REGIMENTAL DOCUMENTS

NAME BURCHELL. PETER JOHN REGT. NO. 125024 UNIT #3 D.D. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY DEATH Category
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)	Lon 29-3-19				
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)				50613	
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
2	DENTAL HISTORY SHEET (M.F.B. 465)					Category
2	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Med unfit
	MEDICAL EXAMINATION (M.F.W. 129)					
1	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
1	LAST PAY CERTIFICATE (M.F.W. 44)					
2	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					1
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	Medical					41 8
1	Reg					10 8
1	Medical					5 8
	3 CCFD 1237					1
	2 X Ray					
	4 Medical					
				402188		

W. 2589
100M-11-18
17/2 39-1377

"B" "B" Coy.

ATTESTATION - PAPER.

No. 725024

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Burchell
1a. What are your Christian names? ..... Peter John
1b. What is your present address? ..... Emerald
2. In what Town, Township or Parish, and in what Country were you born? ..... Brighton Sussex England.
3. What is the name of your next-of kin? ..... Mary White
4. What is the address of your next-of-kin? ..... Elm View Chapel Lane Milford Surrey. England.
4a. What is the relationship of your next-of-kin? ..... Sister
5. What is the date of your birth? ..... 27 Nov. 1891
6. What is your Trade or Calling? ..... Blacksmith
7. Are you married? ..... No
8. Are you willing to be vaccinated or re-vaccinated and inoculated? ..... Yes
9. Do you now belong to the Active Militia? ..... No
10. Have you ever served in any Military Force? ..... 4 5 Rgt. 1 year.
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? ..... Yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? ..... Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Peter John Burchell, 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.

Peter John Burchell (Signature of Recruit)

Date Dec. 15 1915. Wm Hburrupwell (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Peter John Burchell, 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.

Peter John Burchell (Signature of Recruit)

Date Dec 15 1915. Wm Hburrupwell (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Lindsay this 8th day of January 1916.

G. H. Wallace (Signature of Justice)

M. F W. 23.
200 M.—11-15.
H. Q. 1772-39-841.

Description of Peter John Burchell on Enlistment.

Apparent Age 24 years — months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 1½ ins.

Chest measurement. Girth when fully expanded 37 ins.

Range of expansion 2½ ins.

Complexion Fair

Eyes Hazel

Hair D R Brown

Religious denominations.

Church of England

Presbyterian

Methodist Meth.

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 on upper lip
" " forehead

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 Dec. 15 1915.

Place Lindsay.

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

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

Peter John Burchell 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.

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

Date JAN 11 1916 191

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 735024 (Rank) Private

Name (in full) BURCHELL, Peter John enlisted in

the 109th Overseas Battalion

CANADIAN EXPEDITIONARY FORCE at Lindsay, Ont. on the 15th

day of December 19 15.

HE served in Canada, England and France.

and is now discharged from the service by reason of being medically unfit for further War Service. Authority 3DD-3-B-802 D/ 24-2-19 R.O. 1420

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

Age 27 yrs. 3 months.

Height 5 ft. 1½ ins.

Complexion Fair

Eyes Hazel

Hair Dk. Brown.

Marks or Scars Scar on upper lip. Scar on forehead.

P J Burchell
Signature of Soldier

R C Cassels Lieut.
Issuing Officer
Pro Discharge Section
No. 3 District Depot
Rank

Date of Discharge 26-2-19

Appointment

Signed at Kingston, Ont. this 26th day of February 19 19

in Military District No. 3

File Reference No. 3DD-3-B-802

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.

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

On demobilization the particulars called for on the back of this certificate will not be completed.

.....
Name of Officer

.....
Rank

.....
Appointment

B-1440 125024

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Burchell Christian Name Peter John

Examined on 15th day of December 1915 at Lindsay

Approved by J. McCullock Capt. Medical

Birthplace City or Town Brighton County Sussex England

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

Apparent age 24

Trade or occupation Blacksmith

Height 5 Feet 1½ Inches.

Weight 126 Lbs.

Chest measurement Minimum 34½ inches. Maximum expansion 37 inches.

Physical development Good

Small-Pox Marks none

Vaccination Marks Arm Right. Four Left. One Number Five

When Vaccinated last January 25th 1916

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection slightly underheight

Date	Fit or Unfit	Examined for Re-engagement	
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

27 JUL 1917

Date	Result	Vaccinations.	
25.1.16	Good	J. McCullock	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
14/12/18	1	B Bennett	
12.5.16	Good	J McCullock	M.O.
17.5.16	Good	J McCullock	M.O.
28.6.16	1	J McCullock	M.O.

Enlisted on 15th day of December 1915 at Lindsay

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	109th Batt C.E.F.	125024		15-12-15
Transferred to	38th Bn	5/12/16		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
No. 18 Canadian General (Ontario) Hospital, Orpington, Kent.	10 DEC 1919	Old Fract. L. Tibia	[illegible] L. Merriston Capt. [illegible]
Barrinfield Ont	22-2-19	Malunion left leg (Bilat) Coxa	N. Hagfastrom Capt. [illegible]

CANADIAN

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

M. F. B. 313.

150M.—8-15.
H. Q. 1772-39-439.

Surname Burchell Christian Name Peter John

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
2ND WESTERN GENERAL HOSPITAL LILY LANE, MOSTON. (WESTERN GENERAL HOSPITAL, MANCHESTER.)	25	8	17.					M.G.B.L leg.		Transfer to orthopaedic hosp.	E. L. Major
		25	4	14	1	3	18	B.W. L leg	220.	Admitted 28-6-14. Frac of tibia X Ray - frac in good position - no F.B. 10-9-14. Osteomyelitis. left leg. opened tibia great deal pus formed 12-2-18. leg broke down but better again. 1-3-18 for transfer.	[illegible]
Thos H. Esposon	1	3	18	15	3	18	Do		15	There are two deep sinuses in left lower leg between he should have action Surgical treatment for Orpington	[illegible]
#16 Con Gen Hosp Orpington	3	18	17	12	18				272.	Wounds Healed Normal movements	P.O. Mland Capt. C.A.M.C. [illegible] Lieut Colonel

Burchell P.

Station and Date.	
17/x0/17.	Admitted for altered [illegible] hospital: transfer from hospital for [illegible] opening [illegible]
	S.W.S.
	2nd WESTERN GENERAL HOSPITAL, DUCIE AVENUE, MANCHESTER.
19.11.17.	Transferred to Seymour Park.
	2nd WESTERN GENERAL HOSPITAL, SEYMOUR PARK, STRETFORD. 28 NOV 1917
	23/11. Operation only 5 weeks ago. Transfer 3-4. S.W. Clifford Capt.
	27 NOV 1917 Transferred to Ingestre Flatton on. Mer
	INGESTRE AUXILIARY HOSPITAL STAFFORDSHIRE.
	Dr. Scott New Wa
27.11.17	
28-11-17	Sinus in leg, syringed with borac. & perox packed with gauze soaked in Eusol.
[illegible]-17	Leg broken down on other side of leg
" 10-17	Leg broken down in second place inner & syringed & packing put in. foment
" 20-17	Wound rather better. syringes through sequestrum felt.
" 28-17	Wound somewhat improved
4-1-18	Wound looks better for the present
15-1-18	Wounds much the same
22-1-18	Dry dressing to wounds. Pt. walks without crutches
2-2-18	Leg looks fairly well. Still one sin discharging
12-2-18	Leg. br[illegible] down. but better again. foment
20-2-18	Wound [illegible] syringed through. packing +

Medical Officer: Major

Whether Overseas Expeditionary Force: 99

(Strike out whichever does not apply.)

MEDICAL CASE SHEET.*

Ward: B.H. Rel meth

Regimental No.	Rank.	Surname.	Christian Name.
725024.	Pte	Burchell	Peter

Unit.	Age.	Service.
38th Canadians A. Coy	24.	1 6/12 8/12

Station and Date.

Disease ~~SHRAPNEL WOUND~~ ~~RIFLE BULLET WOUND~~ M.G. Bullet wound upper 1/3 L leg & frac of tibia

Date of Onset 28/6/17

X ray report. Frac. in good position 2 no F.B.

STERIL GENERAL HOSPITAL LANE, MOSTON.

July 25/17

13/9/17 Dead bone to be felt with probe! unhealthy, inner surface

Transfer Class. B

10-9-10 operated osteomyelitis left leg opened tibia & then & then cleaned out in great deal pus found

WRJ

4/10/17 Stepping Hill on Duce ave

WRJ

Transferred to Stepping Hill Stockport

NOV 1917 Admitted STEPPING HILL HOSPITAL.

17. Ex Hospital to Duke Avenue.

LWT.

NOV 1917 Transferred to Duke Avenue, Manchester

J. HOWIE SMITH.

11.17. Admitted Duke Avenue

5-2-18 Discharged for Medical Board

Sister H Maude Woodhead

Mrs S. White MOC 25/2/18

Elm View

Chapel Lane

Melford

Surrey

Next of kin:

Antitetanus Inocn. 25/6/17	
Units	Date.
	12.7.17
500.	17/7/17
500.	8/10/17

8. Trans. to Woodcote Park Epsom

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

P.T.

903—M 1150 1,450,000. 6/12/16 C.F.& S. Forms/I. 1237/12. (K239)

(51)

Form I. 1237/12

Army Form I. 1237.

Duty 1/V/12/18

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
2GT5428	425024	Pte	Burchell	Peter J.
Year	Unit.		Age.	Service.
	38th Can Bn		25	2 6/12

Station and Date.

Disease G.S.W. Lt Leg (comp fracture Tibia)

Patient states he was wounded on June 28/16 at Lens.
Admitted into 11 Can. F. A. same day.
Thence to No 4 General Hospital. Operated upon - bone scraped.
Transd to 2nd Western Gen Hosp. Moston July 25/17
Operated upon 10. 10. 17. for Osteomyelitis & drain put in.
Transd to Stepping Hill Hospital Stockport 13. 11. 17.
Transd to Ducie Avenue Hosp. Manchester 16. 11. 17.
Transd to Woodcote Park. 1. 3. 18.
Transd to 4 16 Can Genl Hospl. 15. 3. 18

Operations:
One at 2nd West Gen Hosp. Manchester, Osteo-myelitis of bone (Tibia)

History:-
After being wounded had leg in splint for five months, being removed last Nov. 17.
In September had Dermofibroma on leg and diagnosis of Osteomyelitis was made and had operation for same.
There has been slight discharge from sin continuously.

Complaint:
Discharging wound left leg.

Examination:-
Small discharging sinus

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

Wt. W 6604/M 2870—1,500,000—8/17—H. & Sp. (10938). Forms/I. 1237/12. (E239)

[P.T.O.

Station and Date.	
	on inside of Tibial crest 3" below Patella the surrounding skin is inflamed. There is also a small discharging sinus outside of leg over Fibula 3" below head of bone. The area about sinus is inflamed and tender. No Callous can be felt.
	Movement:-
	Knee:- Normal
	Ankle:- Slight limitation of dorsi-flexion.
	Circulatory System } Normal.
	Respiratory System }
	Treatment:-
	X Ray left Tibia and Fibula upper half
	Present Condition:-
30.11.18	T. & T. wound left leg - healed. Wound of entrance, below internal condyle, healed; wound of exit lateral aspect, upper third healed. Incision wound 3½" long, anterior medial surface, upper third healed. All movements of leg excellent.
	Recommend B III category.
17.12.18	Canada Leave. M. J. Kennedy Capt CAMC

P.878. Extract D.O. No. 9 Unit.- E.O.R.D. Date:-

Reg. No.	Rank	Name	Struck off Strength of O.M.F. of C. on transfer to C.E.F. Canada.
425024	Pte	BURCHELL.	24. 1. 19

Acted on Ledger Ck.

Canadian

725024 Pte Burchell P.J. 109th Bn C.E.F.

Will removed by Regt. Paymaster

74214

G J Williamson CAPT.
Paymaster, 109th Overseas Battalion, C.E.F.

— 20 —

Perforated sheet for Will from Pay Book of Reg.

No. 725024

Name Peter John Burchell

Unit 109 Batt. Canada Infantry

Military Will.

In the event of my death I give the whole of my property and effects to my Sister. Mrs Marry White Elm. View Chapel Lane Milford Surrey England

Witness J. Graydon

Signature Peter John Burchell

Rank and Regt. Private. 109 Batt.

Date October 2nd 1916.

MEMORANDUM

From

To

.....19

From

To

ANSWER

.....19

M. F. B. 207.
500 M—12-15
H. Q. 1772-39-282

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units ....no.....

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid .....no.....

20. Have you been issued with a War Service Badge? If so, what class? Class A & B.

21. Have you, during the present war, served in the Imperial Forces? .....no.....

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled ....no.....

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? .....no.....

(b) If so, was such reversion in consequence of misconduct or inefficiency? .....no.....

24. Are you now serving in the C.E.F. .....no..... If not, give:—(a) Date of discharge .....Feb. 26th 1919..... (b) Reason for discharge .....Medically unfit.

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit.....no.....

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit.....

.....Unit on France 28th Bn.

.....Nov. 30/1916 – till – July 25/1917.....

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? ..no

(b) If so, are you in receipt of full pay and allowances from that Department? .....no...

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

Signature of Applicant: D J Burchell

Place of Residence: Omemee. Ontario

Declared before me at: Kingston

This 26th day of Feb. 1919.

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

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependenc	War Service Gratuity	Net amount due
			183 days.	$420.00

Certified Correct.

District Paymaster.

2448-P-2 35899 390

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

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

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

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

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

1. Christian Names Peter J. 2. Surname Burchell

3. Rank Pte 4. Original Unit 109th Bn 5. Reg. No. 705644

6. Address, in full, to which future payments of gratuity are to be forwarded Owen Sound Ontario

7. Date of enlistment in the C.E.F. Dec 15th 1915

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge not applicable

9. Relationship of such dependent not applicable

10. Address, in full, of such dependent not applicable

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? not appl.

12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—

109th Bn at Bramshot Camp Aug 1st/1916 - till Nov 20/1916

13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? no

14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service not applicable

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served Canada Dec 15/1915 to Aug Aug 1st/1916 - to 109th Bn - to France Nov 20/1916 - to 58th Bn - till - July 20/1917 to Eng. to Canada Jan 24/19

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department no

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? no

M.F.W. 2595.
1772—39—1389.
1160—D.P.—250M-12-18.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

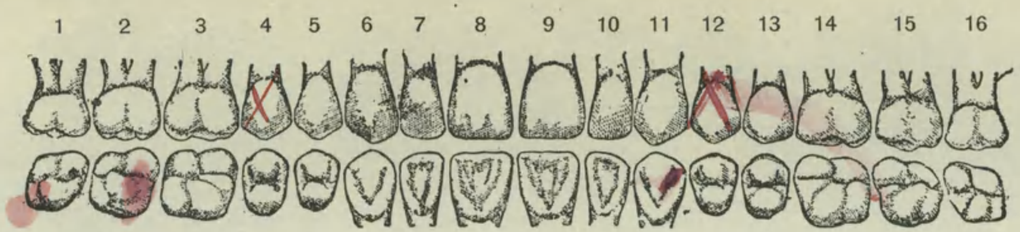
District 3.

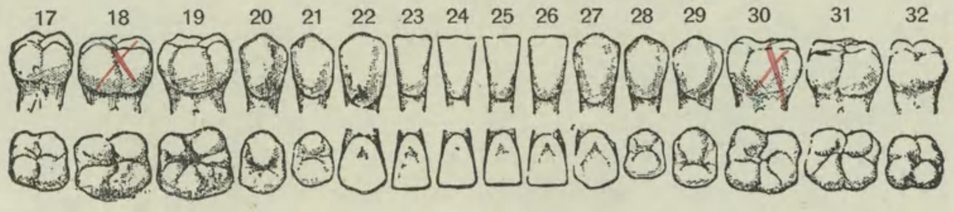
No. 725024.

Name of Soldier D. L. Burchell

Rank

Regiment





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.

	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	Operator	Military District	Remarks
Condition on first Examination	1919 Jerrold			2/211							4/12 3/12 18.30									Swinnerey Capt.	3 Can 61438	
																						Referred Treatment D J Burchell 20/2/19

M. F. B. 465.
150M.—6-18.
177-39-950.

(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.

Dick Morton

Omemee

Ont. Canada

(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.

(15) Are you insured? No

If so, in what Company?

Have you made arrangements for payment of your Insurance premium

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

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

Date July 6th 1916

B.

To be made out in duplicate.

H.Q. 54-21-23-53

DUPLICATE

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 725024

(3) Full Name of Soldier Peter John Birchall

(4) Place of Birth Portsmouth England

(5) Are you married, or not? No

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

(b) Present Postal Address

(7) Are you a widower? No

(8) Have you any children?

If so, give number of boys and girls

Also their names and ages

M. F. W. 67.

200M.—3-16.
I772-39-954.

(SEE OTHER SIDE.)

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT				Signature of Officer Making Payment.
			Dr.		Cr.		

ORIGINAL

M.F.W. 44.
1133 (D.P. 250M-12-18.
1772-39-903.

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

Regimental No. 725024 Rank Pte Name Burchill P J
(Surname first)

Unit 109 Bn who was* Discharged

On Feb 26 191 9, to Can-B 2

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Feb 1 to Feb 26 191 9 the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month	1 70	
Regimental Pay 26 days at $ 1 c.		26 —
Field Allowance 26 days at $ 10 c.		2 60
Separation Allowance		
Clothing Allowance		75 —
Post Discharge Pay		
*Other Credits Do 37 Subs		11 20
Advances J-419		
Separation Allowance and Assigned Pay Cheque No. ~~1725~~	15 —	
*Other Charges		
Balance on transfer or on discharge, cheque No. J-418	8 10	
Total	74 80	74 80

*Give particulars.

A monthly stoppage of $ 15 (†) has (‡) been paid on account of

Assigned Pay for the month of Feb 191 9
and Separation Allce. for month of 191

(to) Assignee Richard Morton Gunner Cond-

(Address)

(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

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

REMARKS:—

State (1) date of enlistment married or single

(2) Separation Allowance, entitled or not No (3) Reason for discharge

(4) Authority for discharge or transfer DDD-3-13-802

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

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

Date Feb 26/19

Place Kingston Ont

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

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purposes of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

COMPILED BY FBG
CHECKED BY HVW

Ck J-418 = 8 10/100 Attached
" J420 = 15 — " "

Station and Date.	

Forms
I. 1237
12

Ward 7

Army F. 237.

MEDICAL CASE SHEET.*

I.

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	725024	Pte	T. Burchell	
Year 1918	Unit. 38 Can Bn		Age.	Service.

Station and Date

Convalescent Hospital, Woodcote Park, Epsom.
2 MAR 1918

Disease M. G. B. Wd. lt. leg (Frac Tibia)

Fractured l. tibia upper part. Sinus still discharging lard & pain fut. Heart & lungs neg. Dressings. Fit duty

7. 3/18. There are two deep sinuses in left leg. Wounds. believe should have active surgical treatment - pr Springton.

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

(44502) Wt. W 11203—M 1150. 1,450,000. 6/12 16. C.F.& S. Forms/I. 1237/12. (E239)

P.T.O.

R—122

A.G.R. Rank Name BURCHELL, Peter John Reg'l No. 725024

Unit 109th Bn. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Lindsay, 15th Decr., 1915. Place of Birth Brighton, Sussex, England.

Name and Address, Next-of-Kin Mary White,

Elm View, Chapel Lane, Milford, ~~Susse~~ Surrey, England. Relationship Sister.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E R.B. No. 10101
File A.L.
Category Ca D O R

H. W. & V., Ld.—7165-16.

A.F.B. 103 CHECKED 8 DEC 1916

Report. Date.	Report. From whom received.	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.
		Arrived in England per H.M.T. 2810 31-7-16			
4.12.16	O.C. 109th Bn	SOS on tfr. to 38th Bn.	Witley	4.12.16	Pt II D.O. 339
13.12.16		38th Bn T-O-S on tfr from 109th ~~Bmsht~~ Field		6.12.16	Pt II D O 242.
6.7.17.	✓	Adm No 14 Gen Hsp.	Dannes Camiers	28.6.17	Cl. A239. G.S.W. Lt Leg.
30.7.17	✓	Adm. 2nd West. Gen. Hosp.	Manchester	25.7.17	C.L.B. 249.
31.7.17	✓	Posted to E.O.R.D.	Field	24.7.17	Pt II 75.
2.8.17	E.O.R.D.	To S. from 38th Bn.	Seaford	25.7.17	Pt II 143.
20-12-18	✓	On com. to C.D.D. Buxton	The Witley	14-12-18	914
3.2.19.	✓	Ceases on Comm. Buxton	" Seaford	24.1.19	D° 28
		SOS to Canada M.D. 3.			

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.				

M. F. B. 440.
200m-10-20.M.

In reply please quote

No.

MILITIA AND DEFENCE

Ottawa, Nov. 24/20.

From:

The Adjutant-General,
Canadian Militia.

To: #72502 Pte. J. Burchell,
Lindsay,
Ontario

Sir:

Enclosed herewith please find Military Will executed by you while in the C.E.F., and returned, the same being your own property.

Lieut., for Lt.-Col.,
Director of Records,
for Adjutant-General.

D-1
EBM.

C.A.D.C. [illegible] A

25.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

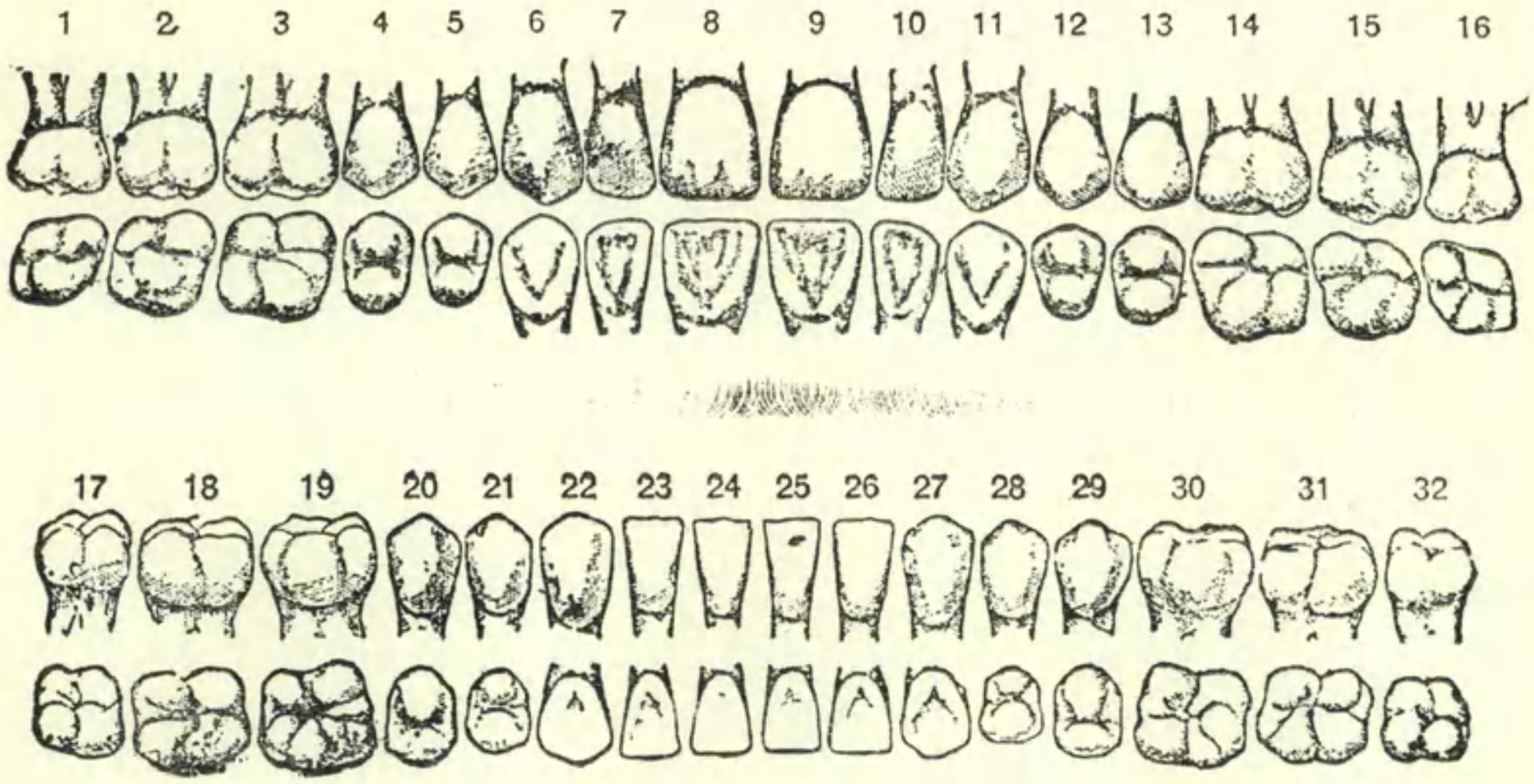
DIRECTIONS TO DENTAL OFFICERS

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

NAME OF SOLDIER (Block Letters) Burchell P. J.

REGIMENT C.D.R.S. RANK Pte No. 725024

Date of Examination in England 28-12-18 Date of Examination in France



PRESENT DENTAL REQUIREMENTS

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

HAS HE EVER REFUSED DENTAL TREATMENT ?

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

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

Signature of Dental Officer H Crowson Capt

CASE # 2931

QUEEN'S UNIVERSITY MILITARY HOSPITAL

X-RAY DEPARTMENT

Feb.21,1919.

Name and Rank Pte. P. Burchill

Regimental Number 785024

Regiment 38 C.E.F.

Part to be Examined Leg left

Clinical Diagnosis G.S.W.

Requirements: —Plates
Stereoscopic
Screened only

Localized only
Gaslight Paper

Urgent Not urgent Walking Stretcher

Referred from Pres. Medical Board, 3 C.C.D.D. Barriefield

Ward No.

X-ray Reports:

Old fracture of the Upper Third of the Fibula and Tibia. The Union and Position of the fragments are good.
There are three small preforations visible in the Tibia.

J. P. Quigley
Major, A.M.C.

O.i/c. X-Ray Dept.

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 109th OVERSEAS BATTALION, C. E. F.

Regimental No. 425024 Rank Private Name Burchell. Peter John.

Enlisted (a) 15.12.15 Terms of Service (a) D of W. C. E. F. Service reckons from (a) 15.12.15

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

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

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	
					A W Aselline Capt. ADJUTANT 109th Overseas Battalion, C. E. F.
4-12-16	O.C. 109th.	Proceeded overseas for service with 38th.Btn.	Witley	4-12-16	D.O.Pt.11 339
					A W Aselline Capt. ADJUTANT 109th Overseas Battalion, C. E. F.
6 12 16	C.B.D.	TAKEN on STRENGHT 38th Havre		6 12 16	N. R. P.R.T.O. 242 13.12.16
7 12 16	"	Left for Unit FIELD		7 12 16	N. R.
16 12 16	Unit	Joined Unit FIELD		9 12 16	B. 213. DCS. 69 - 30 12 16
28. 6. 17	4 Gen.	G Sec Reg. L. Sev.	4 Gen.	28. 6. 17	W 8034/4027
	38th	Wounded in Action	Field	28. 6. 17	B. 213. DCS. 186

CERTIFIED CORRECT. 12 DEC. 1916 CAN. RECORDS, LONDON.

20 JUIN 1917

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

[P.T.O.

725
Bur
P.J.

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				
24. 7. 17.	4 Gen. Hospital	Posted to C. Ont. Reg Dep. J M Anderson	Seaford. Lieut. for Lt. Col. A.A.G. Canadian Ex Force	24. 7. 17	W 5083. Pte Cominch. PAO. 75 d 31. 7. 17.
2-8-17 JWS.	EORD.	Posted from 38th Pn Areas	Seaford	25-7-17	P7 II 00 143
					for Mgr i/c Records, Ottawa
28-12-18		Attached C.D.D. Buxton for return to Canada, Part II Order No. 207 Ceases to be attached C.D.D. Buxton on embarking for Canada.			
24-1-19		Embarked Lumpoos	R.M.S. Grampian		
					Capt & Adj 116.2.9.8. Staff
		T.O.S. Casualty Company No. 3 District Depot. for Disposal, Part Two D.O. #38 Kingston 4-2-19			
26-2-19	SOS	Discharged	Kingston 26-2-19		

Lt. for Lt. Col.
Commanding Canadian Discharge Depot.

Lieut.
for O.C. Casualty Co., No. 3 District Depot

Capt.
O.C. Discharge Section
No. 3 District Depot

10,000 bks.—John Rissen, Ltd.—3067/2/17—Forms W 3172/3.

Army Form W. 3172.
(In pads of 50.)

_____ Hospital.

Ward C1. Med. No. of Bed 41 Date 8-7-17

Regl. No.	Rank and Name	Corps	Part to be X-Rayed
78531	Pte Barnwell	58 Coy A.S.C.	L. leg & knee joint

Short History of Case.
(To be completed by M.O. i/c case.)

urgent.
? f. b. returned
? fracture of tibia.
apparently a T. & T.
wd. but signs of osteo-myelitis.

Signature of M.O. H. Smith Capt
Date July 8 17

Report on Result of X-Ray Examination.
(To be completed by Radiographer.)

No. of Plate 224

no f. b.
fracture in good position

E. Bransford Reen.
CAPT. R.A.M.C.(T.F.)

Signature of Radiographer _____
Date _____

C (9 38 40) W5605—742. 300,000 8/15 HWV(8M1268) Forms/W3172/2

Army Form W. 3172.
(In pads of 50.)

Lily Lane. Hospital. Maitland.

Ward B 10 No. of Bed Date

Regl. No.	Rank and Name	Corps	Part to be X-Rayed
725024.	Pte. Burchill. P.	38th Canadians	

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case)

28-6-17 rec'd G.S.W. upper left leg, tibia fracture. Position ok. Healed nicely. Later broke down & has been discharging sequestrum & bits of bone ever since. Please say to determine amount of dead bone send plate.

W R Jackson

Signature of M.O.

Date

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

No. of Plate 14019. B

Osteomyelitis in upper third of tibia & fibula. No definite sequestrum. No F.B.

Signature of Radiographer W B Bothwell

Date 6 OCT 1917 CAPT. R.A.M.C. T.F.

2192. W.6520./M.2849. 10,000 Pads. 8/17. A. J. W. & Co., Ltd. E.1631.

Army Form W. 3172.
(In pads of 50.)

#16 Can Gen. Hospital.

Ward 7 No. of Bed 6 Date March 17/18

Regt. No.	Rank and Name	Corps.	Part to be X-Rayed.
725024	Burchell Pte	38 Can Bn.	Left Tibia & Fibula Necrosis of bone

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case.)

Wounded June 28/16 at Lens Hamel Division 4th Bdge. 12 Referred to #16 Can Gen Hosp from Woodcote Park

Signature of M.O. [illegible] Capt
Date March 17/18

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

No. of Plate R.G. 15-5½ 8½ × 6½ A.P.&L

Apparent area of necrosis 1" × ¾" at the medial posterior surface of the Tibia 1" below the Knee-joint.

Signature of Radiographer [illegible] Capt
Date Mch 18/18

2192. W.6520./M.2849. 10,000 Pads. 8/17. A. J. W. & Co., Ltd. E.1631.

Army Form W. 3172.
(In pads of 50.)

Olympia Hospital.

Ward 7. No. of Bed 51 Date Dec. 9 1918

Regt. No.	Rank and Name.	Corps.	Part to be X-Rayed.
128024	Pritchett J. Pte.	38th Cavn.	Left leg.

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case.)

Fracture of leg, just below knee joint. due G.S.W. 28.6.17. wounded at Lens 18.1.4 Epsom Hospital.

Signature of M.O. [illegible]

Date Dec-9 1918

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

No. of Plate L 9472 8½×6½ A.P. & L.

See report for plate 9/155.

Signature of Radiographer [illegible]

Date Dec 8/18

CHARGE.

Army Form B. 252.
(*See* King's Regulations.)

(Patient)
38th Canadian Battalion.

358

BATTERY
SQUADRON
TROOP or
COMPANY

CHARGE against No. 725024 Pte
Burchell P.J.

Place No.16 Can,Gen,(Ontario)
Hospital.Orpington, Kent.

Date of Offence 25-11-18.26-11-18.

OFFENCE AWL from 2100.25-11-18
till 0300.26-11-18.(1 day)

Names of Witnesses :—

Documentary

Punishment Awarded } ~~Awarded forfeiture of 1 day's pay.~~ ~~Forfeits 1 day's pay~~

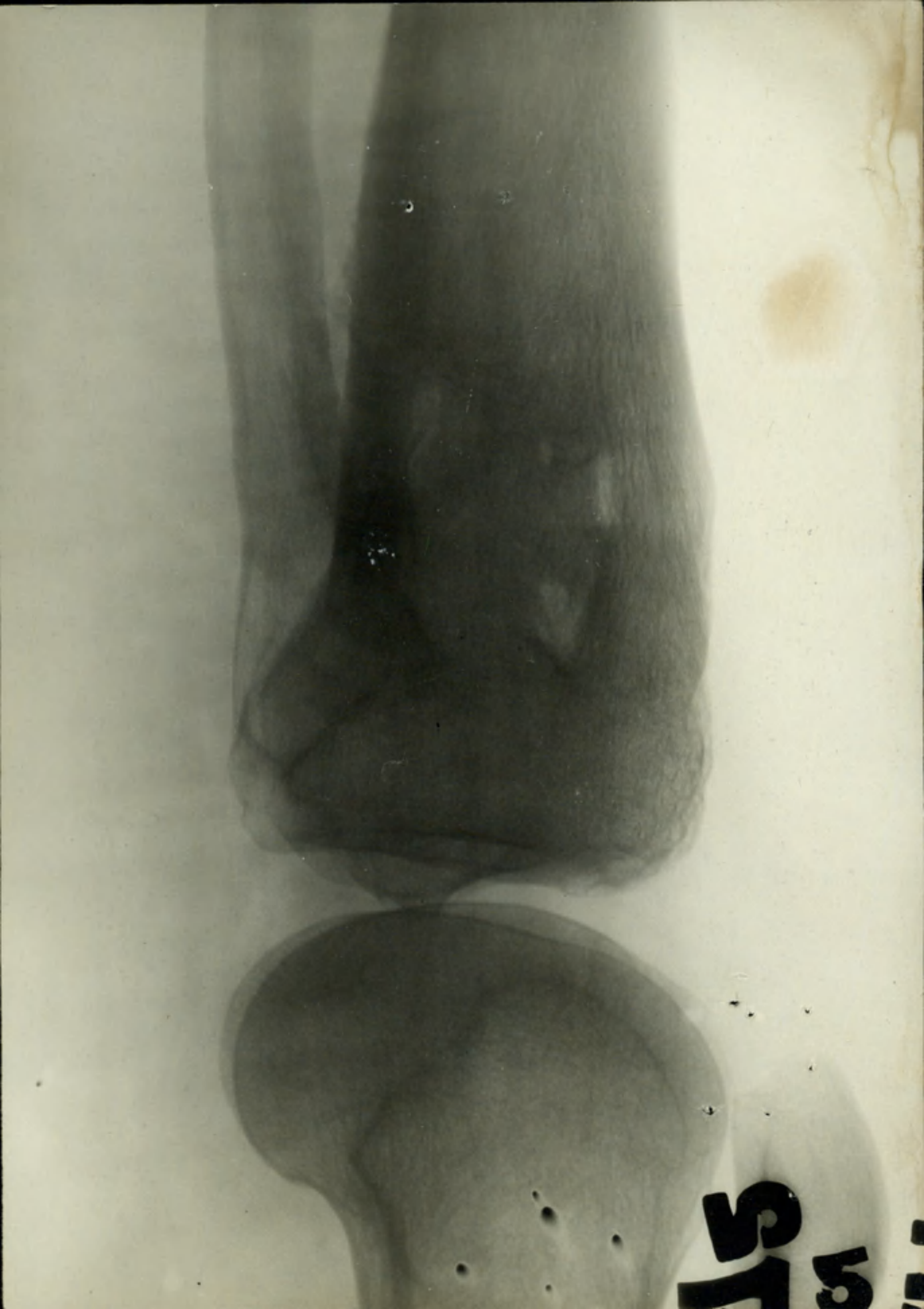
By whom Awarded } by R.W. Captain.G.W.A.Aitken. C.A.M.C.

26.11.18.

Norman Pearson
Major C.A.M.C.

Commanding Battery, Squadron, Troop or Company.

X1880. W5658/M2557. 3,500m. 8/17. D.P.W. (E 1621)



√

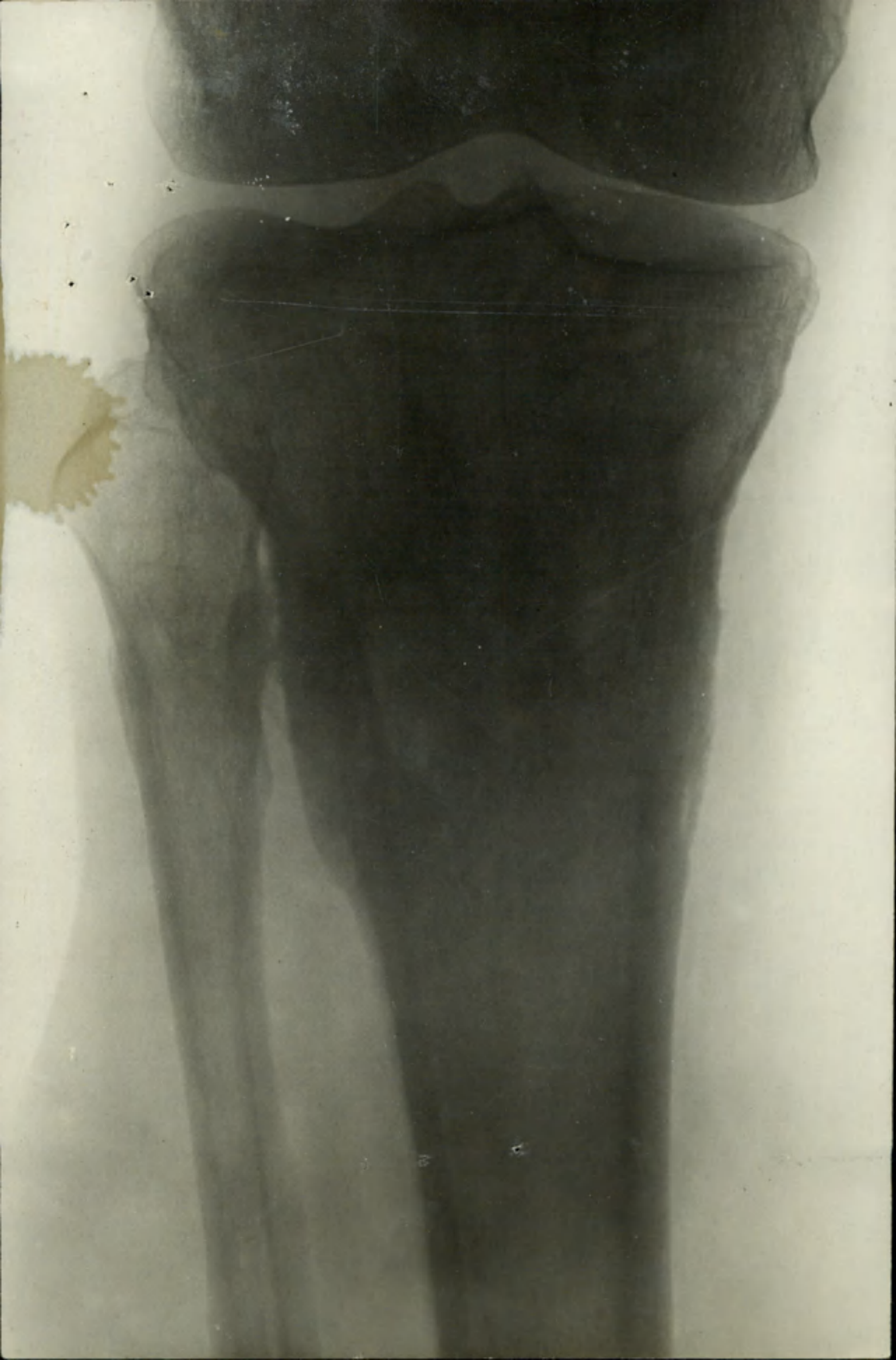
Ward No. 7.
No. 16 Can. Gen. (ont) Hospital.

Plate No. L/472.

Name. Burchell P.T. Pte.
Reg. No. 725024.
Unit. 38th Cans.
Bde. 12th.
Part. Upper½ LTibia & Fibula.
View. Lateral.

Report.
See report for Plate G/155.

To Ward. Dec 10.18



Ward No. 7.
No. 16 Can. Gen. (Ont) Hospital.

Plate No. L/472.

Name. Burchell P.C. Pte.
Reg. No. 725024.
Unit. 38th Cans.
Bde. 12th.
Part. Upper LTibia & Fibula.
View. Posterior.

Report.
See report for Plate G/155.

To Ward. Dec 10.18

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

FORM D.M.S. 1300.
8137—50m—28/2/17.

Surname	Christian Name or Names	Reg. No.
Burchell.	P. J.	725024.

Rank	Unit	Co.	Troop	Batty.
Pte.	38th. Bn	E. O.		

Hospital	Date of Admission
4. Gen. Dannes. Camiers.	28-6-17.

Transferred 2nd W. G. H. Manchester Hosp. 25-7-17
M. L. Conv. Hosp. W & PK Epsom Hosp. 2. 3. 18
16. Can. Gen. Orpington. Hosp. 16. 3. 18.
Hosp.

Diagnosis

(1) GSW. lt. leg. sev. R

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

heisc - 17. 12. 18

G.L. 6-7-17. A.239.
Ch. 30-7-17 B249
5. 3. 18 B154. 2.
19. 3. 18 B166.
31. 12. 18 B407.

REMARKS

A.M.D. 2 DEPT.

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

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 239	No 4 Gen Hannes Camiers	28-6-17	G & W. S. Leg. Lew.
B 249	2nd West Gen Manchester	25-7-17	G & W & Leg Lew)
B 154	Mil Conv Woodcote Park Epsom	2-3-18	" " " " " "
B 166	#16 Can Gen, Orpington Kent	16-3-18	" " " " "
B 407	Disch	17-12-18	. . . . .

NAME Burchell. Peter. John.

REGT'L No. 725024

H. Q. FILE No. 649.

RANK AND CORPS Pte 85th Bn. from 109th Bn

FOLLOWS No.

FOLLOWS

CABLE No.	CABLE DATE	NATURE OF CASUALTY
M5683	6-7-17	adm. #4 Gen. Hosp. Camiers June 28-1917 G. S. W. L. Leg.

L. L. 20497—M. & D. 7908

M. F. W. 42—50M.—5-17.
H. Q. 1772-39-893.

Date..... Character on discharge.....

Date and place of enlistment.....

Date of Medical Boards.....

Remarks	Pt. 2 Order No.

surname first.

(over)

com.

Number 725024 Rank Pte.

Surname BURCHELL.

Christian Name Peter John.

Units 38th Bn. Can. Inf. Theatre of War France.

Date of Service 4. 12. 16.

Remarks King St. Owen Sound, Ont

Latest Address [redacted]

B Page 19313

Roll No.

M.F.W. 192
150M—6-18.
1772-39-1243.
200m.-6-21.

No. 725024 Rank Pte Name Burchall. P. J.

T.O.S. 15-12-15. Unit 109th. Battalion.
D.O.23.16-12-15-

M.D. 3.

Paid From	Paid To	Sig. or Rec't	Promotions, Transfers, Discharges, etc.	
			Particulars	Authority
1915 Dec 15.	1915 Dec 31	✓		
1916 Jan	1916	✓		
Feb.		✓		
Mar.		✓		
April.		✓		
May.		✓		
June.		✓		
July.		✓		

UNIT SAILED
JUL 23 1916

Date		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

FORM R. 149.
7106–250m–7/2/17.

N/E

Name BURCHELL. Peter, John, *Rank* PTE. *Reg. No.* 725024

Unit 38th. Batt'n.

Next of Kin Mrs. Mary White,
Elm View, Chapel Lane, Milford, Surrey.

Date		Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917.							
28-6.	4	G.H. Camiers.		GSW L. Leg sev.	A239.	5-7. M5683.	6-7.
25-7		2nd West G. H. Manchester		Do	B249.		
2-3-18		Mil. (Con.) H.		Do	B.54		13598
16-3		16 C.G.H. Orpington.		Do	B166		14491.
17-12		Discharged		Do	B407		541
17-12		on 27-12 to C.D.D. Buxton. Ofp. 13526.					

NE 19-9

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Blacksmith. RELIGION Methodist.

DESCRIPTION.

APPARENT AGE 24. YEARS 0. MONTHS

HEIGHT 5. FEET 1 1/2. INCHES

CHEST MEASUREMENT 37. INCHES EXPANSION 2 1/2. INCHES

COMPLEXION Fair. EYES Hazel. HAIR D. Brown.

DISTINGUISHING MARKS Scar on upper lip, on forehead.

MEDICAL EXAMINATION. PLACE Lindsay. DATE Dec. 15th. 1915.

CARD NO. 3

SURNAME. Burchell.

CHRISTIAN NAMES Peter John.

REGL. No. 725024 RANK Pte.

UNIT 109th. Batt.

FORMER CORPS 45th. Regt.

SoS. 22-2-19 FOLL. m. w.

PrT. 5-8-27/2/19

NEXT OF KIN.

NAMES IN FULL White Mary.

RELATIONSHIP TO SOLDIER Sister.

ADDRESS Elm View, Chapel Lane, Milford, Surrey, Eng.

CHANGE OF ADDRESS

COUNTRY OF BIRTH England. Brighton Surrey. DATE Nov. 27th. 1891.

PLACE OF ATTESTATION Lindsay. DATE Jan. 8th. 1916.

Sailed from Halifax 23/7/16 488/8 per S.S. "Olympic"

B/C 2-2-19 261 pte

L. L. 90:89.—M. & D. 6312. M. F. W. 22. 100m.—1-16. H. O. 1772-39-838.

L. L. Job 310—[illegible] & D. 6574.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—4-16.
H. Q. 1772-39-819.

To Whom Richard Morton

Address Onemee, Ont

Rate $15.

AUG 1 1916

By Whom Assigned Burchell P. J.

Regtl. No. 725027

Rank Pte.

Corps 109 Btn "B" Ley

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

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—4-16.
1772—39—819.

Sheet No. 2.

L. L. Job 310.—Req. 6574.

Name of Soldier P. J. Burchell

P. Morton

PAYMENTS.

425024 — Pte — 109 Bn

$15.00

"B" Coy

AUG 1 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		J 15565	15	
Sept.		S 16252	15	
Oct.		S 21261	15	
Nov.		J 24909	15	
Dec.		F 31585	15	
Jan.	1917	Q 35772	15	
Feb.		Q 42115	15	15
March		U 44736	15	15-15
April		P. 473	15	15 15.
May		P 6804	15	
June		Y 13730	15	15 15.
July		S. 20905	15	C
Aug.		V. 27190	15	03
Sept.		U 33437	15	03
Oct.		Y. 48077	15	
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

210

225.00

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

15280

OVERSEAS CONTINGENTS

Date of Assignment Aug 1-/16

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15			

B

PARTICULARS OF SEPARATION ALLOWANCE

No. 725024

Rank Pte. Promoted Reverted Discharge

Soldier's Name P. J. Burchell

Battalion 109th Battn. B. Col.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Richard Morton

Address Omemee. Ont

Change of Address

1

2

3

4

2448-P-2.

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Oct 31. 1917			225	225		
Nov	C 55492		15	15		
Dec	C 64934		15	15		M
Jan 18	T 65325		15	15		X
Feb	C 98436		15	15		
Mar	A 105722		15	15	✓	
apl	A 2920		15	15		B
May	H 17602		15	15		
June	E 16593		15	15		
July	O 32200		15	15		
Aug	L 29008		15	15		
Sept	H 43247		15	15		
Oct	J 46774		15	15		
Nov	B 58310		15	15		
DEC	M 62796		15	15		
Jan 19	H 73925		15	15		
Feb	J 77117		15	15		
			465	465		

A/c Closed 28-2-19

Ret'd per Crampin

Date 2-2-19 F.X. 5-2-19

Th. 6. 3 Clerk Ed Brady MR 63028

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 1593.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

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
400m.—6-17—172-39-1141
L. L. 22520—M. & D. 7493.

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:– 1/8/16		EFFECTIVE DATE:–	
AMOUNT:– 15.00		AMOUNT:–	

NAME:– BURCHELL Peter John

NUMBER:– 725024

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Richard Norton
Dunnville, Ont.

Stopped effec 1/1/19

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:– 109 Bn

DATE ACCOUNT FIRST OPENED:– 1/8/16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			CORD
OTP 18 13/19 17/12/18	1/1/19	10/2/19	Can. Sect

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

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
27/11/18	8439	Orpington Nov/18	~~9 73~~				
17/12/18	9512	✓ Nov/18	~~48 67~~				
26/11/18		Forfeit 1 days Pay & 1 day RW Nov/18	~~2 20~~				
		(SF 17/12/18 – 27/12/18 Nov/18	~~1 20~~)				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:– Transferred to Canada 1/1/19 authy 18 13/19 17/12/18 Orpington L.P.C bal 73 53

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Mar 31	Bal Fwd								217 30		
Apr	PP	33		R-39 – London 10/4/18	48 67			15			
				aR134 – Orpo – 3/4/18	4 87				181 76		
May	✓	33 34 10		aR1277 ✓ 1/5/18	53 54 / 4 87			15 / 15			
				R135 London 6/5/18	48 67						
				aR3147 Orpo – 29/5/18	4 87				142 45		
June	✓	34 10 / 33		C.A.P.	58 41			15 / 15			
				Rem. 243 – 12/6/18	48 67				111 78		
		33			48 67			15			
July	✓	34 10		C.A.P.				15			
				aR.3106 – Orp. 10/7/18	4 87				126 01		
		34 10			4 87			15			
Aug.	✓	34 10		C.A.P.				15			
				aR.3864 Orp. 7/8/18	4 87				140 24		
		34 10			4 87			15			
Sept	✓	33 –		C.A.P.				15			
				aR.4644 – Orp. 4/9/18	4 87				153 37		
		33			4 87			15			
Oct.	P & A	34 10		CAP				15			
				AR.5692, #16 CGH, 2/10/18	4 87						
				Rem. 863, 28/10/18, #16 CGH	73						
				AR.6960, #16 CGH, 30/10/18	4 87				89 73		
		34 10			8 2 74			15			
Nov	✓	33		CAP				15			
				✓ 8439 ✓ 27/11/18	9 73						
				awL 21.00 25/11 – 3.00 26/11/18							
				Forfeit 1 days Pay & 1 day R.W. 4/9/18 BO 3.00 20 RW		2 20					
Dec		34 10		CAP				15 –			
	S/F 17/12 – 27/12 = 10 days BO. 301 20/12/18 CCR BUXTON	7 30		AR 9512 17/12/18 Orpington	48 67				73 53		
		74 40		forwarded	58 40	2 20		30			

Checked R. Perry 20/2

NUMBER 725024 RANK Pte NAME BURCHELL. P. J.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Brought fwd.					73 53		
Feb.				AB. 8094. 7/1/19. C.C.D. Buxton	9 73				54 07		
				351 21/1/19 (end)	9 73						
					19 46						

Married or Single: Single

Place of Birth: Brighton Sussex

Name and Address of Next of Kin: Mary White
Elm View Chapel Lane Milford Surrey Eng

Relationship of Next of Kin: Sister

Name and Address of Next of Kin:

Relationship of Next of Kin:

Separation Allowance Monthly $ Effective (Date)

Payable to

Relationship of Dependant

Casualties, Promotions, &c.

Particulars	Effective Date	Authority

Admissions to Hospital, &c.

Date Admitted	Date Discharged	V. or A.	Name of Hospital

Reg'l. No. 725024 Rank: Pte Name: Burchell Peter John

If in Perm't. Corps What Unit: Unit: 109th Bn

	Transferred to	Date	Authority
	38 Bn.	16.1.17	A0339
	EORD	1/11/17	12 Nov 1916

Permanent Force Allowances

Place of Attestation: Lindsay Ont

Date of Attestation: Dec 15th/1915

Assigned Pay Monthly $ 15.00/100 Date Effective: Aug 1/1916

Payable to: Richard Norton Omemee Ont Relationship

Assigned Pay Monthly $ Date Effective

Payable to Relationship

Stop-Payment Form (Assigned Pay) Rendered (Date) Effective Reason

Discharge Date and Place Reason and Authority

Account transferred to Non-Effective Branch (Date)

Account transferred to Officers' Pay Branch (Date)

C.S.

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay C	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	C	Remarks
July 31														18 86	18 86									Bal. from Canada							18 86					
Aug 31	31	1.00	31		31	10	3 10								34 10	14	9.8.16							974				15		24 74	28 22					
Sept.	30		30				3								33	46	31.8.16	78	15/9/16					730	730			15		29 60	31 62					
Oct	31		31				3 10								34 10	47	30/9/16	157	15/10/16					973	730			15		32 03	33 69					
															129 06									26 77	14 60					8 63						
Nov.	30		30				3								33	155	31/10/16							973				15		24 73	41 96					
																289	30.11.16							48												
Dec	31		31				3 10								34 10	237	15/11/16							730				15		27 17	48 89					
1917			15 30																																	
Jan	15	1.10	16 50												16 50													15		15	50 39					
			184 80												203 66									48 67				90		138 77						
Jan 16/31	16		17 60												17 60	621	15/12/16							1133						1133	56 66					
Feb	28		30 80												30 80	641	10/1/17							261				15		20 23	67 23					
																709	19/1/17							262												
Mar	31		34 10												34 10	785	7/2/17	989	20/2/17					349	262			15		26 34	74 99					
																853	15/2/17	915	8/3/17					261	262											
Apl	30		33												33													15		15	92 99					
May	31		34 10												34 10	35	18/4/17							523				15		20 23	106 86					
																162	13/5							2 68												
																248	2/5							2 68												
June	30		33 00												33 00	321	2/6							2 67				15		23 02	116 83					
			367 40											18 86	386 26									84 59	14 54			165		269 43	116 83					

A0339 4.12.16 38 Bn. 16.1.17

725024. Pte Burchell. P. J.

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
			367	40										18	386 26									84 59	19 84			165		269 43	116 83				Hosp. 25/7/17 to Bn 4. 30/7/17
July	31	100%	34	10											34 10	401	28/7/17							268				15		17 68	133 25				
Aug	31		34	10											34 10											14 60	14 60	15		29 60	137 25				
Sept	30		33	-											33													15		15 -	155 75				
			169	60										18	487 46									87 27	19 84		14 60	210		331 71					

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Pay	Sep. Allce.	Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Pay	Sep. Allce. Eng.
1917		~~155 75~~							155 75														
Oct	31	100%	34 10		Arsap Pay			15															
					R.1394. 14/10/17. 38 Bn	9 73			165 12														
			34 10			9 73		15															
Nov	P.P.		33		Can A P			15															
Dec	"		34 10		~~30~~ ~~AP~~ R.7375. 5.12.17. GORP.	9 73		15	192 49															
			67 10			9 73		30															
1918 Jan	"		34 10					15															
					R. 12879. 3-1-18	9 73			201 86														
			34 10			9 73		15															
Feb			30 80		R 17984 2.2.18	9 73 ✓		15	207 93														
			30 80			9 73		15															
March			34 10		✓23370 London 1/3/18	9 73 ✓		15	217 20														
			34 10			9 73		15															

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 725024 RANK Pte NAME (IN FULL) Burchill P J (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
	1 10/100	
Pte Burchill, Peter, J. Omemee, Ont.		

ORIGINAL UNIT C.E.F. 109 Bde | IF IN P.F. WHAT UNIT? | AUTHORITY

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION Dec. 15th 1915 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY. $ 15-- | DATE EFFECTIVE 1-3-19

PAYABLE TO Richard Morlon | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Omemee Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

B-899

DISCHARGED PLACE Kingston DATE 26-2-19 | REASON | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F. A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	390 PARTICULARS OR REMARKS
Balance from previous account							73	53	73	53																									73	53	
Dec																	19	46	9	87	50	—	30	—							109	33	35	80			Do 77 Sub 14 days
Jan 19	31	1 10/100	34	10					34	10																							1	70			
Feb	26	1 10/100	28	60	11	—	35	—	74	80							50	10													74	80					Pay & Clothing 5920
																	15	—																			
							184 43																								184 13						M.F.W 2595 Rect.
War Service Gratuity.																																					
	W.S.G. S.a.																W.S.G. S.a.																				
183 days @ minimum			420	00	—	—	420	00									70	00	—	—	70	00	350	00	—	—											a6720 / Feb. 26/19
																	70				140		280														#315654 Mch 28/19
																	70				210		210														A/R 24/4/19 # 320955
																	70				280		140														27/5/19 # 337009
																	70				350		70														26/6/19 938041
																	70				420																24/7/19 # 949493

60m.-11-18 L. L. 31777. M. & D. 9585.

LIST OF DISCHARGE DOCUMENTS.

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

SHORT FORM. 7-7-36

War Service Badges
Class A 90337
Class B 55123
issued

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 725024

2 Rank. Private

3. Name. BURCHELL, Peter John

4. Unit. No.3 District Depot.

5 Date of Discharge 26-2-19 Place Kingston, Ont.

6 Reason for Discharge being medically unfit for further War Service.

7. Authority. 3DD-3-B-802 D/ 24-2-19 R.O. 1420

8. Proposed Residence after Discharge Lindsay, Ont.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

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

M. F. W.? 39

P. J. Burchell
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Kingston, Ont.

Date 26-2-19

Medical Documents Forwarded to ~~S.C.R. or~~ B.P.C. on Date MAR 21 1919

Signature O. C. Discharging Unit No. 3 District Depot
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

ZP

NS 14-1-58

(2468) Wt. W. 2200—PP1182 6-18 J.F.W. (E3277)

CANADIAN DISCHARGE DEPOT, B.E.F.
BUXTON, DERBYSHIRE
DEC 28 1918
FILE

Army Form W3997.

Regtl. No. 725024 Rank Pte Military District 3

Name Burchell Peter
(Christian Names in full) (Surname)

Unit E.O.R.D. Regt. or Corps 109th Bn

Category..... Next of Kin Sister

Reason for Discharge.

Returned to Canada in accordance with instructions under Paras. 7 & 9 of A.G.5-1-22 of April 5th, 1918.

Category Pj. 3.

Intended Place of Residence Lindsay, Ont.

Trade Blacksmith Occupational Group 6

COVER

FOR

DISCHARGE DOCUMENTS.

Campaigns Medals and Decorations

7 months in France

Sailed Liverpool 24-1-19
Disembarked St John N.B. 22 FEB 1919

OPINION OF THE MEDICAL BOARD

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

Yes.

19. Is the invalid fit for

(*a*) General service,	(Category A)	(~~Yes~~ or No.)
(*b*) Service abroad, not general service,	(" B)	(~~Yes~~ or No.)
(*c*) Home service (Canada only),	(" C)	(Yes or ~~No~~) C3
(*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.)
Temporary Category C3. Disability slight and decreasing due to 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.

E. Bruce [illegible] *President.*

PLACE Barriefield.

DATE 22-2-19.

[illegible] 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

DATE

Members

APPROVED BY

[illegible] *Assistant Director of Medical Services.*

DATE 22-1-19

APPROVED BY

Director-General of Medical Services.

DATE

THIS FORM WILL BE USED AP 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 Barriefield. DATE 19-2-19.

1. 1 (*a*) Unit #3 CCDD. (*b*) Regimental No. 725024. (*c*) Rank Pte.

(*d*) Surname Burchell. (*e*) Christian name Peter John.

(*f*) Home address Omemee, Ont.

(*g*) Next of Kin Mary White. (*h*) Relationship Sister.

(*i*) Address of Next of Kin Elmview Chapel Lane, Milford Surrey Eng.

2. Age last birthday 25. Date of birth 27-11-1894.

3. Enlistment, or Appointment (if an Officer) (*a*) Place Lindsay. (*b*) Date 15-12-15.

4. Personal description:

(*a*) Height 5' 3". (*b*) Weight 130 lbs. (stripped) (*c*) Complexion Fair.

(*d*) Colour of hair Brown. (*e*) Colour of eyes Blue. (*f*) Identification marks, Scars, etc. Scars G.S.W. entry inner side head left Tibia, exit through and through 2 in lower down external surface leg.

5. Former trade or occupation Blacksmith.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3 years.	2 months.

		Periods From	Periods To
Canada	109th Bn.	15-12-15.	15-7-16.
England	38th Bn.	15-7-16.	31-11-16.
France or other theatres of War	38th Bn.	31-11-16.	28-6-17.
	C.C.D. Eng.	28-6-17.	24-1-19.
	Landed.	2-2-19	Date.

7. Original disease, or injury
Old fracture of left tibia.

(*a*) Date of origin 28-6-17. (*b*) Place of origin Lens.

(*c*) Cause G.S.W.
(entries Board 11-12-18).

M. F. B. 227.

300M.—8-18.
1772-39-117.

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

Weakness left knee (G.S.W).

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.)

SUBJECTIVE - On exertion such as walking half a mile the left knee becomes weak, and aches. Can stand and walk about at ordinary duties without discomfort. Is quite well otherwise.
OBJECTIVE - Undersized but well developed and nourished man of age stated and good appearance. Heartand lungs normal. Scars G.S.W. left leg adherent. Entrance internal side head left Tibia, exit outer side by 2" lower down, depressed, adherent. Operation wound 3½" long from head of tibia downwards on medial surface of Tibia. All scars in good condition but adherent. No deformity. All movements hip, Knee and ankle normal.
X-Ray report. Queen's Mil. Hosp. 21-2-19. Old fracture of the upper third of the fibula and tibia. The union and position of the fragments are good. There are three small perforations visible in Tibia (SGD). J.P. Quigley. Major. A.M.C.

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

Nervous System no. Cardio-Vascular System no. (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System no. (Albumen and Sugar will be excluded.)

Special Senses no. Respiratory System no. Integumentary System no.

Disturbances of Mentality no. Digestive System no. Muscular System no.

Osseous and Joint Systems no. Any other general condition no.

10. (*a*) History (of the condition referred to in Section 9 (*a*).) In France 7/12.
At Lens on 28-6-17, while acting as stretcher-bearer, but by M.S. bullet on inner side head of left Tibia passing through to outer side of leg two inches lower down. Usual hospital attendance. Tibia opened with exit much pus. 12-2-18. Active surgical treatment for two deep sinisis M.C.H. Epsom.

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*).)

None.

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

as given in 9(a) & 10(a).

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

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

N/A.

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

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

Entries M.H.S. as stated No. 10(a).

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? No, leg not sufficiently strong.
(If not, briefly state why)

17. Recommendations.

Disability slight, and diminishing due to service.

N. McJ. Jackson Capt. C.M.C.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned Peterdohn Bronchell. 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 nil.

P J Burchell Rank.
Signature of invalid examined.

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)

(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned 725024 Pte P J Burchell have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of :—

P J Burchell
Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S. is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.

A.F.B. 179 Canada (Revised 1918). 40266 10/8/18 D. 343

Reserved for M.H.C.

Regt. No. 725024 Rank PRIVATE Surname BURCHELL Christian Name PETER JOHN

Unit or Corps—(*a*) Overseas from United Kingdom 38 BATT (*b*) in United Kingdom 109 BATT

Born at—Town BRIGHTON County or Province SURREY Country ENGLAND

Date of Birth—Day 27 Month DEC Year 1893 Age 25 yrs. 0 months.

Joined at LINDSAY Date DEC. 13th/15

Former trade or occupation BLACKSMITH

Permanent Marks or any peculiarity that will serve for future identification :—

One Deep circular & depressed scar on lateral surface left leg 2 inches below Head of fibula. One scar 2 inches medial to crest of tibia & at level of lateral scar 3 inches long. One small round scar 1 inch below medial malleolus.

Height—feet 5 inches 7½ Colour of eyes Blue

Signature of Soldier (*for identification purposes*) P J Burchell

Medical Report

☞ *Read carefully the instructions on last page of this form.*

1. DISABILITY.

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

Disabilities Group (*a*) OLD FRACTURE OF LEFT TIBIA. UNITED.

Disabilities Group (*b*)

Disabilities Group (*c*)

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	G. S. W.	LENS	28.6.17
(*ii.*) As to Group (*b*) above.			
(*iii.*) As to Group (*c*) above.			

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 ?

(*ii.*) As to Group (*b*) above ? If yes, has Active Service aggravated it ?

(*iii.*) As to Group (*c*) above ? If yes, has Active Service aggravated it ?

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 ?

(*iii.*) As to Group (*c*) above ?

PART I. (*continued*).

5. MEDICAL HISTORY. Man states he was wounded at Ypres on 28.6.17. Admitted to #11 C.F.A. some days later to #4 Gen. Hosp. where he was operated upon & bone scraped. 25.7.17 admitted to 2nd Western Gen Hosp, Boston, operated upon 10.10.17 for osteomyelitis & drainage put in. 13.11.17 admitted to Stepping Hill Hosp. Stockport. 16.11.17 admitted to Duke Avenue Hosp. Worcester. 1.2.18 admitted to Woodcote Park. 15.3.18. admitted to #16 Con. Gen. Hosp. where was still discharging. wound healing in bag.

Med. History Sheet confirms this.

6. PRESENT CONDITION. Large circular depressed adherent scar 4" in diameter on lateral surface of left leg, centre of scar being 2 inches below head of fibula. Small scar round of entrance on medial surface of leg 2 inches below the internal condyle. Scar incision 1 inch medial to crest of tibia beginning at level of tibial tuberosity & extending downwards. Movements of leg & foot good & normal.

Other systems normal

7. OPERATION. (*i.*) Was one performed? yes (*ii.*) If so, state what. Bone scraped

(*iii.*) Was one advised and declined? osteomyelitis

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

8. (*i.*) Is there loss or decay of teeth attributable to Active Service? No

(*ii.*) If so, describe.

9. DO YOU RECOMMEND:— (*b*) Invalid to Canada?

(*a*) Fit for duty? (*state category*) category III (*c*) Discharge from the Service as permanently unfit?

Date of Report Dec 8 1918 Signed [illegible] Officer in medical charge of case.

Station Orpington

I have satisfied myself of the general accuracy of the above Report, and concur therein* [illegible] W. Meadows. Officer i/c Hospital / S.M.O., Brigade — Strike out one of these

No. 16 CANADIAN GENERAL (ONTARIO) HOSPITAL, ORPINGTON, KENT.

Dated at ..... Station, on 11 DEC 1918 191

*Delete if inapplicable.

PART II.

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

10. Is the diasbility fully described in Part I. (1)? If not, describe it. YES

11. Is the cause of the disability fully described in Part I. (2)? If not, describe it. YES

12. From the medical information now adduced, was the disability caused or aggravated by:— (*a*) Negligence of the Soldier { Caused? / Aggravated? } No (*b*) Misconduct of the Soldier { Caused? / Aggravated? } No

13. 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, 5%, 10%, 15%, 20%, etc.*) 10% ten percent

14. THE DISABILITY DUE TO SERVICE.—(*See Part I. (3).* *Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.*) What part of the entire disability estimated next above (13) is due to causes arising during Active Service? (*Estimate at none, 1/10, 2/10, 3/10, etc., or all.*) all

15. Permanency of the Disability due to Service estimated next above in (14).

(*i.*) Is it permanent? No

(*ii.*) If not permanent, what is its probable minimum duration (*in months*)? [illegible] month

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? No

17. Can the former trade or occupation be resumed? YES

18. REMARKS:— Wounded leg May 28 Healed but Full movements of knee joint ankle and foot Weakness of knee gives way after walking

authority G.S.R. 90823 11/11/18

19. RECOMMENDATION:— (*b*) Invalid to Canada? No

(*a*) Fit for duty? (*state category*) B Three (*c*) Discharge from Service as permanently unfit? No

Date of Board 11 DEC 1918

No. 16 CANADIAN GENERAL (ONTARIO) HOSPITAL, ORPINGTON, KENT.

Station

Signatures of the Board: [illegible] Capt. Camb. President. W. Post Capt Camb. R.J. Kennedy Capt RAMC

Approved Geo S Seaborn A.D.M.S.

Dated at Station 191

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

ASSISTANT DIRECTOR OF MEDICAL SERVICES, CANADIANS, LONDON AREA. DEC 12 1918 13, BENNERS ST. LONDON, W.1