

ATTESTATION PAPER.

No. 726056

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

- 1. What is your surname? Burford
1a. What are your Christian names? Albert
1b. What is your present address? Maliburtou
2. In what Town, Township or Parish, and in what Country were you born? County of Maliburtou Ont. Canada
3. What is the name of your next-of-kin? Elizabeth Burford
4. What is the address of your next-of-kin? Maliburtou Ont. Canada
4a. What is the relationship of your next-of-kin? Mother
5. What is the date of your birth? 31st January 1898
6. What is your Trade or Calling? Laborer
7. Are you married? No
8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
9. Do you now belong to the Active Militia? No
10. Have you ever served in any Military Force? No
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, Albert Burford, 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.

Albert Burford (Signature of Recruit)

Date Dec 28 1915. Aulway (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Albert Burford, 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.

Albert Burford (Signature of Recruit)

Date Dec 28th 1915. Aulway (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 Maliburtou this 5th day of January 1916. G. N. Gotts (Signature of Justice)

2 17 19

Description of Albert Burford on Enlistment.

Apparent Age.....18 years months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

scar of Hernia operation on right side

Height.....5 ft. 7 1/2 ins.

Chest measurement { Girth when fully expanded.....39 1/2 ins.
 Range of expansion.....4 1/2 ins.

Complexion.....Dark

Eyes.....Black

Hair.....Black

Religious denominations. { Church of England.....
 Presbyterian.....
 Methodist.....Yes
 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.....Dec 28 1915

Place.....Lindsay

J. McCulloch
 Medical Officer. **Capt.**
 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.

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

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

Date.....JAN 15 1916 1916

REGIMENTAL DOCUMENTS

NAME BURFORD, ALBERT

REGT. NO. 496056

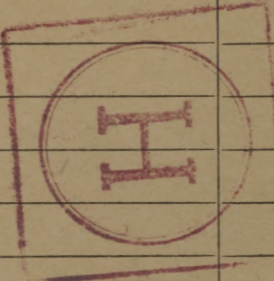
UNIT 109th Bn,

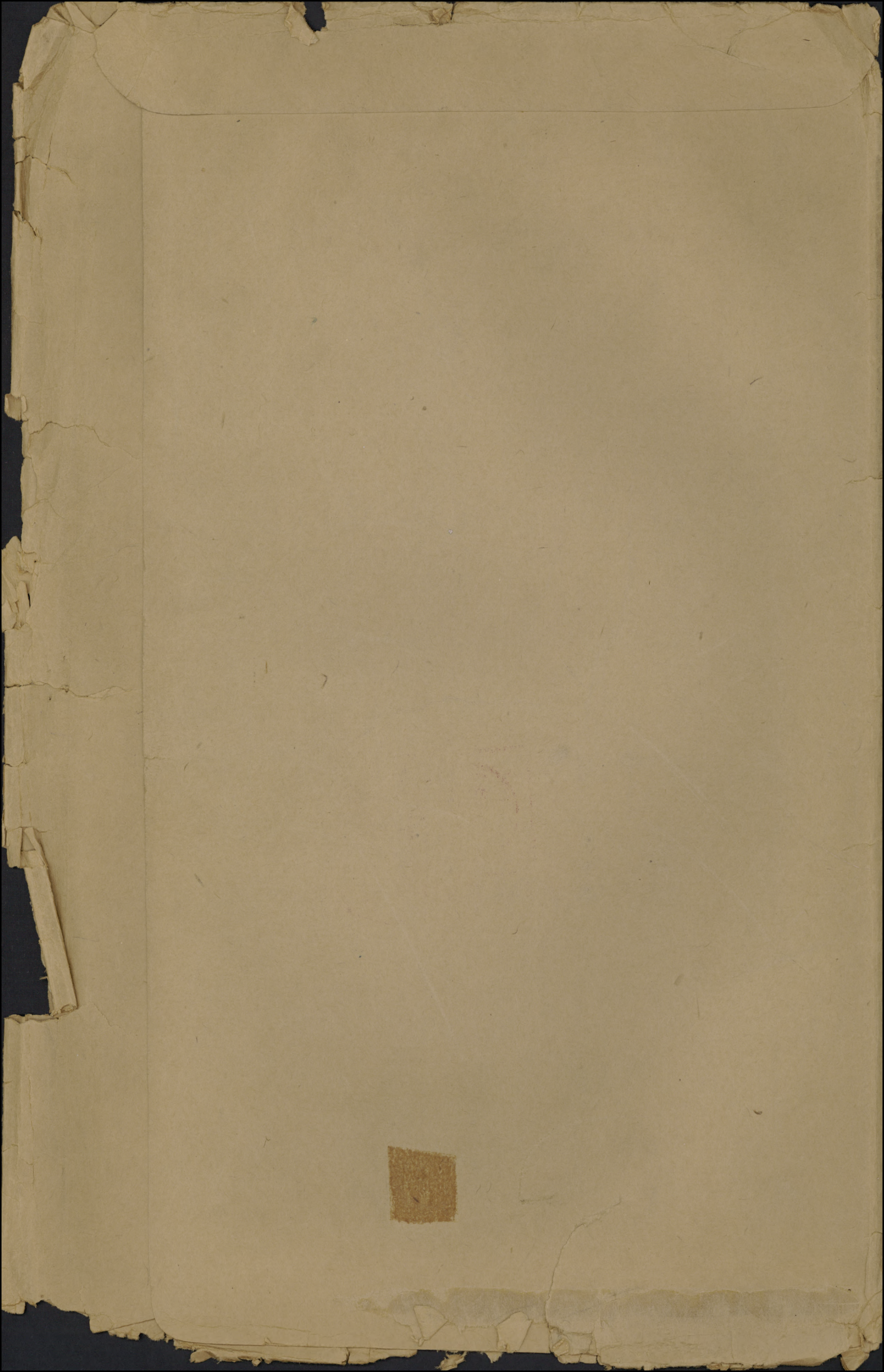
H. Q. FILE NO. _____

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)				50851	
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					MED. UNFIT
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					1
					4-8
					4-8
					3-9
					1

25-8-56

Received





*Name BURFORD, Albert Rank Sgt Regtl. No. 226056
 Original unit 109 Present unit M. or S. Age 21 Religion Method Fyle Depot 3-B-862
 Port, ship, and date of arrival Empress of Britain 25-2-19 Halifax
 Next of kin (M) Elizabeth Burford, Halifax D.D.
 Address on leave same
 Address on discharge
 Transportation issued Yes No Date Character on discharge
 Previous occupation Labourer Date and place of enlistment Halifax 5-1-16
 Diagnosis Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
5-3-19.	T.O.S. Casualty Company No. 3 District Depot. for Disposal, Part Two D.O. <u>64</u> <u>Leave & Sub. 1-3-19 to 14-3-19.</u> <u>Discom aff.</u> <u>Eff. 28-2-19.</u>	

*—Name will be given in full; surname first.

Date.

Remarks.

Pt. 2 Order No.

20-3-19

Discharged

J.P. O. 1420

20-3-19

Surname

Christian Name or Names

Reg. No.

Rank

Unit

Co.

Troop

Batty.

Hospital

Date of Admission

Transferred

Hosp.

Diagnosis

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

REMARKS

A.M.D. 2 DEPT.

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

6. 27-7-17 0564

6. 8-17 0404

" 27-8-17 B419(2)

11-9-17 B7(2) Dis 5-9-17

Barford G.
Supt. 20 Batt. C.O.

726056

1st Can Gen. Etaples.

Hosp. 18-7-17

Warnecliffe War. Sheffield.

Hosp. 1-8-17

Mil. Conv. Epsom.

Hosp. 23-8-17

Hosp.

EPITOME OF HOSPITAL TREATMENT.

Hospital .

Adm.

1.

2.

3.

4.

5.

6.

7.

Name **BURFORD,** **Albert** Rank **L/Cpl** Reg. No. **726056**
 Unit **20th Battalion**
 Next of Kin **Canada**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917			Shell Sev.			
18-7	No. 1. C. G. H. Etaples	Wd Gas Pois.		A564.	M5791.	27-7
1-8	Wharnclyffe W. H. Middlewood Rd	Sheffield	do	B404	B419	
23 8	M. C. H. EPSOM		do			
Sept-5	discharged	(no 3/1)	do	B7		

CANADIAN DIVISION,

CONVALESCENT HOSPITAL, HOSPITAL.

WOODGOTE PARK, EPSOM.

A. & D.
CARD

AT _____

A. & D. No. _____

PL. OF ACTION _____

RANK _____

UNIT _____

SICK OR
WOUNDED

NAME _____

AGE _____

RELIGION _____

PLACE IN HOSPITAL _____

DIAGNOSIS _____

ADMITTED _____

FROM _____

DISCHARGED _____

TO _____

TRANSFERRED _____

SERVICE AT HOME _____

IN FIELD _____

RESULTS _____

(See Document Card for M.H. Sheet and other Documents.)

(P.T.O.)

REMARKS.

23.8.17 Temp. normal. No cough. Chest clear. Has pain
in stomach if he eats too much!!! D.I.

W. Blakey
2/1/18

NAME

Burford Albert

REG'T L No.

726056

RANK AND CORPS

L/cpl. 20th Bn. (Form. 109th Bn.)

H. Q. FILE No. 649.

CABLE

FOLLOWS

No.

FOLLOWS

NO.

DATE

NATURE OF CASUALTY

C.

M5791
314-2

27-7-17

Adm. to One. Gen. Hospital
Etaples July 18th 1917. gas poisoning

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A564.	1/2 Can New Etaples	18-7-17	W ^o Gas poisoning shell
B404	Wharnclyffe W ^o Middlewood Rd. Sheffield	1-8-17	Gas poisoning
B419 ⁽²⁾	Myl Canv. Ipsom	23-8-17	Gas poisoning
B7 ⁽²⁾	Discharged	5-9-17	Gas poisoning

6-11077

No. 726056 RANK

Pte

NAME

Barford. A.

T. O. S. 20-12-15.

UNIT

D.O. 44. 11-1-16 109th. Battalion.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Dec 20	1916 Jan. 31	✓		
Feb.		✓		
Mar.		✓		
April.		✓		
May.		✓		
June.		✓		
July.		✓		

UNIT SAILED
JUL 23 1916



C.E.F. 726056

BURFORD, Albert

726056

Sgt.

Medals prev desp:

Cross to widow: N/E (Vet single on disch)

Cross to mother: ??

BURTON.

ST. J. BURTON.

com
4749
Number 726056.

BOUNDED NO.
Rank A. Sgt.

Deceased 25 Aug 56

B
K

Surname BURFORD.

Christian Name Albert.

Units 20th Bn. Can. Inf. Theatre of war France.

Date of Service 5-10-16.

Remarks

Latest Address Haliburton Ont.

Roll No.

P. Page 22693.

10m.-8-21.M.

197

DESP. NOV 28 1922
REG. IN. *DM*
3744

W.S.B. CLASS 'A'

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.

26056

Rank

Private

Name

Burford Albert

Enlisted (a)

28.12.15

Terms of Service (a)

C. E. F.
D of W.

Service reckons from (a)

28.12.15

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)

Laborer.

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

CERTIFIED CORRECT.

8 OCT. 1916

ARMY RECORDS, LONDON

Embarked Canada

Halifax 24.7.16

Disembarked England

Liverpool 31.7.16

Transferred for Overseas Service with 20th Battalion

OCT 5 1916

D.O. Pt. 11. 279 Capt.

ADJUTANT

6/10/16

C B Dep

Arrd & taken on strength

20th Bn

6/10/16

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

do

do

Left for

do

20/10/16

Pt 2 O's 55d11/10/16

27/10/16

20th Bn

Joined

do

23/10/16

B213

12-5-17

do

Apptd A/L/C with pay Vice L/C W. Browning Apptd A/Cpl

29-3-17

B213 Pt 2 37D/19.5-17.

30-6-17

do

Apptd L/C Vice L/C Browning prom

23-5-17

B213 Pt 2 48D/10-7-17.

21-7-17

do

Gassed

Fld

16-7-17

B213 BATTALION CAN. INFANTRY.

18-7-17

1 C Gen

W. Gas. P.O. Shell's adm 1 C Gen

18-7-17

W. 3034 (4537.2)

17-7-17

580's

adm 18/7/17

17-7-17

936 (309)

21-7-17

4 CFA

adm 16/7/17

16-7-17

936 (310)

1-8-17

1 C Gen

Inv(Wdd'Gassed') & posted to 1st Centl Ont. Regl Depot, S horncliffe per HSStadAntwerpen

W3083.3600 Pt 2 54d/9-8-17.

Whogan Major for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213 Army Form A. 36, or other official documents.
Date	From whom received				
8-8-17	60RD. To S		Sandling	1-8-17	PH#0 4521 <i>cc</i>
20-9-17	1 st CCD	To be employed on perm cadre D.O. Pt. II #185 20/9/17			J.C. Pratum
22-10-17	1 st C.C.D	S.O.S. of 1 st C.O.R.D. on transfer to Permanent Cadre 1 st C.C.D. effect 19-9-17 (auth. Vont-7-3d/20-10-17)	E. SANDLING	22-10-17	for Colonel i/c Records Capt Com F Pt II DO #217
28-1-18	1 st CCD	To be acting Sgt with pay whilst employed on Perm Cadre. Effect 24-1-18	E. Sandling	28-1-18	Pt II Do-23 Dp 28-1-18
16.8.18	1 st CCD	S.O.S. of 1 st CCD (Perm cadre) to 1 st CCD, shown on command from Hat Depot	S'cliffe	13-8-18	DO. 228 d/14.8.18 W. Macdonald Officer i/c Records for G.C. 1 st CCD.
18.8.18	1 st CCD	Reverts to Permanent Grade of Lance-Corporal, on closing to be employed in Perm. cadre.	S'cliffe	13-8-18	DO. 226 d/17.8.18. Officer i/c Records, for G.C. 1 st CCD.
21.8.18	1 st CCD	Cancellation of DO# 228 d/14.8.18 & 226 d/17.8.18	S'cliffe	19-8-18	DO 228 d/19.8.18. W. Macdonald Officer i/c Records, for G.C. 1 st CCD.

Casualty Form—Active Service.

Regiment or Corps.....

Rank L/Cpl. Surname Burford Christian Name A

Religion..... Age on Enlistment..... years..... months.

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

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

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

Signature of Officer.....

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.....			
17-9-18	1st C.C.D.	Reverts to the Perm. Grade of L/Cpl on ceasing to be specially employed	S ^r Cliffe.	15-9-18	D.O. 255 a/15-9-18
17-9-18	" "	S.D.C.S. 1st C.C.D. to 1st. C.C.R.D. and shewn as on command from that dept.	do.	15-9-18	D.O. 255 a/15-9-18
24-11-18	1 st C.C.D.	To be Acting Sergeant with Pay and Allowances of rank whilst so employed on "Perm Cadre of this Depot.	Lieut. 1st C.C.D.		DO 322 d/21.11.18
			Witley	1.11.18	
			<i>[Signature]</i> Officer i/o. Records		

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

[P.T.O.]

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

28-1-19.

Coases to be attached on proceeding

12th Reserve, D.O. No. 28-1-19.
J. M. ...
 Lt. Adjutant,
 - Canadian Command Depot,

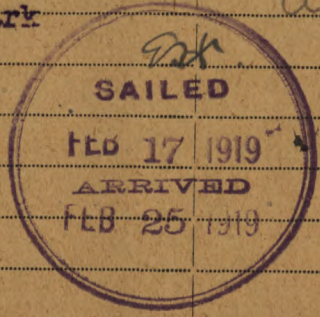
28/1/19 1 CORN J. A. S. of 3 Res

Witley 28/1/19 No 28

9 3rd. Struck off strength
 Res. Bn. of ~~3rd Can. Res. Bn.~~
 to Military District
 No. 3, Kimmel Park
 Rhyl.

Witley Camp. 5-2-19 Part 11 Orders
 36, d-5-2-19.

A. O. Swanby
 Lt. Col.,
 Commanding,
 3rd. Can. Res. Bn.



EMRESS OF BRITAIN

28
 2
 19

T.O.S. Casualty Company No. 3 District Depot,
 for Disposal, Part Two D.O. 64. 3. 319

[Signature]
 LT. COL.
 T.O.S. Casualty Co., No. 3 District Depot

726056

DUPLICATE

MEDICAL HISTORY SHEET.

Surname Burford Christian Name Albert **DUPLICATE**

Examined { on 28th day of Dec 1915
 at Haliburton
 Birthplace { City or Town Haliburton
 County "

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

Apparent age 18
 Trade or occupation Laborer
 Height 5 Feet 7 1/2 Inches.
 Weight 154 Lbs.
 Chest measurement { Minimum 35 inches.
 Maximum expansion 39 1/2 inches.
 Physical development good
 Small-Pox Marks none

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

Vaccination Marks { Arm Right none Left Small
 Number 4
 When Vaccinated last February 10th 1916

Date	Result	VACCINATIONS.
<u>10.2.16</u>	<u>good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease none

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>26.4.16</u>	<u>good</u>	<u>inoculated</u> M.O.
<u>3.5.16</u>	<u>good</u>	<u>inoculated</u> M.O.
<u>9.8.16</u>	<u>good</u>	<u>inoculated</u> M.O.
<u>22.9.16</u>	<u>"</u>	<u>H. O. Boyd</u>

Enlisted on 28th day of December 1915 at Haliburton

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Batt C. E. F.</u>	<u>726056.</u>		<u>28.12.15.</u>
Transferred to..	<u>21st Bn.</u>			

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.

Medical Examination upon leaving the Service

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

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

Rank A/SGT Name ALBERT Surname BURFORD
 Unit or Corps B.D.R.D. (If a soldier) Regtl. No. 726056
 Born at Birmingham on date Jan 21 - 1899
 Signature (for identification) Albert Burford

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

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe.

Weight 185 lbs.
 Height 5 ft. 8 ins.

good

2. **NUTRITION AND DIATHESIS?**

good

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

3. **NERVOUS SYSTEM?**

no

4. **RESPIRATORY SYSTEM.**

no

5. **HEART?**

Abnormal Sounds? no
 Abnormal Size? no
 Pulse Rate? 80 Intermittence or irregularity? no

6. **ARTERIES.**—Any hardening?

no

7. **DIGESTIVE SYSTEM?**

no

8. **GENITO-URINARY SYSTEM?**

Urinalysis—s.g.? 1020 Reaction? ac Albumen? me Sugar? me

9. **SKIN, MIDDLE EAR, EYE**

or any other part?

with E. 6/6
with E. 6/6

Ears & Hearing Normal

skin neg.

see name

Capt. G.A. McE

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

no

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

no.



Examined at Witley Signed W. Rogers Capt M.O.
 Date 1-2-19 Signed Blissett Capt M.O.

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

Medical Examination Report Form

Number for record service in 2nd part of log book

[Faint, illegible handwriting]

100

100

100

100

100

100

[Faint, illegible handwriting]

[Faint, illegible handwriting]

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 726056 (Rank) N/Sergeant

Name (in full) BURNORD, Albert enlisted in
the 109th Overseas Battalion
CANADIAN EXPEDITIONARY FORCE at Haliburton, Ont. on the 26th
day of December 1915.

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-862 D/ 18-3-19 R.O. 1420

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

Age <u>21 yrs. 2 months</u>	Marks or Scars
Height <u>5ft. 8 ins.</u>	<u>Operation scar for right inguinal</u>
Complexion <u>Dark</u>	<u>hernia.</u>
Eyes <u>Brown</u>	
Hair <u>Black</u>	

Burnord
Signature of Soldier

R. Chapple
Issuing Officer
No. 3 District Depot
Rank

Date of Discharge 20-3-19

Appointment

Signed at Kingston, Ont. this 20th day of March 19

in Military District No. 3

File Reference No. 3DD-3-B-862

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. _____ (Rank) _____ Name _____

Unit _____

Address on Discharge _____

Character and Conduct _____

Former Occupation _____

Special Qualifications of Value in Civil Life _____

Medals and Decorations _____

Remarks _____

Signed at _____ this _____ day of _____ 19 _____

Name of Officer

Rank

Appointment

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

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.....

(2) Regimental Number 726956

(3) Full Name of Soldier Albert Bairford

(4) Place of Birth England

(5) Are you married, or not? no

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

(b) Present Postal Address Haliburton Ontario

(7) Are you a widower? y

(8) Have you any children? —

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

Also their names and ages.....

(9) Is your Father alive?..... no
If so, state name and address..... —

(10) Is your Mother alive?..... yes
If so, state name and address..... Haliburton Ontario
Mrs Elisabeth Bonford

(11) If your Mother is a widow..... yes
Are you her sole support, or not?..... yes

(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.
\$15.00 a month
her Husband left her 10 years ago

(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.
.....

(15) Are you insured?..... no
If so, in what Company?..... —
Have you made arrangements for payment of your Insurance premium..... —
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date..... **JUL 11 1916**

[Signature]
Lt. Col.
Officer Commanding
C. C. 109th Overseas Battalion, S. E. F.

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

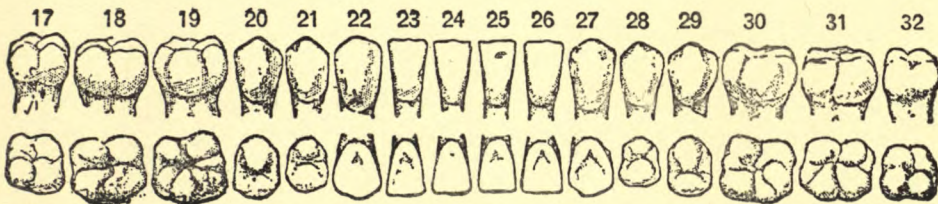
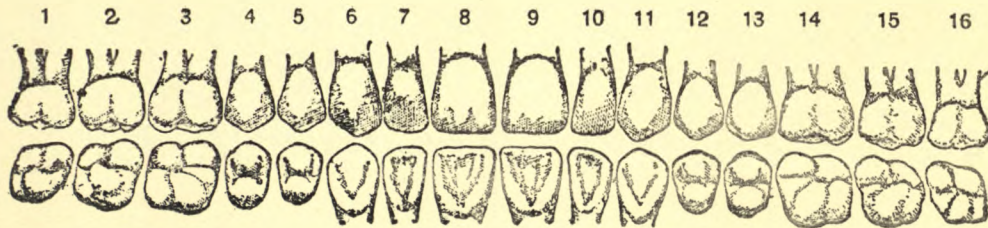
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) BURFORD J.

REGIMENT 3rd. C.R.B. RANK Sgt. No. 726065

Date of Examination in England 30-1-19 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? no.

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

(a) In Canada

(b) In England yes

(c) In France

Signature of Dental Officer

[Handwritten signature]

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.

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

OFFICE OF THE ASSISTANT SECRETARY
WASHINGTON, D. C.

PLANT INDUSTRY SECTION
WASHINGTON, D. C.

PLANT INDUSTRY SECTION
WASHINGTON, D. C.

PLANT INDUSTRY SECTION
WASHINGTON, D. C.

PLANT INDUSTRY SECTION
WASHINGTON, D. C.

PLANT INDUSTRY SECTION
WASHINGTON, D. C.

PLANT INDUSTRY SECTION
WASHINGTON, D. C.

NUMBER 726056 RANK L/cpl.

NAME Burford A.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				to bal.				15	13 87		
Oct	W/cpl Pay	3565		4343. 11/18. 1 st con	973						
				4915 75.10.18 do.	985				14 89		
		3565			1958			15	138		
Nov	W/cpl Pay	4500		SSA. 15/11. 1 st con	973				15289		
Dec	do	4650		6048. 26/11. do.	1947				10927		
Jan	do	4650		7005. 10/12. do	1460						
Feb	do	4650		4969. 10/14. do	1947				1107	23 50	
Feb	Int on def pay to 31-1-19	13800		to bal	6327			45			
		119						45			
				AR gyro 11/19 1662	1947						
				" 9267 28/14 "	487						
				" 10403 27/11 "	1460						
				3920 29/19 3 Res	2920				22 33		
		119		6814	6814						

A.O.S to Canada
Sailing List 24 17/2/19

1289
 1389
 15289
 10827
 11462

4462
 114
 4581
 6814
 2233

NUMBER 726056 RANK L/cpl.

NAME Burford A.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
				to car				15	13 87		
Oct	W/cpl Pay	35 65		4343 "10/18 1 st con	9 73						
				4915 "5.10.18 do	9 85				14 89		
		35 65			19 58			15	138		
Nov	Asgr Pay	45 00		SSA. 15/11. 1 st con	9 73				152 89		
Dec	do	46 50		6048 24/11. do	19 47				109 27		
Jan	do	46 50		7005 10/12 do	14 60						
June	do	46 50		4969 16/14 do	19 47				44 67	23 50	
July	Int on def pay to 31-1-19	138 00		to car				45			
Feb		119			63 27			45			
				AR 9720 "1/19 1 662	19 47						
				" 9267 28/14 "	4 87						
				" 10403 27/11 "	14 60						
				3920 29/19 3 Res	29 20				22 33		
		119		68 14	68 14						

*A.O.S to Canada
Sailing List 24 17/2/19*

*1269
3289
15289
10827
4462*

*4462
114
4581
6814
2233*

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 3

NAME OF SOLDIER Burford A.

REGIMENT D. D.

RANK Sgt.

No. 126056



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) G. F. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoec	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS	
											U	L	P			Gold	Porcelain					
	<u>1919</u> <u>Mar. 13</u>	<u>4</u> <u>5.15.17</u> <u>31</u>								<u>5</u> <u>14.16</u> <u>19.20</u> <u>30</u>									<u>Dewinassy</u> <u>Capt. 3</u>		<u>cov. 1-2.</u>	
																					<u>Refused treatment</u> <u>March 13/19</u>	

DENTAL HISTORY SHEET

DATE: _____

TOOTH	PERIODONTIC	PERIAPICAL	ROOT	RESTORATION	PROXIMAL	OCCLUSAL	OTHER
18							
17							
16							
15							
14							
13							
12							
11							
10							
9							
8							
7							
6							
5							
4							
3							
2							
1							



Brooke
Burford - W.
No 3. Fabronian Collops
Worcester Lane
Birmingham

MEDICAL CASE SHEET.*

1811 R.C.S.P. WOOD & 31st. 1118
Epson
Via 30

No. in Admission and Discharge Book. 7.C.373 Year 1917	Regimental No.	Rank.	Surname.	Christian Name.
	Unit.	Age.	Service.	

226 056, Capt. Burford
20 Canadian, 1917

Station and Date WHARNCLIFFE WAR HOSPITAL, SHEFFIELD.	Disease
---	---------

2-viii-17. Gassed by cloud shell gas on July 6, head lobe caused to throb, slates in chest. Complaints of pains in stomach back & legs. Chest & abdomen N.H.D. Heart a little irregular but no limit. Treatment Nit Glycol 30 to 40.

22-8-17	Transferred to Canadian Convalescent Hospital & from J. Ballman
---------	---

Station
and Date.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 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.
- 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."
- 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.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- 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 Barrie field. DATE 17th Mar. 1919.

1. 1 (a) Unit #3 C.C.D.D. (b) Regimental No. ~~726056~~ (c) Rank Sgt.
 (d) Surname Burford. (e) Christian name Albert.
 (f) Home address Haliburton, Ontario.
 (g) Next of Kin Mrs. Elizabeth Burford. (h) Relationship Mother.
 (i) Address of Next of Kin Haliburton.

2. Age last birthday 20. Date of birth Jan. 31st, 1899.

3. Enlistment, or Appointment (if an Officer) (a) Place Haliburton. (b) Date Dec. 21-15.

4. Personal description:
 (a) Height 5' 8". (b) Weight 160. (c) Complexion Dark.
(stripped)
 (d) Colour of hair Black. (e) Colour of eyes Brown. (f) Identification marks, Scars, etc.
Operation scar for right Inguinal hernia.

5. Former trade or occupation Sawmill worker.

	Years		Days
	PERIODS		
	From	To	
Canada	<u>Dec. 21-15.</u> <u>Feb. 25-19.</u>	<u>July 23-16.</u> <u>Date.</u>	
England	<u>Aug. 1-16.</u> <u>Aug. 1-17.</u>	<u>Oct. 1-16.</u> <u>Feb. 17-19.</u>	
France or other theatres of War	<u>Oct. 1-16.</u>	<u>Aug. 1-17.</u>	

7. Original disease, or injury 1. Chronic Bronchitis. 2. D.A.H.

(a) Date of origin July 17th, 1917. (b) Place of origin Lens France.
 (c) Cause Gas Poisoning.

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.)

Tachycardia slight dyspnoea on exertion.

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 Symptoms - Man states that he coughs in the morning occasionally during wet weather. Says his heart palpitates after exertion or excitement for a couple of minutes. States that he is improving thinks he will be alright when he gets an outdoor job next summer.

Objective Symptoms - There is no evidence of chronic Bronchitis, at present. There is a rapid action of the heart, beats 110 to the minute after double marking time 15 sec. 125 returns to 110 in three minutes there is considerable dyspnoea after 15 sec. Double marking time. There is no Hypertrophy or Valvular ~~ata~~ lesion of heart.

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

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

Man was gassed at Lens France July 1917 and returned to England when he developed Chronic Bronchitis and P.A.H. He was seven weeks under treatment then employed as a Drill Sgt. in England until returned to Canada.

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

N/A

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

N/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?

1. No disability. 2. Will probably clear up in three or six months.

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

No. 7 Canadian General Hospital two weeks. War Hospital Sheffield 3 wks Epsom Conv. two weeks.

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.

(If not, briefly state why)

17. Recommendations

Referred to Medical Board.

D. J. Coon left
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).

Albert Burford.

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 nothing.)

I complain in addition of

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, (" 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) ~~XXXXXXXXXXXXXXXXXXXX~~ (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.)

Disability slight but 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.

PLACE Barriefield.

DATE 17-3-19.

[Signature] President.
[Signature] Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

PLACE.....

DATE.....

.....President.
Members

APPROVED BY *[Signature]*
Assistant Director of Medical Services

DATE 17-3-19

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

DATE.....

PROCEEDINGS OF A MEDICAL BOARD.

Dated at..... 17-9-17. ~~1916~~

No. 726056 Rank Cpl Name BURFORD, A.

Local Unit C.C.D. Overseas Unit 20th Battn Age 19

Examination held at East Sandling.

DISABILITY.
Overseas ~~local~~ GASED, and D.A.H.
(scratch one out)

PRESENT CONDITION.

In France 10 months. Lungs are not clear yet, and there are some rales on coughing, and some Emphysema. He has a florid appearance and is strongly built, but is very short of wind on exertion. He has some D.A.H. He should have steady and openair work in labour battalion, with nothing of rapid action.

BOARD RECOMMENDS:— B.11.

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

Signatures:—

A.	}	H. Swinden Capt. President.
		H.A.Culham, Capt.
	

APPROVED

Dated at 18 Sep 1917. 1916.

H. Coppinger, Capt.
, for ADMS CANADIANS, SHORNCLIFFE
For A.D.M.S.

Reserved for M.H.C.

Regt. No. 726056 Rank Cpl. Surname BURFORD Christian Name ALBERT

Unit or Corps (a) Overseas from United Kingdom 20th Battn. (b) In United Kingdom 1st CCD

Born at—Town Birmingham County or Province England

Date of Birth—Day 31 Month January Year 1899 Age 19 yrs 3 months.

Joined at Haliburton, Ontario Date 28th December, 1915

Former Trade or Occupation Stave Sawyer

Permanent marks or peculiarities that will serve for future identification: Paint circular 2 inch diameter over sternum right side opposite 1st intercostal space.

Height—feet 5 inches 7 1/2 Colour of eyes Dark brown and Black

Signature of Soldier (for identification purposes)

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) CHRONIC BRONCHITIS
Disabilities Group (b) D.A.H.
Disabilities Group (c)

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

Table with 3 columns: Disease or injury to which the disability is due, Place of origin, Date of origin. Row 1: GAS POISON, Lens, France, 17th July, 1917

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? 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?

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

- (i) While on duty? **Not applicable** (ii) While off duty? **Not applicable**
- (iii) Was a Court of Inquiry held? **No** (iv) Where? **Not applicable** (v) When? **Not applicable**
- (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 History Sheet and other records).

Was always healthy until enlistment December 1915. Arrived England July 1916, To France October 1916. Was there until evacuated because of disability stated 1-8-17. M.H.S. states "Wharreliffe War Hospital, Sheffield) Gassed. Heart rather irregular. Discharged Epsom Sept. 1917. Temp. normal. No cough, Lungs clear. He now complains of marked dyspnoea, cough and nervousness. States the cough troubles him greatly at night and when he gets in cold air. States he cannot run or do any quick work because of shortness of breath. After walking 1/2 mile he states he is played out until he has a chance to rest. No history of Venereal disease can be elicited.

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

Is a well developed man of older appearance than age stated. Looks to be 22 yrs. There is marked sonorous and fugitive rales in Lungs more marked on right side. The heart action is irregular 90 to 110 on standing, influenced by environment. The second aortic sounds accentuate and there is faint murmur in the Pulmonic area diastolic in time. On forcible flexion and extension of arms 5 times, he was so much out of breath he had to stop. Heart action, after exercise 125 returnng to 100 in 4 minutes. His face is bronzed from exposure. There is a psoridforin rash over chest and arms not itchy. He is otherwise well and other systems 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? **No**

(ii) If so, describe: **No**

10. DO YOU RECOMMEND: **GAS POISON**

- (a) Fit for duty? **No**
- (b) Fit for base duty? **Yes B.III 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..... 20th March, 1918..... Signed..... L. Hyttenrauch Capt. CAMC
Station..... St. Martin's Plain..... Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except
(Sgd) G. R. Scott, Capt. CAMC { Officer i/c Hospital } Strike out one
St. Martin's Plain. { S.M.O. Brigade } of these.
Dated at..... Station, on..... 20th March, 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)? **Yes**
If not, indicate it.

12. Is the cause of the disability fully indicated in Part I. (2)? **Yes**
If not, indicate it.

13. Was the disability caused or aggravated by—
(a) Negligence of the Soldier { Caused? **No**
Aggravated? **No**
(b) Misconduct of the Soldier { Caused? **No**
Aggravated? **No**

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, 1/8, 2/8, 3/8, 4/8, 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.

19. CAUSE OF DISABILITY.—(Follow the uniform regulations in relation to the cause of injury)
Disease or injury to which the disability is due. Place of occurrence.
(a) As to description above. **GAS POISON** **LANE, FRANCE**
July, 1917

19. Recommendation :—(a) Fit for duty? **No**
(b) Fit for base duty? **Yes B.III likely to be raised within six months.**
(c) Invalid to Canada? **No**
(d) Discharge from service as permanently unfit? **No**

Classification for the Military Hospitals Commission.

Date of Board **March 20th, 1918**

Station **St. Martin's Plains.**

Approved **F.B. Wilson, Capt. CAMC.**

Dated at

Signatures of the Board. **George Hooper, Capt. CAMC** *President.*
Cecil V. Mills, Captain, CAMC
A.D.M.S.
Station **21st March, 1918** 191

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 1918

Members of the Board:—

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

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

- 14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened...
15. THE PENSIONABLE DISABILITY.—Is the disability...
16. Permanent of the disability...
17. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

18. Remarks

19. Recommendation:—(a) Fit for duty? () No
(b) Fit for base duty? () Yes B. Ill likely to be raised within six months.
(c) Invalid to Canada? () No
(d) Discharge from service as permanently unfit? () No

Dated at this day of 1918

Date of Board March 20th, 1918

George Hooper, Capt. C.M.C. President
Geoff V. Miller, Captain, C.M.C.
St. Martin's Plains.
Signatures of the Board
31st March, 1918

426056

ORIGINAL MEDICAL HISTORY SHEET ORIGINAL

~~B~~ B
65

Surname Benford Christian Name Albert

Examined { on 28th day of December 1915
at Haliburton
Birthplace { City or Town Haliburton
County Haliburton

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

Apparent age 18 years
Trade or occupation Labour
Height 5 Feet 7 1/2 Inches
Weight 154 Lbs.
Chest measurement { Minimum 35 inches
Maximum expansion 39 1/2 inches

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		4 AUG 1917 M.O.
29/1/17	Fit	Bil confirmed H. Hunter, Capt. M.O.
17.6.19	Fit	Bil confirmed - H. Hunter, Capt. M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Physical development good
Small-Pox Marks none
Vaccination Marks { Arm Right none Left Five
Number Five

Date	Result	VACCINATIONS
10.2.16	Good	J. McCulloch M.O.
		M.O.
		M.O.

When Vaccinated last Feb. 10th 1916
(a) Marks indicating congenital peculiarities or previous disease None

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
26.4.16	Good	J. McCulloch M.O.
3.5.16	Good	J. McCulloch M.O.
9.5.16	Good	J. McCulloch M.O.
22.9.16	Good	H. Hunter M.O.

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

Enlisted on 28th day of December 1915 at Haliburton

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Batt. C.E.F.</u>	<u>726056</u>		<u>28.12.15</u>
Transferred to.....	<u>20th Bn</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>East Sandling</u>	<u>1.2.19</u>	<u>nil</u>	<u>Fit</u>
<u>East Sandling</u>	<u>17.9.17</u>	<u>Gonorrhea + D.H.A.</u>	<u>Bil confirmed</u>
<u>St. Martins Pt.</u>	<u>16-10-17</u>	<u>Gonorrhea - D.H.A.</u>	<u>Bil confirmed</u>
<u>Shorncliffe</u>	<u>20/3/18</u>	<u>Ch-Bronchitis</u>	<u>20 Hotel...</u>
	<u>13-8-18</u>	<u>nil</u>	<u>Temp 101.1</u>

CANADIAN

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

APPROVED J. McCulloch CAPT.
17-3-19 Tachycardia Bil
Bernfield

A.G.R. Rank Name **BURFORD, Albert** Reg'l No. **726056**
 Unit **109th Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **Haliburton, 28th Decr., 1915.** Place of Birth **Co. of Haliburton, Ont., Canada.**
 Name and Address, Next-of-Kin **Elizabeth Burford,**
Haliburton, Ont., Canada. Relationship **Mother.**

Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

N/E. R.B. No. **20398**
 File R.L.
 Category **Canoe**

H

Discharge, Date and Place Reason Character

H. W. & Ld. - 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					
5-10-16	109 th Bn	S.O.S. to 20 th Batta	Bramshott	5-10-16	P ^{II} 15.0-279 L.W.C.
11-10-16	20 th Bn	T.O.S. from 109 th Bn	Field	6-10-16	" II 55.
19-5-17	do	App as Cpl with pay	do	29-3-17	- 37
10-7-17	20 th Bn	App as Cpl	do	23-5-17	- 48
2-7-17		1101. Gen Gen Hosp.	Etamples	18-7-17	Gen Prisoning serv.
6-8-17		Warrcliffe War Hosp.	Sheffield	1-8-17	G.L. B404 Gen Prison
8-8-17	6 OPN.	T.O.S.	Sandling	1-8-17	P ^{II} 152. (20 th Bn P ^{II} 150 54 d/4-8-17)
27-8-17	20.	Gen Gen Hosp.	Epsom	23-8-17	G.L. B419
10-9-17	1.6. OPN.	Dis Gen Gen Hosp.	Epsom	5-9-17	G.L. B-7 (20).

A.F.B. 103 CHECKED 16 OCT 1966

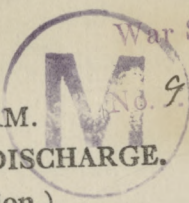
109th
 Miss
 CWO

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.				
10-9-17	1.6.ORD. In Comm. W.C.B.D.		Sandling	5-9-17	PT# 8185 180 d/15-9-17 CAPTAIN
29-9-17	W.C.ORD base at 1.66D & S.S. 1.6.66D		Sandling	19-9-17	PT# 204 + 11005 185 d/20-9-17
24.1.18	1.66D to be a/serg cant will pay		also vry Ranks	22.1.18	PT# DO 23
14-8-18	1.66D S.O.S. to 1.66ORD shown	on com. 1.66D	S.M.P.	13-8-18	223
14-8-18	Reverts to 1/66D on coming to be employed.			13-8-18	226 [227 d/17-8-18]
23-8-18	1.6.ORD				PT# 227 d/17-8-18 is cancelled. Witley
19-8-18	1.6.6.D				PT# 223 d/14-8-18 & PT# 226 d/17-8-18 is cancelled. Witley
15-9-18	1.6.6.D				Reverts to perm grade of 1/6. and S.O.S. to 1.6.ORD
				15-9-18	PT# 255 (1.6.ORD PT# 21) 260 d/19-9-18
28-1-19	3rd Res.	T.O.S. from 1st W.O.R.D.	Witley	28-1-19	- 28 (1st W.O.R.D. 0.0-27 d 3-2-19)
5-2-19	✓	S.O.S. to M.D. 3 Rhyf		5-2-19	- 36 (M.D. Wing 3 0.0-33 d 7-2-19)
22-2-19	M.D. C. Wing	S.O.S. on Trans. to C. E. J. Canada	Rhyf.	17-2-19	NO. 46 Sail list 24

23-4-36

AVB

J.



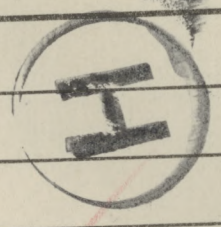
War Service Badge Class

No. 94782 C55280 Issued

8-2-57

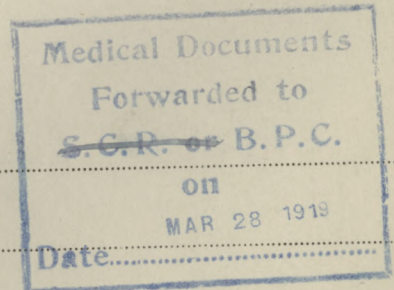
SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

1. No. 726056	
2. Rank A/Sgt.	
3. Name BURFORD, Albert	
4. Unit No. 3 District Depot.	
5. Date of Discharge	20-3-19 Place Kingston, Ont.
6. Reason for Discharge being medically unfit for further War Service.	
7. Authority 3DD-3-B-862 D/ 18-3-19 R.O. 1420	
8. Proposed Residence after Discharge Haliburton, 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	
Signature of Soldier.	
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place Kingston, Ont. Date 20-3-19	
Signature	



8-5-0

General



R. Apple Lieut.
for O. C. Discharge Section
No. 3 District Depot

A.S.

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

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date

Cheque No.

Amount S/A

Amount A/P

Total

REMARKS

M. F. W. 128
 400mc-6-17-1772-39-1141
 L. L. 22320-M. & D. 7583.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

1-3-16

Separation and Assigned Pay Branch

15350

Aug 1/16

OVERSEAS CONTINGENTS

B

RATE OF SEPARATION ALLOWANCE

20	25 ^{1/2} /17	30	
----	-----------------------	----	--

RATE OF ASSIGNMENT

15.			
-----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 726056
 Rank Pte Promoted Reverted Discharge
 Soldier's Name A. Burford
 Battalion 189 Battr. D Co.
 Beneficiary Elizabeth Burford
 Relationship mother, m7w 25-3-4, Road
 Address Puttd 22 1/8

PARTICULARS OF ASSIGNMENT

Name Elizabeth Burford
 Address Waliburton, Ont
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Oct 31. 1917		400	225	625	
Nov	C 55560	20	15	35	
Dec.	C 64997	20	15	35	M
Jan/18	T 65389	30	15	45	X
Feb	C 98302	25	15	40	
mar	A 103787	25	15	40	✓
apl	A 2984	25	15	40	B
may	H 17671	25	15	40	✓
June	E 16660	25	15	40	✓
July	V 32267	25	15	40	✓
Aug	E 29077	25	15	40	✓
Sept	H 43315	25	15	40	✓
Oct	E 46842	25	15	40	✓
Nov	B 58378	25	15	40	✓
DEC	A 68969	45	15	60	✓
Jan. 19	H 73987	30	15	45	✓
FEB	J 71173	30	15	45	
MAR		30	15	45	
		<u>825</u>	<u>465</u>	<u>1290</u>	

245-1-a-3

M. F. W. 128
 400M. -6-17-1772-39-141
 L. L. 22320-M. & D. 7193.

Ac Closed
 Ret'd per Amey Burford
 Date 25-2-19 M.F.W. 187
1-3-19 M.F.W. 72934



1-3-16

MILITIA AND DEFENCE

M. F. W. 11a.
60m.-12-15.
1772-39-818.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

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

Mrs.

Elij. Burford

PAYMENTS.

mother Rte

Name of Soldier

Burford, Albert

726056

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	<i>O 277</i>	<i>20-</i>	<i>20</i>
May		<i>E 823</i>	<i>20</i>	<i>20</i>
June		<i>K 401</i>	<i>20</i>	<i>20</i>
July		<i>E 6949</i>	<i>20</i>	<i>20</i>
Aug.		<i>J 10826</i>	<i>20</i>	<i>20</i>
Sept.		<i>M 15442</i>	<i>20</i>	<i>20</i>
Oct.		<i>L 18847</i>	<i>20</i>	<i>20</i>
Nov.		<i>N 21569</i>	<i>20</i>	<i>20</i>
Dec.		<i>N 25061</i>	<i>20</i>	<i>20</i>
Jan.	1917	<i>K 27647</i>	<i>20</i>	<i>20</i>
Feb.		<i>K 30896</i>	<i>20</i>	<i>20</i>
March		<i>H 34120</i>	<i>20</i>	<i>20</i>
April		<i>M 522</i>	<i>20</i>	<i>20</i>
May		<i>L 3637</i>	<i>20</i>	<i>20</i>
June		<i>N 7142</i>	<i>20</i>	<i>20</i>
July	<i>011006</i>	<i>L 10478</i>	<i>20</i>	<i>20 L 10478 cancelled</i>
Aug.		<i>P 14033</i>	<i>20</i>	<i>m</i>
Sept.		<i>O 16461</i>	<i>20</i>	<i>B</i>
Oct.		<i>N 22889</i>	<i>20</i>	<i>T 400-03</i>
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

20.00

RE-WRITE

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.				

1. 3-16.

MILITIA AND DEFENCE

M. F. W. H. 237
20m.—11-15.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Elizabeth Burford

Name of Soldier Burford, Albert

Address

Haliburton,
Ont

Regtl. No.

726056

Rank

Pte

Corps

109th Bn

Relation to Soldier

Mother

To what Corps belonging

wife, child or mother

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		029056	20	20



1000

1000

1000
26

1000
1000
1000
1000

1000

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-4-16.
 1772-33-819.

Sheet No. 2.

L. L. Job 310.—Req. 6574.

Name of Soldier

A. Burford

PAYMENTS.

A. Burford

726056 (Pte) 109thBn

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		<i>J 15569</i>	<i>15</i>	
Sept.		<i>816295</i>	<i>15</i>	
Oct.		<i>221310</i>	<i>15</i>	
Nov.		<i>J 24957</i>	<i>15</i>	
Dec.		<i>F 31633</i>	<i>15</i>	
Jan.	<i>1917</i>	<i>Q 35828</i>	<i>15</i>	
Feb.		<i>Q 4271</i>	<i>15</i>	<i>15 (W)</i>
March		<i>U 44793</i>	<i>15</i>	<i>15-13</i>
April		<i>P 532</i>	<i>15</i>	<i>15-15</i>
May		<i>P 6861</i>	<i>15</i>	
June		<i>Y 13789</i>	<i>15</i>	<i>15 W</i>
July		<i>S 20968</i>	<i>15</i>	<i>C</i>
Aug.		<i>V 27250</i>	<i>15</i>	<i>C</i>
Sept.		<i>U 33496</i>	<i>15</i>	<i>C</i>
Oct.		<i>W 48141</i>	<i>15</i>	<i>225 (P)</i>
Nov.				
Dec.				
Jan.	<i>1918</i>			
Feb.				
March				
April				
May				
June				
July				

15

AUG 1 1916

EMPA

210

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Cliff Burford*
 Address ~~Haliburton,~~
Haliburton Ont

By Whom Assigned *A. Burford*
 Regtl. No. *726056*
 Rank *Pte.*
 Corps *109 Bn "10" Coy*

Rate *15*

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				





1
2
3
4
5
6
7
8
9
10



Q