES.
- (ii.) As to Group (b) above? YES.
- (iii.) As to Group (c) above? NOT APPLICABLE.

5. If a cause of disability was an injury received on Active Service, was it received—

(i.) While on duty? Not appl.

(ii.) While off duty? Not appl.

(iii.) Was a Court of Inquiry held? Not appl. (iv.) Where? Not appl. (v.) When? Not appl.

(vi.) Opinion of the Court? Not applicable.

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical Sheet and other records.)

No previous similar trouble. Enlisted January 3rd 1915. To England August 1st 1915. To France February 1st 1916. In Labour Battalion. Reported sick November 27th 1917. Says he never reported sick before. For about two months before going sick had lumbar and sciatic pains but tried to take care of himself. Was cold and wet most of Fall of 1917. Sent to England by Etaples Board along with other men of over 50 years. 2/1st Southern Gen. Hospital, Dudley Road, Birmingham 4-12-'17 to 27/12/'17. G.C.S.H., Buxton 27.12.'17.

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

On admission pain and tenderness in lumbar region. Course of both sciatics, walked with left foot everted and right step shortened. With salicylates and alkalis he made excellent progress and now has no pains or tenderness, no lumps. Movements are free. Is soft after the Hospital life but feels well. Heart, lungs, nervous system - Normal.

8. OPERATION. (i.) Was one performed? NO.

(ii.) If so, state what. Not applicable.

(iii.) Was one advised and declined? NO.

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (i.) Is there loss or decay of teeth attributable to Active Service? YES.

(ii.) If so, describe. Right lower bicuspids extracted because decayed.

10. DO YOU RECOMMEND:—

(a) Fit for duty? NO.

(b) Fit for base duty? YES, BIII. Likely to be raised in Category within six months.

(c) Invalid to Canada? NO.

(d) Discharge from the Service as permanently unfit? NO.

Date of Report January 30th 1918.

Signed W.F. Dey, Capt., C.A.M.C.

Officer in medical charge of case.

Station GRANVILLE CANADIAN SPECIAL HOSPITAL, BUXTON.

I have satisfied myself of the general accuracy of the above report, and concur therein *except—

Stayner Ellis, Major, C.A.M.C.
Registrar, for C.C.

{ Officer i/c Hospital } Strike out one
{ S.M.O. Brigade } of these.

Date at G.C.S.H., Buxton Station, on 28.12.18 1918.

* Delete if inapplicable.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)?

If not, indicate it.

Yes.

12. Is the cause of the disability, fully indicated in Part I. (2)?

If not, indicate it.

Yes.

13. Was the disability caused or aggravated by—

(a) Negligence of the Soldier	}	Caused? <input type="checkbox"/>	}	(b) Misconduct of the Soldier	Caused? <input type="checkbox"/>
		Aggravated? <input type="checkbox"/>			Aggravated? <input type="checkbox"/>

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)

Not applicable.

15. THE PENSIONABLE DISABILITY—(see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate).

What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (Estimate at none, $\frac{1}{2}$, $\frac{2}{3}$, $\frac{3}{4}$, or all.)

Not applicable.

16. Permanency of the Pensionable Disability estimated next above in (15).

(i.) Is it permanent?

Not applicable.

(ii.) If not permanent, what is its probable minimum duration (in months)? Not applicable.

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? Not applicable.

18. Remarks.

This man looks any way from 55 to 60 years of age. He is not a good colour and in our opinion would be better in Canada.

19. Recommendation:—(a) Fit for duty? NO.
(b) Fit for base duty? NO.
(c) Invalid to Canada? YES.
(d) Discharge from service as permanently unfit? NO.

Classification for the Military Hospitals Commission.

G.

Date of Board

Exam. Med. Board,
4th Feb. 1918,
G.C.S.H.

Signatures
of
the Board

Geo. F. Boyer, Capt., C.A.M.C. ^{President.}
F.G. Macdonald, Capt., C.A.M.C.

Station

A.D.M.S. CANADIANS
LONDON AREA
LONDON.

Approved

Major, C.A.M.C. A.D.M.S.

Dated at A.D.M.S., Canadians, London Area.

Station

12 FEB 1918

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the _____ day of _____ 191

Members of the Board:—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

Dated at _____ this _____ day of _____ 191

Signatures of
the Board

President.

137627

EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT.

No. 725265 Rank 1/pt Name Bird G. H. 10-1-1917
Local Unit 124 Bn Overseas Unit _____ Age 54

Examination held in Bramshott area.

DISABILITY. none

Overseas—Local.
(scratch one out)

PRESENT CONDITION.

*Condition good has been used
to hard work & has never paraded
Sick*

Board recommends :

1. Fit for Duty.
2. Fit for duty after _____ weeks physical training.
3. Fit for Base duty _____ weeks.
4. Fit for Permanent Base Duty. *Class B¹¹*
5. Discharge.

Signatures :

Members { *C.E. Cornwell* ^{lin} Pres.
E.A. Dinslow Major

Approved.

Bramshott 10-1- 191 7 *Stewart Maj*

for A.D.M.S. and G.O.C.,
Canadian Troops, Bramshott.

Dunst

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Kingston, Ont. Q.M.H. DATE June 14th 1918.

1. 1 (a) Unit 3rd. Can. Lab. Bn. C.E.F. (b) Regimental No. 725205 (c) Rank Pte.
 (d) Surname Bird (e) Christian name Geo. Henry.
 (f) Home address.....
 (g) Next of Kin..... (h) Relationship.....
 (i) Address of Next of Kin.....

2. Age last birthday 54 Date of birth March 30th 1864.

3. Enlistment, or Appointment (if an Officer) (a) Place Lindsay, Ont. (b) Date Jan. 31st 1916.

4. Personal description:
 (a) Height..... (b) Weight..... (c) Complexion.....
(stripped)
 (d) Colour of hair..... (e) Colour of eyes..... (f) Identification marks, Scars, etc.
Burn across left palm, also at left side of mouth.

5. Former trade or occupation Bricklayer.

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

	PERIODS	
	Years	Days
Canada <u>109th Bn. C.E.F.</u>	<u>Jan. 31, 1916.</u>	<u>Feb. 1917.</u>
England <u>3rd. Can. Lab. Bn. C.E.F.</u>	<u>Feb. 1917.</u>	<u>Date.</u>
France or other theatres of War.....		

	PERIODS	
	From	To
Canada <u>109th Bn. C.E.F.</u>	<u>Jan. 31, 1916.</u>	<u>Feb. 1917.</u>
England <u>3rd. Can. Lab. Bn. C.E.F.</u>	<u>Feb. 1917.</u>	<u>Date.</u>
France or other theatres of War.....		

7. Original disease, or injury 1. Myalgia. 2. Overage.

(a) Date of origin 1. Nov. 1917 2. N.A. (b) Place of origin 1. France. 2. Not app.
 (c) Cause 1. Service conditions.

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

1. Myalgia. 2. Overage.

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

1. Man complains of occasional pains and aches in muscles but is much improved since returning to Canada.

1. Obj. Movements of arms and legs only slightly impaired. No tenderness of muscles & man is almost up to normal weight. Man is able to do light work.

2. Man states he is over 54 years old and looks the age stated. Teeth have been attended and lower denture provided. Specialist's Report on eye condition:

Hypermetropia + Presbyopia (age 54)

O.H. = $\frac{20}{100}$; $\frac{20}{20}$ + 1.25 D.

Add + 2D. to read J.1. Requires glasses

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

Nervous System..... Yes..... Cardio-Vascular System..... Yes..... Genito-Urinary System..... Yes (If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses See report as above. Respiratory System..... Yes..... Integumentary System.....

Disturbances of Mentality..... Digestive System..... Yes..... Muscular System.....

Osseous and Joint Systems..... Any other general condition.....

Prescription attached. No eye disability.

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

Man enjoyed good health and was always able to do full duty until Nov. 191 when the cold and dampness caused his muscles to ache and he was sent to Dressing Station. He has improved since being in Hospital and since returning to Canada has gained two pounds or more.

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

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

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

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

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? 1. 2. No.

The regimental documents will be referred to.

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 1. 6 months decreasing. 2. Permanent.

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

Hospitals in France and England.

Q.M.H. Kingston, since 28th April, 1918.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration)

No.

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

17. Recommendations. That this soldier be discharged from the Service.

Slight pensionable disability due to service.

Sgd. L. N. Armstrong, Capt. C.A.M.C.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

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

I complain in addition of.....

Sgd. G. H. Bird. Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

19. Is the invalid fit for

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

Yes.

20. It is certified that the invalid

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

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

with disability acquired on service.

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

Wm Gibson, Capt. A.M.C. President.

PLACE Kingston.

E.C.D. MacCallum, Capt. A.M.C. } Members

DATE June 14/18.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

President.

PLACE DATE Members

APPROVED BY W. Craig, Capt. A.M.C. Assistant Director of Medical Services. APPROVED BY Director-General of Medical Services.

DATE June 19, 1918. DATE

ORIGINAL
MEDICAL HISTORY SHEET.

Surname Bird Christian Name George Henry

Examined { on 2nd day of February 1916
 at Lindsay
 Birthplace { City or Town Brampton
 County Ontario

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

Apparent age 42 years
 Trade or occupation Chef Helper
 Height 5 Feet 6 Inches
 Weight 125 Lbs.
 Chest measurement { Minimum 32 inches.
 Maximum expansion 36 inches.
 Physical development Good
 Small-Pox Marks None

Date	Fit or Unit	EXAMINED FOR RE-ENGAGEMENT
		7-DEC 1917
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm. Right. None Left. Two
 Number Two

Date	Result	VACCINATIONS
<u>Feb. 2nd 1916</u>	<u>good</u>	<u>J. McCulloch</u>
		M.O.
		M.O.
		M.O.

When Vaccinated last Feb. 2nd 1916
 (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>18-4-16</u>	<u>Good</u>	<u>J. McCulloch</u>
<u>25-4-16</u>	<u>Good</u>	<u>J. McCulloch</u>
<u>2-5-16</u>	<u>Good</u>	<u>J. McCulloch</u>
<u>2-11-16</u>		<u>Hoboyd</u>
		M.O.
		M.O.
		M.O.

Enlisted on 31st day of January 1916 at Lindsay

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Batt.</u>	<u>725 205</u>		<u>31.1.16.</u>
Transferred to.. ..	<u>C.E.F.</u>			
	<u>124th OVERSEAS BATTALION C.E.F.</u>			<u>28/1/17</u>
	<u>3rd band hospital</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE.	DISEASE.	RESULT.
<u>Bramshott Camp, Hants.</u>	<u>10 JAN 1917</u>	<u>None</u>	<u>Clear</u>
APPROVED	<u>P. Stewart</u>		<u>J. McCulloch</u>
	<u>Major, A.D.M.S. for A.D.M.S., Canadian Troops, Bramshott Camp</u>		<u>Medical Board, Bramshott.</u>
<u>G.S.H. Austin</u>	<u>4-2-18</u>	<u>Malaria Mente</u>	<u>Discharge</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.

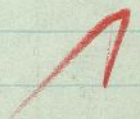
CANADIAN

1841

Christian Name *Walter*

Surname *Ward*

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>2/1st. Southern General Hospital Dudley Road, Birmingham.</i>											
		4	12	17	27	12	17	Rheumatism. Neuritis.	23	Trans. to Granville Canadian Special Hospital. Buxton	<i>Mulland.</i>
<i>Canadian Spec. Hosp Derbyshire</i>		27	DEC	1917	13	3	18	Myalgia	46	Began in France after exposure to wet & cold. Soon developed sciatica. On admission walked with l. foot inverted & stood 2. step. Pain in muscles & tenderness of sciatics. Began to improve at once & now fit for discharge <i>to I to C ward</i>	<i>Captain R.A.M.C.</i>
<i>No 5 CANADIAN GENERAL HOSPITAL LIVERPOOL Ward</i>		15	4	18	25	4	18	Myalgia General Do		Transferred to Canada Condition the same	<i>McF. Dwyer Capt Lewers Capt calm</i>



CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 725205 (Rank) Private
Name (in full) Bird, George Henry enlisted in
the 109th Tfs Battalion
CANADIAN EXPEDITIONARY FORCE at Lindsay on the 2nd
day of February 1916.

HE served in Canada, England & France
and is now discharged from the service by reason of medical unfitness for
further service, arising from sickness

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

Age 54
Height 5' 7 1/2"
Complexion Fair
Eyes Blue
Hair Grey

Marks or Scars

Burn across left palm
and left side of mouth

G H Bird
Signature of Soldier

L. Evans Major
for O. C. District Officer No. 3

Date of Discharge 28-6-18

Rank

Appointment

Signed at Kingston this 28th day of June 1918
in Military District No. 3

File Reference No. C-3-B-346

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. *725205* (Rank) *Pte* Name *Bird, George Henry*

Unit # *3 District Depot*

Address on Discharge *45 Annand Ave. Toronto*

Character and Conduct *— very good —*

Former Occupation *Bricklayer*

Special Qualifications of Value in Civil Life *chef's helper -*

Medals and Decorations *nil -*

Remarks *nil -*

Signed at *Kingston* this *28th* day of *June* 19*18*.

[Signature]
Name of Officer *Major*
for C. C. District Depot No. 3

Rank

Appointment

V. CAN' GEN M. H.
MEDICAL CASE SHEET.*
LIVERPOOL.

No. in Admission and Discharge Book. <i>T. 8461</i> Year	Regimental No.	Rank.	Surname.	Christian Name.
	<i>725205</i>	<i>Pte.</i>	<i>Bird</i>	<i>G.H.</i>
	Unit.	Age.	Service.	
	<i>3rd. L.S.B.</i>	<i>54</i>	<i>24/12 11/12</i>	

Station and Date

Disease *Myalgia Gen.*

Occupation *Bucklayer*



Enlisted: *June 3/15 Lindsay*
England: *Aug 1/15*
France: *Feb 1/1916*

Wounded: *Sept 27/nov 1917 Dunkirk*
Hospital: *Queen Alexandra's Marlow 4 days.*
± 668 St. Omer. 4 days.
American Hosp. Boulogne 4 days.
24 Southern Gen Birmingham 3 wks
6684 Buxton 27-12-17.

History

Patient states he never was sick before enlistment. Did full duty from enlistment until Nov 27th 1917. Served 11 months in France in labor battalion. Got wet and lay in wet clothes during service at Ypres which produced pains in back and legs until he was compelled to give up at Dunkirk.

Present condition

Local areas of pains in lumbar regions tender to touch, pains running down inner sides of both legs down to toes. Heart and lungs normal. Pulse standing 80 sitting 70. Tongue clean, bowels regular. Pains present during

29 DEC. 1917

Lumbago and Sciatica - Sciatica beginning with. Sp how in bath tender along

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

Station and Date.

both Sciatics and low lumbar muscles -
Electric Bath? Massage = Anesthetics at night
of muscle & deep. Refr. 1st. Quincher's Plot
Transfer to Sect. C.

Dec 31/17

Wheeler with a characteristic gait, left
foot everted & right step shortened,
wide base. Complains of pain in lumbar
region. No Kernig's sign. With knee
straight leg can be elevated to right angle
with trunk. With thigh flexed on trunk he
complains of pain in back of thighs when
knees are flexed. Forward, backward
& lateral movements of spine are fairly
free. Pain & tenderness seem to be
pretty general throughout back, thighs,
legs & feet.

В дод сал грxxx Сообикар 3т ас ошо

W.D. Dry Capt.

25 JAN. 1918

any on next meet = man.

Quincher's Plot

B=JAN. 1918

Improving splendidly. Almost no limp
& stiffness going away. Says he feels better
each day. Return 1 week

W.D. Dry Capt.

JAN 1918

Making splendid progress. would suggest getting
outside for some air and exercise

Quincher's Plot
Capt. Cunn

2 JAN 1918

Imp. and shape
To be braced for category
To be treated.

Quincher's Plot

Feb 1/18

Now no aches or pains. Movements all free. Feels
well but rather weak from lack of activity.

179 prepared for 16th.

EXAM. MED. BOARD

24 JAN 1918

EXAM. G. C. S. H. BOARD

4 FEB. 1918

G. C. S.

J. T. C.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	Unit.		Age.	Service.
Station and Date.	Disease			

NO. 5 CANADIAN
GENERAL HOSPITAL
LIVERPOOL

12-3-18

Does not complain of pain in back or limbs
now claims to be 54 and looks 60 years of age
appetite good bowels regular.

J. E. Anderson Capt

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

Station
and Date.

The image shows a single page from an old ledger or notebook. The paper is a light tan or cream color, showing signs of age such as discoloration and a small, faint purple smudge near the top center. A horizontal line runs across the top of the page, just below the header. The header itself is located in the top-left corner and reads 'Station and Date.' in a simple, serif font. Below this header, the page is ruled with approximately 25 horizontal lines, creating a grid for data entry. The lines are evenly spaced and extend across most of the page's width. The right edge of the page is slightly irregular, suggesting it might be part of a bound volume.

MEDICAL CASE SHEET.*

No. in
Admission
and
Discharge
Book.

Regimental No.

Rank.

Surname.

Christian Name.

425205

Pvt

Bird

GD

61317

Unit.

Age.

Service.

Year

1917

3rd Can. Bort.

54

2 yrs.

Station
and Date

Disease

Rheumatism - Rheumatoid

41st Gen. Hosp.
Kadly Rd.
Dec. 7-17

Pain in back & knees about a month ago.

Now pain all over.

Taking well. Not sleeping.

Aspirin 8x a day.

Bed 7.

Rec'd transfer to Canada.

Ent. Hatt 3rd tw.

Shumard, Capt.

21st. Southern General Hospital
Dudley Road, London

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

Station
and Date.

Kingston May 21/18

From; Lt.Col.J.C.Connell

Pte.G.H.Bird

725505

Hypermetropia + Presbyopia (age 54)

O.M. = $\frac{20}{100}$: $\frac{20}{20}$ + 1.25 D.

Add +2 D to read J.l.

Requires glasses

Pres.attached

No eye disability

J.C.Connell

Lt.Col. A.M.C.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	725205	Pte	Bird	G H.
Year	Unit.	Age.	Service.	
	3 C L B	54	2 1/2	11/12
Station and Date.	Disease	Myalgia General		
	PATIENT STATES:—	Occupation	Breechlayer Chaps Helper	
		ENLISTED AT	Lindsay Cant, 31.1.16	
		ARRIVED IN ENGLAND	1.8.16	
		ARRIVED IN FRANCE	1.2.17	
		WOUNDED AT	Reported sick Dunkirk 27.11.17	
	Hospitals.			
	C.C.S. Queen Alexandra Malo les Bains 27.11.17			
	# 4 Can C.C.S. 30.11.17.			
	2/1st South General Birmingham 4.12.17			
	G.C.S.H. Buxton 27.12.17			
Queen A.	Tenderness along the course of Sciatic nerve			
Malo les Bains	Tender calf muscles			
27.11.17	No wasting no fever Pt 54 years old			
No 4 C.C.S.	Rheumatism & Neuritis			
30.11.17				
G.C.S.H.	Never sick before enlistment. Did full duty from			
Buxton	enlistment to 27.11.17. Got wet & lay in wet clothes			
27.12.17	during service at Ypres which produced pain in back			
	Complains pains in lumbar region & down inner sides			
	of both legs to toes. Tender to touch			
	Pulse 70			
	No Kernig's sign			
	Tst Soda Sal gr XXX Soda Bicarb 3j acet h.s.			
8.1.18	Improving			
1.2.18	Now no ache or pain.			

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

Station
and Date.

No. 5, Can Gr
Liverpool
12.3.18

Does not complain of pains in back or limbs now
Claims to be 54 years of age & looks 60.
Appetite good bowels regular.

E. Henderson Capt.

CLINICAL CHART.

Army Form B. 181

Corps 3rd Cav. Bat.

(To be attached to Case Sheet.)

Military Hospital 21st Gen Hosp

No. 725205

Rank and Name Pvt. G. Bird

Age 34

Service 2415

Disease _____ Date of admission December 5th 17

Date of discharge 27 Dec. 1917

Result _____

Dates of Observation	December																											
	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25							
Days of Disease																												
Temperature Fahrenheit	Time																											
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
107°																												
106°																												
105°																												
104°																												
103°																												
102°																												
101°																												
100°																												
99°																												
98°																												
97°																												
Pulse per Minute	80	78	76	72	68	72	70	68	76	72	70	68	72	70	68	72	70	68	72	70	68	72	70	68	72	70	68	
Respirations per Minute																												
Motions per 24 hours																												

Signature _____ In charge of case.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 725205 Rank Pte. Name Bird, G.H.

Corps. 5rd Battalion who was* Discharged

On June 28th 1918, to Category "B"

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from June 1st 1918
to June 28th 1918, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques } No. <u>Clothing 5083</u>	<u>35</u>	<u>00</u>	Reg'tl Pay <u>28</u> days at \$ <u>1</u> c.	<u>28</u>	<u>00</u>
Assigned Pay and Sep'n Allce. No. <u>4441</u>	<u>40</u>	<u>00</u>	Field Allow. <u>28</u> days at \$ <u>10</u> c.	<u>2</u>	<u>80</u>
Other charges <u>O/Pd S/A June</u>	<u>2</u>	<u>00</u>	Separation Allowances* (Monthly)		<u>25</u> <u>00</u>
Payment on transfer or discharge No. <u>5082</u>	<u>20</u>	<u>20</u>	Other Allowances* <u>D.O. 65 Subs.</u>		<u>6</u> <u>40</u>
Balance Cr. (to be paid by the new unit)			Other Credits* <u>Clothing</u>		<u>35</u> <u>00</u>
			Bal. Dr. (to be deducted by new unit)		
Total	<u>97</u>	<u>20</u>	Total	<u>97</u>	<u>20</u>

* Give particulars.

A monthly stoppage of \$ 15.00 (†) has (‡) been paid on account of Assigned Pay for the month of June 1918 and Sep'n Allce. for month of 1918 (to) Assignee Mrs. S. Bird,
(Address) 45 Armond Ave.,
Toronto, 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 Feby. 2nd, 1916
- (2) if married and if a Separation Allowance Card has been submitted paid, to date of disch.
- (3) cause of discharge authority 3rd 88-B-530, June 22/18
- (4) authority for transfer

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date June 27th, 1918
Place Kingston, Ont.

W. Peters
PAYMASTER, NO. 3 DISTRICT

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

cheque #5082 attached

CASE HISTORY SHEET.

O.M.H. Hospital. - Kingston. Station.
No 1725205 Rank _____ Pte. _____ Name Bird G.H. Age 54
Unit 109th Bn. Completed years of service 2 yrs. 4 mos. (11 mos. France)
Date of Admission May 12/18. Date of discharge June 18th
Diagnosis Myalgia Place of origin France in 1917.

CONDITION ON ADMISSION AND PROGRESS OF CASE.

Man states he went to France in Feb. 1917. Reported sick for first time Nov. 27/17. For about two months previous to this he had lumbar and sciatic pains. Was cold & wet most of fall of 1917. He was sent to England for treatment of Myalgia and sciatica. Teeth of lower jaw are very bad. Has occasional pain in legs and back depending on damp weather. Heart apex in 5th interspace. mammary line. Slight accentuation of aortic sound, evidence in bronchial of sclerosis. B.P.S. 152. D 98. Urinalysis - negative.

Family History. Married - wife living, one son 15 years.

Treatment. Salicylates & light diet.

Condition on Discharge. *as above.*

Date June 19/18.

E.C.A. Crawford. Capt. A.M.C.
Medical Officer

C. 1/8 case
A 623

26-2-37

This space to be for numbers

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page).

No.	725205
Rank	Private
Surname	Bird
Christian Name	George Henry
<small>Note—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	109th Bn.
Date of Discharge	28-6-18
Place of Discharge	Kingston



1. DESCRIPTION AT THE TIME OF DISCHARGE.

	Descriptive Marks
Age..... 54 years..... 2 months.	
Height..... 5 feet..... 7 1/2 inches.	
Complexion Fair	Burn across left palm and left side of mouth
Eyes Blue	
Hair Grey	
Trade Bricklayer	
Intended place of residence } 45 Armond Ave. (To be given as fully as practicable.) } Toronto	

2. The above-named man is discharged in consequence of

medical unfitness for further, arising from sickness

3 m O. - 88 - B - 530 Dated 22-6-18

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

3. Conduct and character while in the service have been, according to the records, etc.

— very good —

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

— chef helper —

To be in the hand writing of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

M. F. B. 218.
100M.-1-17.
H. Q. 1772-39-113.

W.S. G. comp.
Jan 30/19
B.B

(OVER)

5. He is in possession of the following number of G. C. Badges:

nil

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

nil

To be copied by the Commanding Officer to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place)..... *Kingston*

S. Grant Major
for O. C. District Depot No. 3

(Date)..... *28-6-18*

Commanding

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place)..... *Kingston G.H. Bird*

(Signature of Soldier.)

(Date)..... *28 June 1888*

(Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

10. Statement of Service,

Service toward Engagement to..... (the date to which the Record of Service is completed) *2* years *146* days.

Total *2* years *46* days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place)..... *Kingston*

(Signature)..... *S. Grant* Major
for O. C. District Depot No. 3

(Date)..... *28-6-18*

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

None by Bird

<p>Attestation Paper Militia Form B. 233</p>	<p>Reg. Conduct Sheet Militia Form B. 203</p>
<p>Proceedings on Discharge H. 215</p>	<p>Conduct Sheet B. 203 Question Battery Company</p>
<p>In the case of recruits who are rejected on final appeal, the discharge documents will consist of</p>	<p>Copies of Convictions by C.P. in M.S.</p>
<p>(a) Proceedings on Discharge</p>	<p>Medical Report for Invalid B. 237</p>
<p>(b) Attestation</p>	<p>Statement of Man's Account on Transfer and Last Pay Certificate B. 817</p>
<p>(c) Medical History Sheet (in the event of such having been prepared)</p>	<p>*Only if discharged "Medically unfit"</p>
<p>N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.</p>	
<p><i>11-6-22</i></p>	
<p><i>11-6-22</i></p>	
<p><i>11-6-22</i></p>	
<p><i>11-6-22</i></p>	
<p><i>11-6-22</i></p>	
<p><i>11-6-22</i></p>	
<p><i>11-6-22</i></p>	
<p><i>11-6-22</i></p>	

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263. Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Attestation Paper, Militia Form B. 235. Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of (a) Proceedings on Discharge. (b) Attestation. (c) Medical History Sheet (in the event of such having been prepared.)
Med. Hist. Sheet, Militia Form B. 313	
Medical Report for Invalid* " B. 227.	
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	
*Only if discharged "Medically unfit."	

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

Additional Certificate in the case of a Soldier who takes his discharge on his own request.

Statement of Service

1

Continuation of Discharge

Discharge of the Soldier

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

5288/106
me

Name **Bird, G.H.**
Surname

Christian Name

01524-9-1

Regimental Number **725205**

Rank **Pte.**

Address (in full)

45 Armond Ave.,

Unit **3rd Bn.**

Toronto, Ont.

Original Unit

District where paid **M.D.3.**

Sara Bird

Date of Discharge **28-6-18.**

P. D. P. Filing Number **5-136-3.**

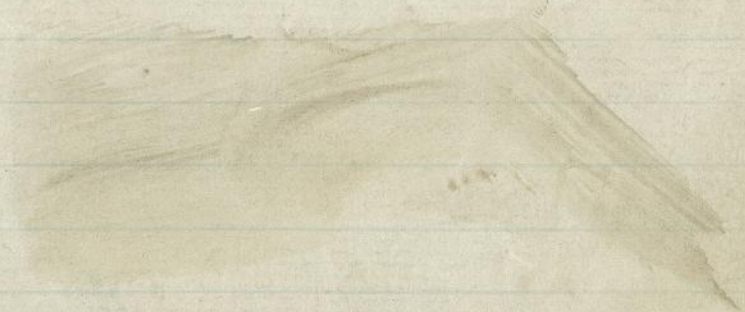
Rates:—Regimental pay \$ **1.00** per diem: Field Allowance \$ **.10** per diem. Separation Allowance \$ **25.00** per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
175 10	2672	28-6-18	58 00	2557	27-7-18	58 00	2262	28-8-18	59 10		175 10
	<i>1154 1st 514700</i>	<i>27 7/19</i>	<i>70 00</i>								
	<i>1154 1st 514701</i>	<i>27 7/19</i>	<i>30 00</i>								
	<i>522A 2nd 929574</i>	<i>10/3/19</i>	<i>70 00</i>								

M. F. W. 127.
50M-617.
1172-39-1140.

Remarks:



Dec'n No 52,88,10 W. S. G. File No 2,526,... - 10

Award days at \$ 1.00 per day \$

S. A. months at \$ per mo. \$ 5.00 00
 Less P. D. P. Credited \$ 17.50 10
 \$ 224.90

Less further debit balance \$ 4.00 90
 Net due paid as below 224.90

TO SOLDIER TO DEPENDEN

Or	g. No	Ch No	A. ou t	No	Ch No	Amount	
27-2-19	1154	34700	70 00	1154	34701	30 00	27-2-19
10-3-19	529A	2957	70 00	2431	424422	30 00	17-4-19
24/10/19	38599	536149	34 90	2001	457687	30 00	17-4-19
				38598	536150	30 50	24/10/19
				483583	20 00	10 00	
					80 00	00 00	
Total							

R W109
3-11-19

Hold all further payment

*Mrs Sarah Bird
45 Armond Ave
Toronto
Ont*

*5th cheque # 483583 cancelled
O. B. C. # 6-P. 12705 - 23/6/19*

*Discharged SCR 30/4/19
4+5 Payment issued 24/10/19
W75*



R-9

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom Sarah Bird By Whom Assigned Bird, G. H.
 Address ~~298 Kingston Road~~ Regtl. No. 725-205
Toronto, Ont. Rank Pte.
45 Armand Ave 23/8/16 Corps 109th Batt. "B" Coy
 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				



MILITIA AND DEFENCE
ASSIGNED PAY

M. F. W. 12a.
 50m.-4-16.
 1772-39-819.

Sheet No. 2.

L. L. Job 310.-Req. 6574.

Sarah Bird "Wife"
 PAYMENTS.

Name of Soldier

Bird, G. H.
 Plt - "B" Coy / 109th Bde

725205

\$15.00

Remarks.

AUG 1 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1915			
May				
June				
July				
Aug.		152702	15	
Sept.		X 16194	15	
Oct.		X 21162	15	
Nov.		24840	15	
Dec.		31638	15	
Jan.	1917	37129	15	
Feb.		43351	15	15 R
March		048617	15	15 L
April		0364	15	15 - CH
May		76479	15	
June		R 13050	15	15 - CH
July		P 20125	15	S
Aug.		R 27043	15	OB
Sept.		Q 33924	15	OB 2.10 B.
Oct.		F 47237	15	2.25 ✓
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

GER

0.15

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier.....

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

1-3-16

MILITIA AND DEFENCE

18

SEPARATION ALLOWANCE

Name *Sarah Bird*Name of Soldier *Bird Geo. Hy*Address ~~*298 Kingston Road*~~Regtl. No. *775205**45 Armand Ave. Toronto Ont*Rank *Pte.*Corps *109th BATTN*

Relation to Soldier

To what Corps belonging

wife, child or mother

wife

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>£ 34201</i>	<i>20 - 20</i>	



SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

*Sarah Bird**wife*

Name of Soldier

Bird George Ayl

L. L. Job 89002.-Req. 6213.

PAYMENTS.

725205

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	A 364	20 -	20
May		A 5155	20	20
June		B 2054	20	20
July		Z 7351	20	20
Aug. <i>22</i>		E 11741	20	20
Sept.		V 14767	20	20
Oct.		V 18239	20	20
Nov.		<i>W</i> 21818	20 -	20
Dec.		B W 24787	20	20
Jan.	1917	V 27495	20	20
Feb.		V 30672	20	20
March		V 33560	20	20
April		V 22	20	20
May		V 3242	20	20
June		W 6416	20	20
July		V 9779	20	20
Aug.		X 13051	20	20
Sept.		<i>16172 W</i> 1441	20	<i>B 380 B 1617 cancelled</i>
Oct.		<i>R</i> 22863	20	<i>T 400 ✓</i>
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

1-3-16

Aug 1/16

RATE OF SEPARATION ALLOWANCE

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

RATE OF ASSIGNMENT

15			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 425205
 Rank Pte Promoted _____ Reverted _____ Discharge _____
 Soldier's Name G. H. Bird
 Battalion 109 Battrn, B. Co.
 Beneficiary Sarah Bird
 Relationship wife
 Address _____

PARTICULARS OF ASSIGNMENT

Name Sarah Bird *wife.*
 Address 45 Armand Ave. Toronto. Ont.
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
31/10/17		400	225	625	
Nov	D 55388	20	15	35	
Dec	F 59062	20	15	35	
Jan	B 64648	30	15	45	
Feb	C 90591	25	15	40	
Mar	A 97891	25	15	40	
Apr	B 1788	25	15	40	
May		545	315	860	

.....A/c Closed 30-4-18
 Ret'd per A. [Signature]
 Date 22-4-18 F.X. 9-5-18
Clerk [Signature]
 MRD 23 and 1-5-18

M. F. W. 128
 400M-6-17-1772-88-141
 L. L. 22520-M. & D. 7693.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
 4006-6-17-1772-88-141
 L. L. 2330-M. & D. 598.

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

M. OR S. MARRIE P

REGT. NO. 725205

NEXT OF KIN <i>Mr. Sarah Bird</i>	RELATIONSHIP <i>wife</i>	PARTICULARS <i>Subs Cease 24-8-20 memo 37</i>	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.
ADDRESS <i>45 Armand Ave</i>	<i>Toronto</i>				PLACE OF ATTESTATION <i>Toronto</i>
IS SEPARATION ALLOWANCE PAID? <i>Yes.</i>	DATE EFFECTIVE <i>28-4-19</i>				DATE OF ATTESTATION <i>23/7/19</i>
TO WHOM PAID <i>Mr. S. Bird</i>	RELATIONSHIP <i>wife</i>				ASSIGNED PAY \$ <i>15.00</i>
ADDRESS <i>45 Armand Ave</i>	<i>Toronto</i>				PAYABLE TO <i>Mr. S.</i>
					ADDRESS <i>45</i>
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE
					DISCHARGED <i>Toronto</i>

BROUGHT FORWARD

MONTH	PAY AND F.A.			OTHER CREDITS			TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL CHARGES		OTH		
	NO. OF DAYS	RATE	AMOUNT	\$	C.	\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	
1919																					
March	31	1.50	46.50	24	80	10	-	30	-	101	30	5322 748	5323 128	25	-	31	30	45	-		
April	30	1.50	45	24				30		99		5323 463	5323 711	25	-	29		45	-		
May	31	1.50	46.50	24	80			30		101	30	5326 904	5321 214	25	-	31	30	45	-		
June	30	1.50	45.00	24				30		99		5324 445	5324 731	25	-	29		45	-		
July	31	1.50	46.50	24	80			30		101	30	5324 445	5324 731	25	-	41	30	45	-		
Aug	31	1.50	46.50	24	80			30		101	30	5324 445	5324 731	25	-	31	30	45	-		
				31	30					132	60	5328 448	5328 716	25	70					5	
Sept	30	1.50	45	14	60			30		92	60	5329 100	5329 209	25	-	32	60	45	-		
Oct	31	1.50	46.50					30		76	50	5329 100	5329 209	25	-	5	-	45	-	17	
												5349 445	5349 445	8.90							
Nov	30	1.50	45					30		75		5349 445	5349 445	15	-	15	-	45	-		
Dec	31	1.50	46.50	35	25			30		111	75	5349 445	5349 445	66	75			45	-		
			459	00	241	35	300	100	0.35					291	357	390	161	90	450	-	23

DAYS 183
 W.S.G. W.S.S.A. ACQUITTANCE ROLLS DATED & CHQ. NO. OTHER CHARGES W.S.
 120- 180- 600 100+0

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

REGT. NO. 725205 RANK PTE NAME (IN FULL) BIRD GEO. HENRY

AUDITOR *Go*

PAYMASTER *EW*

ORIGINAL UNIT C.E.F. PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

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

DATE OF ATTESTATION 23/7/1915 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY 15⁰⁰ DATE EFFECTIVE JUL 1 - 1920

PAYABLE TO Mr. S. Bird RELATIONSHIP wife

ADDRESS 45 Armand Ave Toronto

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED Toronto 31-12-20 PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

No. 2 DETACHMENT, C.E.F. 56

Mr. W. Mew 117

ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS		
COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3		PAY		CHARGES		CHARGES		DEBITS		DEBIT			CREDIT	
NO.	DATE	NO.	DATE	NO.	DATE	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.		\$	C.
<i>30</i>	<i>5322 7148</i>			<i>5323 128</i>		<i>25 -</i>		<i>31 30</i>	<i>45 -</i>							<i>101 30</i>				<i>10</i>		<i>Subs</i>		
	<i>5323 463</i>			<i>270 2913</i>		<i>25 -</i>		<i>29 -</i>	<i>45 -</i>							<i>99 -</i>				<i>10</i>		<i>On Bal. For 910⁰⁰</i>		
	<i>86 1314</i>			<i>706 2714</i>		<i>25 -</i>		<i>29 -</i>	<i>45 -</i>							<i>101 30</i>				<i>10</i>		<i>S322962 6217 20/3 SAAP March</i>		
	<i>5320904</i>			<i>5321214</i>		<i>25 -</i>		<i>31 30</i>	<i>45</i>							<i>99 -</i>				<i>10</i>		<i>Subs 24.80 March</i>		
	<i>5324465</i>			<i>285 46A</i>		<i>25 -</i>		<i>31 30</i>	<i>45</i>							<i>101 30</i>				<i>10</i>		<i>SAAP April 5323570 15.6 22/11</i>		
	<i>68A 116</i>			<i>334 371</i>		<i>25 -</i>		<i>29</i>	<i>45</i>							<i>99 -</i>				<i>10</i>		<i>Subs 24.00 April</i>		
	<i>6 13/7</i>	<i>1923/7</i>	<i>1316/7</i>	<i>65 2716</i>		<i>25 -</i>		<i>29</i>	<i>45</i>							<i>111-30</i>						<i>SAAP May 5320935 43A 25/5</i>		
	<i>30 332 332 344 343 333 3094</i>					<i>25 -</i>		<i>41-30</i>	<i>45 -</i>							<i>101 30</i>						<i>Subs mail</i>		
	<i>55 22 26 847 20 847</i>					<i>25 -</i>		<i>31 30</i>	<i>45</i>							<i>101 30</i>						<i>334012-62-24-6-20</i>		
	<i>278-48</i>					<i>25 -</i>		<i>31 30</i>	<i>45</i>							<i>101 30</i>						<i>Memo 80.37</i>		
	<i>60 345385</i>					<i>2570</i>										<i>132 60</i>						<i>Subs Case 25.80 G/Paid</i>		
	<i>59 109 294 76 68 209</i>					<i>25 -</i>		<i>32 60</i>	<i>45 -</i>							<i>92 60</i>						<i>7 Day subs 5.00</i>		
	<i>60 347134 347622 347396</i>					<i>25 -</i>		<i>32 60</i>	<i>45 -</i>							<i>76 50</i>						<i>Cheque 347063 31 30</i>		
	<i>50 34773 34597 34446</i>					<i>25 -</i>	<i>5 -</i>		<i>45 -</i>							<i>95 -</i>						<i>He Deposited</i>		
	<i>349495</i>					<i>8.90</i>										<i>17 60</i>						<i>D.R 3853 d 30</i>		
	<i>100-29-10</i>					<i>15 -</i>	<i>15 -</i>		<i>45 -</i>							<i>76 50</i>						<i>Ad. WOK 15.9-20 N/D</i>		
	<i>112 112 118 20 11</i>			<i>118 20 11</i>		<i>15 -</i>	<i>15 -</i>		<i>45 -</i>							<i>95 -</i>						<i>memo 59.10 duty post</i>		
	<i>349712 34982 349525</i>			<i>349525</i>		<i>15 -</i>	<i>15 -</i>		<i>45 -</i>							<i>111 75</i>						<i>23-9-20 7.0 66</i>		
	<i>124 10 12</i>			<i>124 10 12</i>		<i>15 -</i>	<i>15 -</i>		<i>45 -</i>							<i>111 75</i>						<i>1700 Ch Bank overcharged</i>		
	<i>70 349915</i>			<i>349915</i>		<i>66 75</i>			<i>45 -</i>							<i>1000 35</i>						<i>Subs</i>		
<i>35</i>						<i>291 357 390 161 90 450</i>			<i>23 20</i>							<i>1000 35</i>						<i>will already bid in</i>		
	ACQUITTANCE ROLLS DATE & CHQ. NO.										OTHER CHARGES WSG SA				AMOUNT DUE SOLDIER DEPENDENT									
											<i>100-10</i>													
	<i>35.00 Cloth Allow</i>																							
	<i>25.00 Mess Dinner</i>																							
	<i>M. Mew</i>																							
	<i>Paymaster, No. 2 Detachment, C.E.F.</i>																							

Class 5-2 Pay. 1⁰⁰ J.O. 50⁶ 1/2

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

REGT. No. 7252 65

M. OR S.

NEXT OF KIN Mrs Sarah Bird	RELATIONSHIP mother	PARTICULARS	EFFECTIVE DATE 28-4-19	AUTHORITY A.O. 123	ORIGINAL UNIT C.E.F.
ADDRESS 45 Armand ave. Tor.	wife	Requested Training Dept.			PLACE OF ATTESTATION Tor.
IS SEPARATION ALLOWANCE PAID? Yes	DATE EFFECTIVE 28-4-19				DATE OF ATTESTATION 28-4-19
TO WHOM PAID Mrs Sarah Bird	RELATIONSHIP wife				ASSIGNED PAY \$ 15 ⁰⁰
ADDRESS 45 Armand ave. Toronto					PAYABLE TO Mrs Sarah Bird
					ADDRESS 45 Armand ave.
C.A.M.C., M.D. No: 2					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE
					DISCHARGED PLACE

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A. '10		OTHER CREDITS		L.A.		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL CHARGES		OTR CHARGES			
	NO. OF DAYS	RATE	AMOUNT						COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3								
1919			\$	C.	\$	C.	\$	C.	NO.	DATE	NO.	DATE	NO.	DATE	\$	C.	\$	C.	\$	C.	\$	C.
May	31	1.10	37	40	4	80	42	80	2326	2	1426	14	8	42								
June	30	1.10	33	60	32	80	30	1107	2580	626	244	27	20	60	50							
July	31	1.10	34	10	24	80	30	98	579	593	579	20	18	90	50							
Aug.	31	1.10	34	10	24	80	30	98	3184	765	382	15	28	90	50							
Sept.	30	1.50	45	-	50	-	30	151	5185	496	5185	15	39	-	45							
Oct.	31	1.50	46	50	10	-	30	111	5186	851	1556	15	-	-	-							
Nov.	30	1.50	45	-	24	-	30	99	5187	800	1576	15	39	-	45							
Dec.	31	1.50	46	50	24	80	30	101	5187	546	1796	25	31	30	45							
Jan 1920	31	1.50	46	50	24	80	30	101	5188	333	2000	25	31	30	45							
Feb	29	1.50	43	50	23	20	30	96	5322	140	2226	25	26	70	45							
			228	00	131	85	150	509				105			169	60	225					25

Class. 5-2 Pay. 1⁰⁰ J.A. 50⁶ Sub. 80⁶ Auth PM. 19-F-109

AUDITOR *90* PAYMASTER *[Signature]*

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

REGT. NO. *725205* RANK *Pte.* NAME (IN FULL) *BIRD GEO. HENRY* No. *5W. 2503*

PARTICULARS <i>Requested Promoting to Serjt.</i>	EFFECTIVE DATE <i>28-4-19</i>	AUTHORITY <i>A.O. 123</i>	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
	PLACE OF ATTESTATION <i>Tor.</i>	TRANSFERRED TO	DATE	AUTHORITY	
	DATE OF ATTESTATION <i>28-4-19 P. all</i>	TRANSFERRED TO	DATE	AUTHORITY	
	ASSIGNED PAY \$ <i>15⁰⁰</i>	DATE EFFECTIVE <i>JUL 1 - 1920</i>			
PAYABLE TO <i>Mrs Sarah Bird</i>	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS			
ADDRESS <i>#5 Armand ave. Toronto.</i>					
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE				
DISCHARGED	PLACE	DATE	REASON	AUTHORITY	IF ENTITLED TO POST DISCHARGE PAY

No. 2 DETACHMENT, C.E.F. 56

*Wf already pd in full
see letter on file PM 25-Bi-H15
23 Feb 1920*

C.A.M.C., M.D. No. 2

ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS	
COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	DEBIT	CREDIT		
NO.	DATE	NO.	DATE	NO.	DATE												
		<i>2321</i>	<i>2426</i>			<i>14</i>		<i>8</i>		<i>43</i>				<i>65</i>		<i>6 80</i>	<i>Subs 19.520.5.1.60 ext. Subs 1.56.6.5.1.80</i>
		<i>2580</i>	<i>2646</i>			<i>27</i>		<i>20</i>		<i>60</i>				<i>97</i>		<i>10</i>	<i>Full Sub from 81.5.19.20.157 & a unrecorded may 5⁰⁰ P. Subs 21.5.1.30.6.30</i>
		<i>579</i>	<i>593</i>	<i>579</i>	<i>591</i>	<i>20</i>		<i>18</i>		<i>90</i>				<i>88</i>		<i>10</i>	<i>50⁰⁰ S.A.P. 5184 22.5.3 14⁸⁰ Subs 1-76.31-7</i>
		<i>5184</i>	<i>765</i>	<i>5184</i>	<i>137</i>	<i>15</i>		<i>28</i>		<i>90</i>				<i>88</i>		<i>10</i>	<i>24⁸⁰ Subs 1-56.31-8 45⁰⁰ S.A.P. 5184 105.6.26-8</i>
		<i>5185</i>	<i>496</i>	<i>5185</i>	<i>425</i>	<i>15</i>		<i>39</i>		<i>59</i>				<i>141</i>		<i>10</i>	<i>Free P.O. 19-5 28.26.31-8 105 12.0.40</i>
		<i>5186</i>	<i>051</i>			<i>15</i>										<i>10</i>	<i>Subs 24⁰⁰ 1-30 45⁰⁰ S.A.P. 5185 1206.27/9</i>
		<i>5186</i>	<i>800</i>					<i>11</i>		<i>30</i>				<i>101</i>		<i>30</i>	<i>45⁰⁰ S.A.P. 5184 24/10 Subs 1.6.31/10/19. 24⁸⁰</i>
		<i>5186</i>	<i>1576</i>			<i>15</i>		<i>39</i>		<i>45</i>				<i>99</i>		<i>10</i>	<i>Subs 24⁰⁰ Nov 45⁰⁰ S.A.P. 5187 1656.24/11</i>
		<i>5187</i>	<i>546</i>			<i>25</i>		<i>31</i>		<i>30</i>				<i>101</i>		<i>30</i>	<i>45⁰⁰ S.A.P. 5187 098/11826.17/12 Subs 1-31 Dec-52.4⁸⁰ Christmas Dinner</i>
		<i>5188</i>	<i>333</i>											<i>25</i>			
		<i>5322</i>	<i>1140</i>			<i>25</i>		<i>31</i>		<i>30</i>				<i>101</i>		<i>30</i>	<i>45⁰⁰ S.A.P. 5187 11/11 Subs 1-31 Jan 1920</i>
		<i>2296</i>	<i>1312</i>			<i>25</i>		<i>26</i>		<i>70</i>				<i>96</i>		<i>70</i>	<i>45⁰⁰ S.A.P. 5322 3026.225.19/2 Subs 2.3.20 Feb</i>
						<i>105</i>				<i>169</i>				<i>499</i>		<i>85</i>	
										<i>25</i>						<i>10</i>	

CARRIED FORWARD

CONDITIONS, &c.	EFFECTIVE DATE	AUTHORITY
HOSPITAL, &c.		
NAME OF HOSPITAL		

REG'L. No. 725205 RANK Pte NAME Burd, George Henry 416
 IF IN PERM. CORPS WHAT UNIT 109th Bn TRANSFERRED TO 124 Bn. DATE 21.1.17 AUTHORITY 20343
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO ccac. DATE 1.2.17 AUTHORITY 812.16.
 PLACE OF ATTESTATION Lyndsay Ont TRANSFERRED TO 3lab Bn DATE 11/3 AUTHORITY 501
 DATE OF ATTESTATION Febry 2/1916 TRANSFERRED TO MAD DATE 1/1/18 AUTHORITY 276 10/1/17
n.s.c. 20/2/18 506

ASSIGNED PAY MONTHLY \$ 15 00 DATE EFFECTIVE Aug 1st 1916
 PAYABLE TO Sarah Burd: 298 45 Armond Street 1/4/17 1793 wife
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE Toronto Ont Can.

PAYABLE TO RELATIONSHIP **1 SEP 1916**
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) Stopped EFFECTIVE 1.3.18 REASON Dis. to Canada
 DISCHARGE DATE AND PLACE Canada 19-2-18 REASON AND AUTHORITY Granville 6th 12/2/18
Injured

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

QUITTANCE ROLLS						CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
2		3		4		1	2	3	4	C		CREDIT	DEBIT				
No.	DATE	No.	DATE	No.	DATE												
Bal. from Canada												12 86					
						973				15		24 73	22 23				
						730	730			15		29 60	25 63				
						730	730			15		29 60	30 13				
						973				15		24 73	38 40				
						486				15		27 16	45 34				
						730				15		15	52 34				
						486				15		4 86	59 58				
						383	245			15		49 06	41 32				
						436				15		15	37 32				
						436				15		4 36	56 06				
										15		15 00	44 06				
										15		15 00	93 16				
						554	4414			150		254 10					

20343-8.12.16
 10/2/17

Trians 3 lab Bn
 501

Henry Ass Pay \$15⁰⁰

CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
2	3	4	CREDIT				DEBIT				
460	34	06		150 00		254 10 93 16					
				15 -		15 00 111 16					
				15		20 35 124 91					
				15		15 144 01					
1660	34	06		195 00		304 45					
268				15		14 68 159 33					
1728	34	06		210		322 73					
DUARS	CR.1	CR.2	PARTICULARS			DR.1	DR.2	DR.3	DR.4	BALANCE	
				210							
				75							

- L.P.C. issued, date Feb 19 - 1918
- Authority Granville 630 16/2/18
- Discharged to Canada 19.2.18
- Pay Book verified Extract
- Balance shown on L.P.C. \$ 114.97.61
- Balance shown in Ledger Sheet \$ 114.17
- Full particulars of entries making difference between 5 and 6 if any.

No.	Date	Unit & particulars of entry.	Amount	
			Debit	Credit
3797	5/2/18	Boston L 6-0-0 PM R. Bartholomew	29 20	✓
Net Difference			29 20	

8. Assigned Pay cancelled
A.3.M. Forms rendered Stopped Eff 1-3-18

or 9. Separation Allowance and Assigned Pay continued to dependent in England and transferred to Accounts Branch for payment Nil

Checked [Signature]
Certified correct [Signature] Officer i/o Group.