30-11-18 CP

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.

Name BURKE, ROBERT HENRY

Regt. No. 725193 Rank PTE

Corps 109TH BN:

MED: UNFIT

51006

Deceased 4-6-52

Proceedings of Court of Inquiry or on men reported Missing on Active Service	
Attestation Papers	1
Declaration of change of name	
Authority for special enlistments	
Documents of re-enlisted men	
Regimental Conduct Sheet	
Compulsory Stoppages	
Casualty Forms	2
Proceedings on discharge	2
Corps History Sheet	
Date and No. of Deposit Receipt for Purchase Money and Amount	
Parchment Certificate	39A — 1
Medical Report for Invalids	2
Medical History Sheet	1
Proceedings of Regt. Court Martial	
Copies of Convictions by Civil Power	
Company Conduct Sheet	
Clothing Transfer Certificate	
Inventory of Kit	
Last Pay Certificate	1
AFB 122	1

Cas card - 2
Dental H.S - 1
AF 21237 - 5
Mem Med 4
X Ray 2

MFW 67 - 1
R 1 2 - 2 1

28-11-16
12-12-17
2-1
12-11

3.

41 — 4
10 — 4
5 — 4
3

M. F. W. 62.
50M.—9-16.
H. Q. 1772—39—935.

Jan 28/16 Pte. S. L. Mtl. Opn.

ATTESTATION PAPER.

No. 735193

109th OVERSEAS BATTALION, C. E. F.

Folio.

ORIGINAL

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname?	Burke
1a. What are your Christian names?	Robert Henry
1b. What is your present address?	783 Bloor St. West Toronto
2. In what Town, Township or Parish, and in what Country were you born?	Toronto Ont. Canada
3. What is the name of your next-of-kin?	Mrs. Burke
4. What is the address of your next-of-kin?	783 Bloor St. West Toronto Ont. Canada
4a. What is the relationship of your next-of-kin?	Mother
5. What is the date of your birth?	August 28th 1897
6. What is your Trade or Calling?	Labourer
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? If so, state particulars of former service.	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, Robert Henry Burke, 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.

R. H. Burke (Signature of Recruit)

Date Jan. 28th 1916. Geo. Brown Lt. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Robert Henry Burke, 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.

R. H. Burke (Signature of Recruit)

Date Jan. 28th 1916. Geo. Brown Lt. (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 28th day of January 1916.

(Signature of Justice)

M. F. W. 23
200 M—9-15
H. Q. 1772-39-841

Description of Robert Henry Burke on Enlistment.

Apparent Age 18 years 5 months.
To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5 ft. 6 ins.
Chest measurement. Girth when fully expanded	33½ ins.
Chest measurement. Range of expansion	2½ ins.
Complexion	Fair
Eyes	Blue
Hair	Light Brown Yellow

Religious denominations

- Church of England
- Presbyterian Presbty
- Methodist
- Baptist or Congregationalist
- Roman Catholic
- Jewish
- Other Denominations (Denomination to be stated)

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

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

Scar of Vaccinia operation

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date January 28th 1916. J. McCulloch Capt.

Place Lindsay. J. A. Boyd Medical Officer

109th Overseas Battalion, C. E. F. **Medical Officer.**

* Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

Robert Henry Burke 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 28 1916 191 .

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 7:5193. (Rank) Pte.

Name (in full) ROBERT ROBERT BURKE. enlisted in

the 109th. Bn.

CANADIAN EXPEDITIONARY FORCE at Lindsay, Ont. on the 26th.

day of Jan. 1916

HE served in England and France.

and is now discharged from the service by reason of

Having been found Medically unfit for service.

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

Age 21

Height 5' 6"

Complexion Fair

Eyes Blue

Hair L. Brown.

Marks or Scars

Vacc. scars on left arm.

G.S.W. Left Arm and Back. 9-6-17.

Robert T Burke
Signature of Soldier

H. G. Bennett
Issuing Officer

Captain.
Rank

For Lieut.-Colonel,
O.C. No. 2 District Depot.
Appointment

Date of Discharge Nov. 20th, 1919.

Signed at Toronto, Ont. this 20th day of Nov. 1919

in Military District No. 2.

File Reference No.

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. 725195 (Rank) Pte. Name BUNN ROBERT HENRY.

Unit 109th. Bn.

Address on Discharge 29 Robinson Crescent Toronto, Ont.

Character and Conduct Good

Former Occupation Labourer.

Special Qualifications of Value in Civil Life

Medals and Decorations Nil.

Remarks Gold Stripe One ---- 1.

Signed at Toronto. Ont. this 20th day of Nov. 19 16

J H B [illegible]

Name of Officer

Rank Captain,
For Lieut.-Colonel,

O.C. No. 2 District Depot.

Appointment

A.F.B.

AMF

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

10.56

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

Regimental No .725193.....Rank....Pte.....Name ..BURKE, R.H.....

Corps No. 2 District Depot.....who was*.....Discharged.....

On ..20-11-18.....191...., to.....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from .....1-11-18.....191....,

to ...20-11-18.....191...., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month	18.	70	Balance Cr. from prev. month		
Advances by Cheques No. 11142	35.	00	Regt'l. Pay 20 days at $ 1 c.	20.	00
Advances by Cheques No.			Field Allow. 20 days at $ c. 10	2.	00
Assigned Pay and Sep'n Allce. No			Separation Allowances* (Monthly)		
Other charges A.P. Nov.	15.	00	Other Allowances* Clothing	35.	00
Payment on transfer or discharge No			Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)	11.	70
Total	68.	70	Total	68.	70

*Give particulars.

A monthly stoppage of $...15.00.....(†) has.....(‡) ~~been paid~~ chgd on account of Assigned

Pay for the month of ...Nov.....191.8.
and Sep'n Allce. for month of .NIL.....191...

(to) Assignee .Mrs. Margaret Burke, -.....

(Address) 29. McKenzie Crescent, 1041 Ossington Ave.,

.....Toronto, Ont. .....Toronto, Ont.

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

On Transfer of an Officer.

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

REMARKS:— A.P. PAID BY OTTAWA.

State (1) date of enlistment .....

(2) if married and if a Separation Allowance Card has been submitted .NO.....

(3) cause of discharge .....authority D. O. 213.....

(4) authority for transfer .....

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

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

Date ..18-11-18.....

Place ..TORONTO, ONT..... .....Captain.....
Paymaster, No. 2 District Depot.
Paymaster.

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

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

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

M. F. W. 44.

H.Q. 1772-39-903.
100M-9-18. D.P. 874.

To be made out in duplicate.

I. C. 51-21-20-53

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 .....725193.....

(3) Full Name of Soldier.....Robert Harry Burke.....

(4) Place of Birth.....Toronto.....Canada.....

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

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

(b) Present Postal Address.....

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

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

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

Also their names and ages.....

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

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

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

(10) Is your Mother alive ?..... Yes .....

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

..... 785 Ossington Toronto Canada .....

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

Are you her sole support, or not ?..... No .....

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

.....

.....

(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.

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

Date..... July 9th 1916

1.

2

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 ..Robert Veney.. Surname ..Burke.. BURKE
3. Rank ..Pte.. 4. Original Unit ..104th Batt'n.. Reg. No. 725193
6. Address, in full, to which future payments of gratuity are to be forwarded .....
..... Mrs. P. Burke. .....
..... 408 Spadina Rd. ....
7. Date of enlistment in the C.E.F. ..28th Jan 1916 Toronto Ont..
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. Present 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 applicable
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:—
..Served..with..20th..Batt'n..From 28 Nov. 1916
..until..10th Nov. 1917.....
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States ? .....
14. Were you on active service only in Canada or the United States ? If so, give particulars of units 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 ..Total Service 2 years 11 Months
Served..With..104th Batt..11 Months..and with
20th Batt..France..13 Months. In Hospital 11 Months
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department .....Not applicable.....
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? .Not applicable

M.F.W. 2595.
1772—39—1389.
122—D.P.—250M-2-19.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units ..... Not applicable

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 ..... Received $58.00 Post discharge and $232.00 War Service gratuity

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

21. Have you, during the present war, served in the Imperial Forces? ... Not applicable

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 ..... Not applicable

23 (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England ..... Not applicable

(b) If so, was such reversion in consequence of misconduct or inefficiency? not applicable

24. Are you now serving in the C.E.F. ... No ..... If not, give:—(a) Date of discharge ... Nov. 20th 1918 ..... (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 .... Not applicable

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 ... Served with 20th Battn. France from Nov. 28 1916 until Nov. 10th 1917

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? Not applicable

(b) If so, are you in receipt of full pay and allowances from that Department? not applicable

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: P. H. Bayke

Place of Residence: 408. Spadina Road. Toronto.

Declared before me at: Toronto.

This 27 day of May 19...19.

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

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent
.....	.....	.....
.....	.....	.....
.....	.....	.....

Certified Correct.

District Paymaster.

War Service Gratuity	Net amount due
.....	.....
.....	.....
.....	.....

Station and Date.		Galvanism	Faradism	Condenser 100 v.
Flexor ulnaris		Quickly	Quickly	.5 Micro.
Median Flexors.		very slowly	do not react	2.0 Micro.
abductor Pollicis		" "		
ulnar muscles				
Hand		Quickly	quickly	

Dig. Study Card

There is wasting of the Flexor groups of muscles both Ully elsewhere.
Fingers can be flexed at distal phalanges but very weakly at 2nd phalanges at the 1st (Flexor sublimus) Flexion is fairly strong at 1st phalanx on Metacarpals (Flexor interossei)
There is no sensory loss. either to specific to fractibation.
Rx. Massage & Galvanism Continuing.
Reh. 10 days. — Stanway
Partial Lesion of Median N. at elbow
Carry on treatments for 2 weeks. & report Stay

27 MAY 1918

No change, Carry on for 2 weeks & ret- Stay

27 MAY 1918

4-June/1918 Return in 2 weeks for further reactions Stay

	Galvanism	Faradism	Condenser 100 v.
Median flexors	quickly	slowly	react to .125 m
abd. Pollicis	"	sluggishly	" .66

Dig. Study Card

~~Cancel~~ Galvanism only & add Faradism to flexors of fingers. Continue massage Return in 2 weeks. Stay

Forms
I. 1237
12.

135/505

Army Form I. 1237. II

Sheet No 2.

MEDICAL CASE SHEET.*

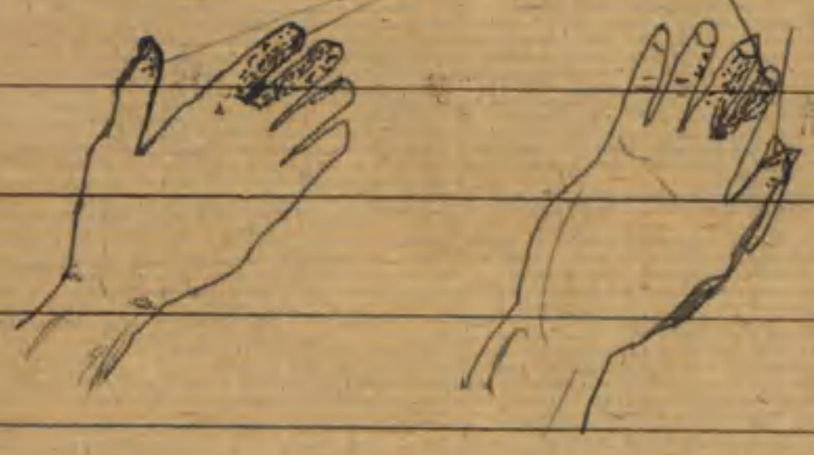
No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname	Christian Name.
T 707	725193	Pte	Burke	R H

Year	Unit.	Age.	Service.	
1918	20th Canadian	20	2y 8m	1y 4m

Station and Date.
G.C.S. Shorncliffe
6th Mar 1918

Disease Gun. Left Elbow. Lesion (Partial) of Median N.

Diminished sensibility to pin prick and cotton wool same both.



Joint sore. O.K.
Sensation to pin prick diminished over area on back and front of index and middle fingers.
Anaesthesia to cotton wool
Power good in flexion of all fingers except index fingers.
in.
during complete flexion. — Sense of position and pressure sense O.K. — Atrophy of adductor pollicis.
— Palm moist: index and middle fingers dry. Also tip of thumb — Indications of partial involvement of Median. — Galvanism to median distribution.
W.O. Barrack Sergt Capt

11-3-18	Exhibition remains about same H.H.S.
14/3/18	To Board for decision of disposal Exam Rivers U.K.T.
22 MAR 1918	Cured E.C. for Reinforcement U.K.T.
29-3-18	Elbow has undergone some improvement in flexion as have also the finger movements G.C. Good H.H.S.
5-4-18	Elbow movements have increased to Extension 135- flexion 45° Sensation not improved. H.H.S.
1-4-18	C.T.V. Record.
4-18	Elbow movements 40° to 130°. Finger movements improved. Can flex index to nearly full degree. Median — Decision to Involvement of median nerve?
MAY 1918	
MAR 1918	
MAY. 1918	
1941	

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

...—M 1150. 1,450,000. 6/12 16. C.F.& S. Forms/I. 1237/12. (E239) P.T.O.

P-135/565 Sheet 1

Forms
I. 1287
12

Army Form I. 1287.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 1707

Year 1918

Regimental No. 725193 Rank. Pte. Surname. Baude Christian Name. A. H.

Unit. 20 Canadians Age. 20 Service. 2 8/12 1 9/12

Station and Date. Portal Leaves of Medical N.

Disease S. W. St. elbow.

Occupation Motor Cycle Fitter
Enlisted 23-1-16 at Lindsay Ont.
Arrived Engl-8-16
Arrived France 2-11-16
Wounded 9-11-17 at Passchendaele.
Through 3rd Aust. C.C.S. to 16th Gen. Hospital
for 1 mo. to 1st Southern Gen. Birmingham 1 mo.
V.A.D. Birmingham 1 wk. Manor War Hosp
Epsom, 15-1-18 - 26-2-18 & Buxton.

Past History Aside from tonsilitis was never confined to bed, but was never very strong. Was rejected for varicocele while under training. Aside from which he was able to carry on. While in France he reported sick twice with his "heart" and was sent down to a C.C.S. for a rest.

His present disability dates from 9-11-17 at which time he was wounded by Shrapnel posterio-internal surface lower third left forearm. Received and ulnar border upper third left forearm. He was also wounded in three places in back. He was dressed at C.C.S. and splint applied. Wounds were all healed in 5 weeks. Splint was removed in 4 weeks. Passive movements & massage were started & later persisted in.

GRANVILLE CANADIAN SPECIAL HOSPITAL
REGISTRAR'S OFFICE
26 FEB 1918
Buxton

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

Wt. W 6601/M 2870—1,500,000—8/17—H. & Sp. (10933). Forms/I. 1287/12. (E239) [P.T.O.

Station and Date.

Present Condition. Several small scars about lower third left arm, and upper third left forearm. All wounds healed. Has a tremor on effort. Scar sensitive to touch & blow under, with pain shooting to back of middle finger left hand

Movements Shoulder All movements normal
Elbow. Flexion 67° – Extension 162
Wrist Pronation 45° Supination 75° Some limitation to dorsi-flexion.
Fingers. Flexes proximal Phalanx of index 45° and middle 45°. All other fingers practically normal

Sensation Has analgesia, but complains of numbness tingling along radial side left index finger and burning sensation in palm of hand where there is also tenderness to pressure.
All other Systems normal
Diagnosis Gas H. Perry
x Ray left elbow joint shows ½ luxation
Fracture? G.S.T
Elbow. A.G.F. 45°. A.G.F 120°
Supination 3/4 normal
Pronation. 3/4 normal
Flexion of index finger half normal
" " Middle " 3/4 normal
" " ring & little - full
1. Elec. baths Massage & forearm & hand with gentle forced movements of elbow. Exercise of tremor.
2. To Medical side for opinion as to sensory disturbance in thumb & index

Muscles Nerves and Tissues do not react to faradism but fully prompt to Galvanism.
Rectus interosseus
Ext. ulnar: Muscles (except Flexor Carpi) react to .25 milliamps. Tissues (except abductor .66) react to .125 milliamps at 100 Volts
Flexor Carpi

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
C 793	125193	Pte	Burke	R. H.
Year.	Unit.		Age.	Service.
	20th Canadians		20	2 yrs

Station and Date.

Disease Gpd. Pain & Fract. Lower End of Humerus
Shrapnel wound.

1st Nov. 9. at Poperinghe
Anaesthetic at C.C.S. rec'd.
A.T.S. 500 units 17.11.17
17.12.17 — A.T.S. 500 units
c.f.l.

Dec 17. X ray. Comminuted fracture lower end of shaft of humerus, displacement of lower fragment backwards. many fragments of metal about the Capitellum
wounds healed. Elbow stiff. X ray report forwarded. (C. this).

Dec 26. aux. H.

HARBORNE HALL AUX. HOSPITAL
Date 7.6.18
BIRMINGHAM

(A) Can

G.110 Manager

* 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.

54

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
1918	725193	Private	Barr	J. A
Year	Unit. 20th Canadians		Age. 20	Service. 2y/12

Station and Date.	Disease
Manchester 12-1-18	Shrapnel Wound left Elbow. Fracture-Lower end of humerus - fracture in bad position & some ankylosis of joint & injury to nerves. B E Hawke Lt R.A.M.C.
23-1-18	Recommended for transfer to Boston B E Hawke Lt R.A.M.C.

* 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.

Forms
I. 1237
12

P 135/16.

Sheet 3.

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
I 707.	725192	Pte.	Burke	R H
Year 1918	Unit. 20 Canadians		Age. 20	Service. 28/12 14/12

G.C.S.H. BUXTON.

Station and Date.

Treatment Dept 19/6/18.

Disease S.W. Lt Elbow. Partial Lesion of Median N.

Hand has all movements Extension & supination limited and at a standstill Would suggest board.

Very marked improvement in motor and General Condition of Hand.

Motor - all movements one full & strong in flexors, extensors and interossei

Sensory - No loss of any form.

Board B III Likely to be passed in six months.

Stonehouse

July 25. 18

a.f.B. 179 Completed R B Hands Capt

B III s

EXAM. MED. BOARD

8 - JUL. 1918

G. C. S. H.

* 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.	

Army Form B 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps_____ Military Hospital_____

No._____ Rank and Name_____ Age_____ Service_____

Disease_____ Date of admission_____ Date of discharge_____ Result_____

Dates of Observation

Days of Disease

Temperature, Fahrenheit — Time A.M. P.M.

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

Pulse per Minute

Respirations per Minute

Motions per 24 Hours

Wt. W 3728/M2313—2,000,000—6,17—H. & Sp. (10693)—A.F.B. 181/5 (E. 735)

Signature_____ In charge of case.

Corps 2d Canadian

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Military Hospital _____

No. 725193 Rank and Name Pte Burke R H Age 20 Service 2 years

Disease Comp Fract Humerus Date of admission 13/12/17 Date of discharge 12/1/18 Result Sparan

Dates of Observation																																	
Days of Disease	13.	14	15	16.	17																												
Temperature, Fahrenheit	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.
107°																																	
106°																																	
105°																																	
104°																																	
103°																																	
102°																																	
101°																																	
100°																																	
99°																																	
98°																																	
97°																																	
Pulse per Minute																																	
Respirations per Minute																																	
Motions per 24 Hours	1	0	1	1	1																												

Dry Serum Anti Tetanus

1st SOUTHERN GEN. HOSP. MAJOR H.Q. OFFICE Orth. BIRMINGHAM

Sparan. 12/1/18

Wt. W3728/M2313—2,000,000—6/17—H. & Sp. (10693)—A.F.B. 181/5 (E. 735)

Signature _____ In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181

Corps 2d Cav. Bde Military Hospital Public Hospital

No. 225-145 Rank and Name Pte Burke A. O. Age 19 yrs Service 1 yr

Disease Date of admission 11-12-17 Date of discharge Result

Dates of Observation

Days of Disease

Temperature Fahrenheit — Time A.M. P.M. (each day)

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

Pulse per Minute

Respirations per Minute

Motions per 24 hours

(6201) Wt. W. 11421/M1165 2,000,000 12/16 McA & W Ltd. A.F.B. 181 (E. 735)

Signature In charge of case.

1348.

EXAMINATION
BY
STANDING MEDICAL BOARD, BRAMSHOTT.

28 AUG 1916 1916.

No. 725193 Unit 109th Battalion Rank Pte

Name Burke Robt.H. Age 19

Examination held at Bramshott, Hants.

DISABILITY. No disability

~~Overseas~~—Local.
(scratch one out)

Present Condition :

Board recommends :

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

Signatures :

Members { R.L. Stewart Maj' Pres.
H. Maclaren Capt
D J McKay Capt

Approved.

Bramshott 28 AUG 1916 1916. C.F. Hoare Major.

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

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS DISTRICT 2

NAME OF SOLDIER Burke alfred No. 425193

REGIMENT RANK PTE

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	Pyrrhea	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																							
DISCHARGE EXAM. CASUALTY CO. No. 2 D. D. DATE NOV 14 1918																							
CERTIFICATE ISSUED FOR 'Dentally Fit'																					W B Semple Major		

M.F.B. 46
200m—6-18
1772-39-960.

725193.

ORIGINAL

MEDICAL HISTORY SHEET.

ORIGINAL

Surname Burke *Christian Name* Robert Henry

Examined { on 28th day of January 1916.
at Lindsay

Birthplace { City or Town Toronto
County Ontario

Apparent age 18 years.

Trade or occupation Labourer.

Height 5 Feet 6 Inches.

Weight 107 Lbs.

Chest measurement { Minimum 31 inches.
Maximum expansion 33½ inches.

Physical development Fair

Small-Pox Marks None.

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

When Vaccinated last January 28th 1916.

(*a*) Marks indicating congenital peculiarities or previous disease None

(*b*) Slight defects but not sufficient to cause rejection
Little light in the chest.

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

Date	Fit or Unfit	Examined for Re-engagement,
		18 DEC 1917 M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
12/11/18	TPD 2.	Dr Thomson Capt M.O.

Date	Result	Vaccinations.
28.1.16.	Good	J. McCulloch M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
18.4.16.	Good	J. McCulloch M.O.
25.4.16	Good	J. McCulloch M.O.
2.5.16	Good.	J. McCulloch M.O.
13.6.17	Gd	R.L. 12.18
3-4-18 TAB		R.L.

Enlisted on 28th day of January 1916 at Lindsay

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	109th Batt. C.E.F.	725193.		28.1.16.
Transferred to..	20th. Bn			

CANADIAN

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Bramshott approved Bramshott	28/8/16 28 AUG 1916	no disability	fit

A. Stewart Maj
PRESIDENT.
MEDICAL BOARD, BRAMSHOTT.

Major.

Bramshott D.A.D.M.S. for S.M.O.

Partial loss of hearing

Not likely to be caused W.H. Burnaugh Capt. Can. A.M.C.

Canadian Troops, Bramshott Camp.

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 Burke Christian Name Robert Henry

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	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.
No 9 CFA.		13	4	17	18	4	17	P.U.O.		Rej Unit.	A519-A519. GH.
1st SOUTHERN GEN. HOSP. AUX. HOSP. OFFICE Date 12 JAN 1918 No EDGBASTON, BIRMINGHAM		13	12	17	12	1	18	Comp fract humerus (L)		Manor War Hosp Epsom	[signature] Capt. R.A.M.C.T. Asstst. Registrar, 1st S.G.H.
Manor War Epsom		12	1	18	26	FEB	1918	Shrapnel Wd left Elbow		Fracture lower end of humerus - in bad position Some Anchylosis & nerve injury 23-1-18 - Recommended for transfer to Buxton	B J Hawke Lt RAMC
GRANVILLE CANADIAN SPECIAL HOSPITAL REGISTRAR'S 27 FEB 1918 OFFICE BUXTON		26	FEB	1918	22	7	18	Partial lesion of lt median nerve	147	Movements - Shoulder normal - elbow, flexion normal - A.G.C. 160° - Supination, normal - pronation, one half normal - all movements of hand full and strong	R B Harris Capt.

[1444] W4914/M2469 500m 7/17sv 29 G & S 86

Forms I. 1202 / 33

Army Form I. 1202.

DIET AND EXTRA SHEET FOR PATIENTS IN HOSPITAL, AND EXTRA SHEET FOR DINING HALLS, AND KITCHEN SUNDRIES.

1st South Hospital, at Edgbaston. Period from _____ to _____

Regtl. No.	RANK AND NAME (Surname first)	Corps	Squadron, Troop, Company, or Battery	Age	Service	DISEASE
125793	Pte Burke	20th Canadians	A	20	2 yrs	Shell-wd. Cpd Comm. fract lower End of humerus

Ward Number	Number in Admission and Discharge Book	Admitted into hospital	Discharged from hospital	Religious denomination
B 6	C 793.	13/12/17 19	Still in 1917	Pres

If allowed up during certain hours, if fit for light hospital duty, or able to take meals in the Dining Hall, state so	Date	Name of diet first time in full, afterwards abbreviated — For Dining Hall, state number of patients	EXTRAS OR KITCHEN SUNDRIES (Quantities in Words) BREAKFAST	POUDING	[illegible]	[illegible]										Initials of Medical Officer (first time name in full). All spaces in which no entries have been made must be severally obliterated by the Medical Officer thus ——— before he signs his name or initials.
Bed																
	13	Ordinary	1	1	1	1										[illegible]
	14															
	15															
	16															
	17															
	18															
	19															
	20															
	21															
	22															
	23	Chicken & Hand														[illegible]
	24	Ordinary														
	25	"														
TOTAL (in Figures) CARRIED FORWARD																

P.T.O.

If allowed up during certain hours, if fit for light hospital duty, or able to take meals in the Dining Hall, state so	Date	Name of diet first time in full, afterwards abbreviated — For Dining Hall, state number of patients	EXTRAS OR KITCHEN SUNDRIES (Quantities in Words)														Initials of Medical Officer (first time name in full). All spaces in which no entries have been made must be severally obliterated by the Medical Officer thus——before he signs his name or initials.
			BREAKFAST	PUDDING	BULBES	TEA											
TOTAL (in Figures) BROUGHT FORWARD																	
Bed																	
	26																
	27																
	28																
TOTAL IN FIGURES																	

I certify that the above Diets,† Drinks,† Extras,† and Sundries† were ordered by me for* Patient and that they were necessary.

[signature] *Officer in Charge** _____

NOTE.—Extras may be ordered without at the same time ordering a Diet. After Diets or Extras have been entered on the Diet Sheet, no further entry need be made until a change is considered necessary. The entries will always be written in full opposite the date when any change is made; also on the day of discharge, or when a patient is transferred from the care of one M.O. to another.

*Insert here "Patient," "Dining Hall," or "Kitchen."

†Delete as required to render the certificate complete.

C.A.D.C.5009.
20M-19-2-18

2

DENTAL CERTIFICATE.

725193

Pte. Burke R.H.

1st C.C.R.D.

The following Certificates will be attached to the Medical History Sheets of all Other Ranks being returned to Canada for disposal.

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
13-9-18	Fit	—	—	—

[illegible]

Capt C.A.D.C.

Can walk

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

1st S. G. Hospital.

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

Ward B6 No. of Bed _____ Date 19.12.17

Regl. No.	Rank and Name	Corps	Part to be X-Rayed
725193	Burke PL	20 Canadians	

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

Lower end of Left humerus

W.H.

Signature of M.O. _____

Date _____

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

No. of Plate _____

Comm. fracture. lower end of Humerus involving joint. Several F.Bs. present, to be localised if removal contemplated.

J. Hall-Edwards

Signature of Radiographer _____ Major RAMC

Date 23/12/17.

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.
18-12-17	20 Bry	Inv Wounded & Posted KORD	Field	12-12-17	Pt II 0 91 1 CORD PT II 0 286d/20 12/17
25-7-18	1 C. ORD	On Command 2. CCD	Pte Witley	22-7-18	Pt II 0 204
7-8 18	"	Ceases att 2. C. C. D	" "	6-9-18	Pt II 0 248
13-9-18	"	On Comm 2. C. DD Buxton	" "	12-9-18	Pt II 0 254
8-10 18	1 C ORD	Ceases on Comm C DD + S.O.S. to Canada N.S.E.	Pte "	23-9-18	Pt II 0 279

R—122

A.G.R. Rank Name BURKE, Robert Henry Reg'l No. 725193

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

Place and Date of Enlistment Lindsay, 28th Jan., 1916. Place of Birth Toronto, Ont., Canada.

Name and Address, Next-of-Kin Mrs. Burke,

785 Ossington Ave., Toronto, Ont., Canada. Relationship Mother.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/E. R.B. No 15108
File R.L.
Category Can O R

Discharge, Date and Place Reason Character O'seas Cas

H. W. & V., Ld.—7165-16.

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.
C		Arrived in England per H. M. T. 2810 31-7-16			A.F.B. 103 CHECKED 11 DEC. 1916
28.11.16	O.C. 109th	S.O.S. on Trans to 20th Bn	Witley	28.11.16	Pt II D.O. 333 N.J.D.
11-12-16	20th Bn	Taken on strength.	field	29.11.16	" 75
25.3.17	✓	9 Can Field Amb.	do	13.4.17	CLA 579
	✓	Rejoined Unit	do	18.4.17	Ch A 519
4-6-17	✓	Rept wounded	do	9.5.17	CLA 562 NS
2.8.17	"	Rejoined Unit	do.	18.5.17	C.L.A. 568.
20.11.17	1COR 20	3 Aust; Cas Clearing Stn		10.11.17	CLA 68-3 S.W. arm Frac
21-11-17	"	16 Gen Hosp	La Trefort	12-11-17	C.L. A69.
17-12-17	"	1st South Gen Hosp	B'ham	13-12-17	CL B.91-1

Army Form B. 103. Regimental Number 725193

Casualty Form—Active Service.

Regiment or Corps 109th Battn

Rank Pt Surname Burke Christian Name Robert Henry

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

Enlisted (a) 28.1.16 Terms of Service (a) Dn of War Service reckons from (a) 28.1.16

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 ...			
12.9.18	1 sole O R D	Att to 1 sole D D Witley	12.9.18		D 0253
		Witley			

Wm Jackson

LIEUT. I/C RECORDS,

C.O.R.D.

13 SEP 1918

23 SEP 1918

Attached C.D.D. Buxton for return to Canada, Part 11 Order No. VII

Ceases to be attached C.D.D. Buxton on embarking for Canada.

Lt. for Lt. Col.

Commanding Canadian Discharge Depot.

23.9.18. T.O.S. No.2 District Depot, Part II, D.O. No. 176.

Lieut. and Asst. Adj.

For O.C. No. 2 District Depot

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

(b) Signaller, Shoeing-Smith, &c.

[P.T.O.

[M1101] W6135/M768 1000m 9/16s 153 G & S Forms/B.103/4. E./354.

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				
	Dis. #2.D.D.	Nov.20th,1918 Pt.11#213.			
		H S Beeeen			
		~~Captain,~~ For Lieut.-Colonel, O.C. No. 2 District Depot.			

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. 725193 Rank Private Name Burke Robert Henry

Enlisted (a) 28.1.16 Terms of Service (a) C. E. F. D of W. Service reckons from (a) 28.1.16

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

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

Report: Date	Report: From whom received	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.
	Embarked Canada		Halifax	24.7.16	
	Disembarked England		Liverpool	31.7.16	
28-11-16		Proceeded overseas for service with 20th. Btn,	Witley		A W Aselting Capt. ADJUTANT 109th Overseas Battalion, C. E. F.
~~27-11-16~~	~~Witley~~ O.C. 109th.	~~Transf'd to 20th Bn,~~	~~Overseas~~	28-11-16; D.O.333-~~28-11-16~~	A W Aselting CAPTAIN, ADJUTANT, 109TH BATTALION CAN. INFANTRY.
29/11/16 do 8/12/16	CBDepot do 20th Bn	Arrived taken on strength Left for Unit Joined Unit	20 Bn Field do	29/11/16 NR 1/12/16 NR 4/12/16 B213	Pt.2.Ord.75 11/12/16
15-4-17	9CFA	P. M. O adm 13/4/17 Trfd	Ccs	13-4-17 A 36.	293A 19-5-17
21-4-17	12 "	" " adm 14/4/17 Trfd	Dnbs	18-4-17 " "	295A 29-5-17
21-4-17	20 Bn	Rejd from Hosp	20 Bn	18-4-17 B213	293A 19-5-17
19-5-17	" "	Wounded	Fld	9-5-17 " "	295 29-5-17

CERTIFIED CORRECT. 14 DEC. 1916 CAN. RECORDS. LONDON.

(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.

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				
24/4/17	20 Bn	Rejd the Battn		18-5-17	Letter. File K.L.-16/11 A.G. (3a)
2-8-17	do	2 days F.P.No.1. for:- When on A S Losing by neglect his identity discs		31-7-17	B2069.Pt 2 54d/9-8-17.
6-10-17	do.	Granted leave to Londres.		26-9-17	B212.Pt.2 Y0413/10/17.
13-10-17	—"—	Rejoined from leave	20 Bn	8-10-17	—"—
12.11-17	16 U.S. Gen	Ltr. to Adm Back (Track)s.	adm 16 U.S. Gen	12/11/17	B4734.
17-11-17	20 Bn	Adm.	to Hd.	10-11-17	B213.
11-11-17	3 Mob CCS	—"—	adm 10th Can Fd Amb	11-11-17	B1909.
10-11-17	6 C.F.A.	—"—	admt Field CCS.	10-11-17	B7540.
11-12-17	16 (U.S) Gen	—"—	Trfd to Engl	11-12-17	C1446.
11-12-17	do	Inv (Wdd) & posted to 1st Cntl Ont Regl Depot, Shorncliffe per ATWarilda 12-12-17.			W3083 - 4549. Pt 2 91d/18-12-17.
		J.W.Logan	Major		for Lt.-Col., A.A.G. Canadian Section, G.H.Q. 3rd Echelon B.E.F.
20-12-17	16 DD	T.O.L from adm Bn	Shetley	12-12-17	Pt. 91 - Lieut for Colonel i/c Records, O.M.F. & C. R. Cooper Lieut
25-7-18	2nd C.C.D.	ttached to 2nd C.C.D	Brimscombe	22-7-18	Pt. II No. 174
6 SEP 1918	OC. 2nd CCD	Ceases to be attached to 2nd C. C. D. on return to 1st C.C.R.D. Rest Camp	Bekhet	6 SEP 1918	Pt. 2 D. O. No. 211 for OC. 2nd CCD.
7.9.18	Record	Leave to Lt. A. E. Shelley 2nd C.C.D.		6.9.18	D.O. 248.

5519
L

Burk.
B519.
725193

5519
L

Burk
5518
725193

59. 500 6-8-17

Treatment Department,
G.C.S.H., Ramsgate,

19-6-18 191..

To—
Officer i/c Examining Board,
G.C.S.H., Ramsgate.

No. 725193.

Name Pte. Burke 135-565 P.A.

Treatment:

N/C.O. i/c,
This to be attached to Case sheet please
[illegible]

I would beg to draw the marginally named case to your notice.

~~Do you wish any alteration in prescribed treatment, please?~~

Hand has all movements.
Extension + Supination limited and at a Standstill. Would suggest Board.

James Patterson
Captain C.A.M.C., Officer i-c Treatment Department.
Hm

M. O. 1/c.

3rd floor

Palace Annex

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

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

Palace Hospital.

Ward 135 No. of Bed 565 Date 1-3-18

Regl. No.	Rank and Name	Corps	Part to be X-Rayed
125193	Pte Burke	20	Sw. Lt elbow

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

X Ray Lt elbow joint & lower 1/3 humerus. fracture? 2-8 x 10

Maj Turner.

Signature of M.O. _____

Date _____

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

No. of Plate 5579

Shrapnel fracture above condyles - Humerus - Left - union - Angular deformity outward & forwards. - Multiple shrapnel above & below joint - Elbow joint outline clear

Signature of Radiographer W H Eagar

Date Capt. C.A.M.C.

L.L. 19226—M. & D. 7814.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
25m—4-17.
H. Q. 1772-39-819.

To Whom Mrs Margaret Burke

Address 1041 ~~785~~ Ossington Ave.
Toronto. Ont.

Rate 15.00 Aug. 1st/16

By Whom Assigned Burke R. H

Regtl. No. 725193

Rank Pte

Corps 109th Bn

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			2 M 15/9/16 A.P.D 13/8/17
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED 5 ACCOUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
18m.—4-17.
1772—39—819.

Sheet No. 2. Mrs Margaret Burke
(Assignee)

Name of Soldier Burke R. H.
725193 Pte 109th Bn

L. L. Job 19227—M. & D. 7814.

Month.	Year.	Cheque No.	Amt.	Remarks.
				15.00 aug 1st /16
April	1916			
May				
June				
July				
Aug.	✓			—
Sept.	✓			—
Oct.	✓			—
Nov.	✓			—
Dec.	✓			—
Jan.	✓ 1917			—
Feb.	✓			—
March	✓			—
April	✓			—
May	✓			—
June	✓			—
July	✓			—
Aug.	195 B,	Q. 18057	195 —	195.00 aug to adj mailed 15-8-17
Sept.		X 35047	15	15.00 future
Oct.		Y 48381	15	225
Nov.				Can. A.P. Gk. audited
Dec.				Obs Can. A.P. Audit
Jan.	1918			J.W. Brown 2-19
Feb.				
March				
April				
May				
June				
July				

M.C.

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.		561/13		
Sept.		52/11/13		
Oct.				
Nov.				

1-3-16

L. L. J. 310—M. & D. 6574.

MILITIA AND DEFENCE

M. F. W. 11.
50m.—4-16.
H. Q. 1772-30-818.

SEPARATION ALLOWANCE

Name Maggie Burke

Address ~~788 Ossington Ave.~~ Toronto Ont

1041 Ossington Ave.

Relation to Soldier wife, child or mother } Mother

Name of Soldier Burke Robert H

Regtl. No. 725133

Rank Pte.

Corps 109th Batt.

To what Corps belonging when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED 2 ACCOUNT

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

M. F. W. 11a.
50m.—4-16.
1772—39—818.

Sheet No. 2. Maggie Burke Mother

Name of Soldier Burke Robert H. Pte

PAYMENTS.

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916				
May					
June					
July					
Aug.					
Sept.		N 17871	140	–	140
Oct.		M 18826	20		20
Nov.		O. 21933	20		20
Dec.		O 24845	20		20
Jan.	1917	L 25613	20		20
Feb.		L 30103	20		20
March		L 32634	20		20
April		N 398	20		20
May		M 3849	20	→ 300	20
June		O 6754	20		20
July		M 10532	20		20
Aug.		Q 14045	20		B
Sept. 11 Q.R.C.		P 16786	20		120
Oct.		O 22616	20		X 1024 Assington Ave
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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

M. F. W. 41a.
120m. 1-18
1772-39-1213

English L.P.C. No. B-771

Name Burke, Robert Henry.

Regt'l No. 725193 Rank Private File Numbers { P.M. 25-79. / P.M. 25-Bu-

Former Units 1st. C.O.R.D. Original Unit 109th Battalion.

Date of arrival in Canada 7/10-18 Boat Cardiganshire Port of Disembarkation Quebec.

Rates of Pay:—Regt'l. 1.00 Field 10 Date of arrival in M.D. 2.

Separation Allowance. Date paid to 31-7-18 Rate $25.00 If continued by Chief Paymaster, England no.

Assigned Pay. Date paid to 31-10-18 Rate $15.00 If continued by Chief Paymaster, England no.

Name and address of Beneficiary { Mrs. Margaret Burke, (Mother) / 1041(3) Ossington Ave, Toronto, Ont.

Pay claimed on English L.P.C. to 30-9-18 to be paid by new Unit from 1-10-18.

Name of new Unit No. 2 District Depot. Date L.P.C. forwarded to new Unit 23/10/18

A/P. charged on English L.P.C. to 30-9-18.

Remarks—S.A. closed 31-7-18 per P.A.B. ruling 23-7-18, A.P continued by Ottawa.

L.L. 34682—M. & D. 8645.

Credit Balance shown on English L.P.C.	OTHER CREDITS DUE	TOTAL CREDITS	Charges to be made on account of advances since English L.P.C. made out: On Boat	~~At Cl. Depot~~ &c. A.P.	OTHER CHARGES	TOTAL DEBITS	BALANCE TO NEW UNIT: Credit	Debit	REMARKS
$ c.	$ c.	$ c.	$ c.	$ c.	$ c.	$ c.	$ c.	$ c.	CKM. 18-10-18. AGP. 18/10/18
29 21		29 21							
					9 73				AR 750, 19-9-18.
			4 87						AR 3, 24-9-18.
			20 00						At Sea, 26-9-18.
			5 00						Quebec, 8-10-18.
				15 00					October, 1918.
Debit Balance		25 39				54 60			
		54 60				54 60		25 39	

M. F. W. 41a.
120m. 1-18
1772-39-1213

English L.P.C. No.....

Name.....

Regt'l No.....Rank.....File Numbers {.....

.....

Former Units.....Original Unit.....

Date of arrival in Canada.....Boat.....Port of Disembarkation.....

Rates of Pay:—Regt'l.....Field..... Date of arrival in M.D.....

Separation Allowance. Date paid to.....Rate.....

If continued by Chief Paymaster, England

.....

Assigned Pay. Date paid to.....Rate.....

If continued by Chief Paymaster, England

.....

Name and address of Beneficiary {.....

.....

Pay claimed on English L.P.C. to.....to be paid by new Unit from.....

Name of new Unit.....Date L.P.C. forwarded to new Unit.....

Credit Balance shown on English L.P.C.		OTHER CREDITS DUE		TOTAL CREDITS		Charges to be made on account of advances since English L.P.C. made out				OTHER CHARGES		TOTAL DEBITS		BALANCE TO NEW UNIT				REMARKS
						On Boat		At Cl. Depot &c.						Credit		Debit		
$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	

M. F. W. 41
100M-1-18.
1772-39-332.

EWR

Name Pte. R. H. Burke

Regimental No. 725193

Unit 109th Bn.

Date of enlistment

Place of "

Married (yes or no) no

Amount of pay assigned monthly $ 15.00 chgd 31-10-18

To whom payable Mrs. Margaret Burke
1041 Ossington Ave. Toronto

PAYMASTER M. D. No. 2
NOTIFIED 18-11-18
TO STOP PAYMENTS OF
S.A. AND A. PAY
Malcolm J. Cockerwood
CAPT.

Name and address of next-of-kin
29 McKenzie Crescent, Tor.

Date and place discharged

Reason for discharge

Character on discharge

~~SEPARATION ALLOWANCE AND~~
ASSIGNED PAY OF $ 15
CHARGED TO 31-10-18
BEING CONTINUED BY
DIRECTOR OF S.A.A.P. OTTAWA

From Overseas

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
																T.O.S. 7-10-18 Do. 176
Oct. 1	31	31	1	31 -	31	10	3 10	~~16 80~~ 12 -	46 10	97	01	20 71	Cas	25 39	46 10	Leave 9-10 to 29-10 Do. 176
																Subs. " " "
									46 10						46 10	Do. 176 amended 9-23 Do. 184
																OPL
Nov. 1	20	20	1	20 -	20	18	2 -	35 -	57	111	42	35 -		18 70	68 70	Forf. 17 dys. P.&A. Do. 212
								Dr. Bal.	11 70					15 -		Disch. 20-11-18
																P.D.P. & Clothing
									68 70						68 70	Do. 213
																A.P. Nov. -

M. F. W. 41
10m-1-18.
1179-39-889.

Name.....

Regimental No.

Name and address of next-of-kin

Unit

Date of enlistment

Place of "

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly $

Reason for discharge

To whom payable

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Burke (Surname) R.H. (Christian Name)

Regimental Number 725193 Rank Pte

Unit #2.D.D.

Original Unit

District where paid M.D.2

Date of Discharge

P. D. P. Filing Number 9-881-2

Address (in full) 29 McKenzie Crescent Toronto, Ont.

Rates:—Regimental pay $ per diem: Field Allowance $ per diem. Separation Allowance $ per month.

L. L. 46038—M. & D. 9215.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100.10	7.19-11-18		29.00	13202	19-12-18	29.00				30.40 11.70	58.00

Remarks: $11.70 Debit on S.P.C. Transf. to Ledger.

M. F. W. 127.
25M.—8-18.
1772-39-1140.

File No.....

WAR SERVICE GRATUITY.

Regist[illegible] No.....

1

Reg. No. .....

Name.....

Address.....

.....

.....

Pay Soldier $.....

Clerk .....

Dec'n No..... W.S.G. File No .....

Award .....days at $ ... per day $

S. A.....months at $ .... per mo. $ ..... $

Less P, D. P. Credited

$ ....

$

Less further debit balance
Net due paid as below

$ .....

TO SOLDIER [illegible]

O	Rg. No	[illegible]	[illegible]	[illegible]	[illegible]
1					
2					
3					
4					
5					
6					

Tot-

Dependent.....

Address.....

.....

.....

Pay Dependent $.....

Days..... Rate..... Due.....

Less P.D.P. credited.....

Less further Dr. Bal.....
or overpayment.

Net.....

Date	Ck. Order	Ck. No.	Amount		Remarks.	Date	Ck. Order	Ck. No.	Amount.	
1						1				
2						2				
3						3				
4						4				
5						5				
6						6				

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by

.....

Date.....

*Name L. Burke R.H. Rank Pte. Regtl. No 725193

Original unit COR Present unit 109th MXXX Age 21 Religion Pres. Fyle Depot Ref. H.Q.

Port, ship, and date of arrival Quebec, Cardiganshire, 7-10-18.

Next of kin Wife, , Mrs. Burke 29 McKenzie Crescent, Toronto.

Address on leave same

Address on discharge same

Transportation issued XXX No Date Character on discharge good

Previous occupation Laborer Date and place of enlistment Lindsay, 28-1-16.

Diagnosis SW Date of Medical Boards 29-10-18

T.O.S.	Remarks	Pt. 2 Order No.
~~23-9-18~~	~~T.O.S. #2 DD. Posted to Cas. 7-10-18.~~	
	leave from 9-10-18 to 29-10-18.	
	subs. " " " "	176
	DO.176 re Leave & Subs. is amended to read from 9-10-18 to 23-10-18.	184
	Awl 5-11-18. Reported 11-11-18	

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

(over)

Date.	Remarks.	Pt[redacted] Order No.
	Entitled to wear 3 blue chevrons	209
AWL from	8.30 am 5-11-18 till 6.30 am 18-11-18. Forfeit 10 days Trg	
awarded	168 hours detention. Total forfeiture 17 days Trg	212
20-11-18	S.O.S. DISCHARGED "HAVING BEEN FOUND MED.UNFIT FOR	
	SERVICE"(91 days PDP. & clo' all'ce)	213
AWL	17-11-18. AWL cancelled 19-11-18.	

M.F.W. 192
150M—6-18.
1772-39-1243.

FORM D.M.S. 1300.
8137—50m—28/2/17.

Surname	Christian Name or Names	Reg. No.
Burke.	R. H.	725193.

Rank	Unit	Co.	Troop	Batty.
Pte.	20th. Bn.	160.		

Hospital	Date of Admission
98 Can. Fld. Amb.	13-4-17.

Transferred

3 Aus. Cas, Clr. Stn — Hosp. 10-11-17

16 Gen Le Treport. — Hosp. 12.11.17

1st Sth Gen. Hosp Edgbaston B'ham. — Hosp. 13.12.17

Diagnosis

(1) PUO.

Later Diagnosis (if changed)

(2) Wd.

(3) Sw. L. Arm Frac.

Additional Diagnosis: if more than one state present

DISPOSITION — **Date**

Rejoined unit:-. 18-4-17.

C.L. 25-5-17 A.519.
— 4-6-17 as.26.
2-8-17 A.568
21-11-17 a 68(3)
22.11.17. a69-5
18.12.17 Bq1.1.
23.1.18. B120(2)
" 1-3-18 B16-20
26-7-18 B275

REMARKS

R.T.B. Wd. 9-5-17
R.T.B. Reg. Unit: 18-5-17.
Dis. 22-7-18

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	Manor County of London. Epsom G'ville Can. Sp. H. Buxton	13-1-18 27-2-18
2.		
3.		
4.		
5.		
6.		
7.		

Number 725193. Rank Pte.

Surname BURKE

Christian Name Robert Henry.

Units 20th Bn Can Inf Theatre of War France

Date of Service 29-11-16.

Remarks 408 Spadina Road

Latest Address ~~29 McKenzie Crescent~~, Toronto Ont.

Roll No. B 19438

200m.-6-21.

REGT. NO. ..... RANK ..... NAME .....

UNIT ..... AGE ..... SERIAL NO. IN A. AND D.

TOTAL SERVICE WHERE ..... DATE AND PLACE OF OR
AND HOW LONG

DISEASE OR INJURY .....

OPERATIONS .....

RESULT OF OPERATIONS .....

(A) DATE OF ARRIVAL AT HOSPITAL AS AN ADMISSION .....

(B) AS A TRANSFER (STATE WHERE FROM) .....
NAME OF HOSPITAL

DATE OF DISCHARGE TO UNIT ..... IN CA

DATE OF DISCHARGE AS AN INVALID .....

DATE OF DEATH .....

DATE OF TRANSFER (STATE WHERE TO) .....
NAME OF HOSPITAL

OTHER INDEPENDENT CONDITIONS DIAGNOSED .....

FORM D.M.S. 1359
1358 50M 3-1-17.

UNIT

RANK Pte NAME Burke REG. NO. 725193 UNIT 27.

Lesion S.W.L. elbow. Frac. humerous.

Treatment E.C.B. + Mass. fore. arm + hand with gentle forced move. elbow.

Commenced 5-3-18.

Remarks 135-565-P.A. (13)

6-3-18. Galvanism to median distribution. 22-3-18. Cancel E.C.B. + use R. Heat. 6-5-18. Case sheet. Wounded. 9/11/17. Median nerve lesion. X-RAY. Frac. above condyle. left. humerous. union irregular. deformity out + forward. Elbow joint out line clear multiple shrapnel above + below joint.

18-6-18. Faradism to flexors of fingers.

19-6-18 ~~Galvanism and~~ Fara! to flexors of fingers continue mass. ~~Hand~~ has all movements

Lgt. Home Extension of elbow limited and at Radwell a standstill supination also

B. Suggest leave. J.P.

OVER.

Old Card filed.

	Gal.	Mass.	R.H.	Mass.	Salv.	R.H.
	Treatm't.	Initial.	Treatm't.	Initial.	Treatm't.	Initial.
1				P.g.E.	M.J.P.	[illegible]
2						
3				GWR	[illegible]	M.A.S.
4				[illegible]	[illegible]	[illegible]
5				[illegible]	GWR	M.A.S.
6				[illegible]	GWR	M.A.S.
7				Cu.+	Cu.+	Cu.+
8				GWR	M.J.P.	M.A.S.
9						
10				GWR	M.J.P.	P.G.E.
11				GWR	M.A.S.	[illegible]
12				[illegible]	[illegible]	[illegible]
13				[illegible]	[illegible]	[illegible]
14				GWR	[illegible]	M.A.S.
15						
16						
X 17	E.T.	[illegible]	GWR	GWR	S.C.	M.A.S.
18	[illegible]	[illegible]	GWR	Exam		
19					E.F.E.	E.F.H. E.F.E.
20	[illegible]	[illegible]	GWR			
21	Exam	L. [illegible]				[illegible]
22	[illegible]	M.A.S.				
23	[illegible]	M.A.S.	GWR	H	"	M.S.R.
24	[illegible]	[illegible]		[illegible]		
25	[illegible]	M.A.S.	GWR	M.P.T.	GWR	
26				M.P.T.	GWR	
27	[illegible]	M.A.S.	[illegible]	M.P.T.	RMC	
28	[illegible]	M.A.S.	GWR	stand	tw	
29	[illegible]	M.A.S.	GWR	[illegible]	GWR	
30	[illegible]	[illegible]	GWR			
31	[illegible]	[illegible]	[illegible]			

Date Treatment Commenced

Form R. 149.
7106—250m—7/2/17.

ROBERT HENRY

Name Burke Rank Pte Reg. No. ~~725913~~ 725193

Unit 20th B N

Next of Kin Canada

Date 1917		Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
10	11	No 3 Austrl C.C. Stn		S.W. L. arm Fract	A68	M6389	7889
12	11	No 16 Phil USA le Treport		do	A69		16293
13	12	1st S.G.H. EDGBASTON B'HAM		do	B91		8407
13.1	18	Manor (Coffon) W.H. Epsom		do	B120		10930
27.2	18	Fran. C.S.H. Buxton		do	B152		18345
22.7	18	Discharge		do	B275		725193

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

Form R. 119.
7106—250m—7/2/17.

WSM

Robert Henry

Name BURKE *Rank* Pte. *Reg. No.* 725193

Unit 20th Bn.

Next of Kin Canada.

Date 1917.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
13-4	9 C.F.A.		P.U.O.	A519		
18-4	Rejoined Unit.		do.	A519		
9-5	Rep.From Base Wounded.Not		Stated.	A526	M516	4-6
18-5.	Reported from base,rejoined		Unit	A568		

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

REGT'L. No. 725193

NAME Burke, Robert Henry.

H. Q. FILE No. 649

RANK AND CORPS Pte. 20th Bn. (Form 109th Bn)

FOLLOWS No.

FOLLOWS

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
M.5516.	3-6-17.	Rept wded. May 9th 1917.
M5736	18-7-17	Enquiries have been made to Base as soon as information rec'd will be communicated to you.
M.5824.	4-8-17.	Rej. regiment May. 18th. Nature of wds. not stated. w.sm.
M.6389-	22-11-17.	Adm. to #3. Aust. Cas. Cl. Station Nov. 10th 1917. (gsw. lf. arm. frac.)

L. L. 18950—M. & D. 7789

M. F. W. 42—30M.—4-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
A5-19	9 Can. F. Ld Amb	13-4-17	P. U. Q
A5-19	Rep from Base	18-4-17	" " " Rej. Unit
A526.	Rep from Base	9-5-17	Wounded not stated
A5-68.	Rep from Base	18-5-17	Wounded Rej unit
A68.3	No 3. Aust. Cas. Cl. Sta.	10-11-17	S.W. L. arm. frac.
A69-5	#16 Gen Le. Treport	12-11-17	G S W Lt Arm Frac (1st Cent Ont)
B91-1.	1st. S. Gen. Edg. bastion Birmingham	13-12-17	S.W. Lt. arm. frac
B120-2.	Ex Manor (County of London) War Eps om	13-1-18	S.W. L. Arm Frac
B152	Ex Granville Can Spec Buxton	27-2-18	Sw. L. Arm Frac (L 26-3-18)
B275	Disch	22-7-18	(20) Sw frac L Arm

SURNAME. Burke,

CHRISTIAN NAMES Robert Henry

REGL. No. 725193 RANK Pte.

UNIT 109th Batt.

FORMER CORPS Nil.

CARD No. ✓

S.O.S. Dis. M.U. 30-11-18

FOLL. 2

D.O. 213 of 16-11-18

NEXT OF KIN.

NAMES IN FULL Burke, Mrs.

RELATIONSHIP TO SOLDIER Mother.

ADDRESS ~~785~~ 1041 ~~Ossington Ave.~~

29. McKenzie Crescent, Toronto, Ont.

S.a.a.P ~~9/10/17~~ 6-11-18

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Toronto, Ont. DATE Aug. 28th 1897

PLACE OF ATTESTATION Lindsay, Ont. DATE Jan. 28th, 1916.

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

488/7 R/C. 7-10-18 210/2

L. L. 90589.—M. & D. 6312. ~~M. F. W. 22.~~ 100m.—1-16. H. Q. 1772-39-839.

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Labourer. RELIGION Presbyterian.

DESCRIPTION.

APPARENT AGE 18 YEARS 5 MONTHS

HEIGHT 5 FEET 6 INCHES

CHEST MEASUREMENT 33 1/2 INCHES EXPANSION 2 1/2 INCHES

COMPLEXION Fair. EYES Blue. HAIR Lt. Brown.

DISTINGUISHING MARKS Scar of Varicocele Operation.

MEDICAL EXAMINATION. PLACE Lindsay, Ont. DATE Jan. 28th, 1916.

No. 725193. RANK Pte NAME Burke. N. H.

T.O.S. 25-1-16. UNIT 109th. Battalion.
D.O.S. 25-1-16

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916.			
Jan 25	Jan 31.	✓		
	Feb.	✓		
	Mar.	✓		
	April.	✓		
	May.	✓		
	June.	✓	Awarded 7 days detention.	D.O. 170 of 6-6-16.
	July.	✓		

UNIT SAILED
JUL 23 1916

Regd. No.	Rank.	Surname / Christian Names	Category.	Dentally Unfit.
725193	1 M. Pte.	Surname Burke. (1) Robert. (2) Henry	Date B III	

Place of Enlistment:	Date of	Taken on from	Religion	Inoculations	Company
Toronto	24/1/16	Buxton		3.4.18 - 12.4.18	D 5-8-18
Province:	**Age on**	**Date**		**Vaccination**	
Ont.	18	22 7.18	Pres.		

On Command	Hospital	Permanent Cadre	Employed as
X 25-8-18		Date taken on	
Date Proceeding	Date Admitted		

Record of Overseas Service: France. Nov. 1916. Dec. 1917

Reason for Return: G5W. Elbow (Lt)

Profession or Trade (Civil) Motor Mechanic

Transferred or Posted to ..... Date .....

Married or Single Single

Address of Next of Kin Mother

Mrs. Burke

1041 Osington Ave

Country Toronto Ont

LEAVE.

No. of Pass Issued.	From.	To.	Free Transportation.
397	22.7.18	1.8.18.	Yes

A.G. 10434

Part 2 Order Entries.

No.	Date	Ref.	No.	Date	Ref.
174	28/7/18	A.7			

TRAINING.

Weeks of Training

1	2	3	4	5	6	7	8	9	10	11	12	13	14	Over.

Nature of Training	Date passed test
Drill	
Musketry	
Bombing	
Rifle Bombing	
Bayonet Training	
Anti-Gas	
Lewis Gun	
Rapid Wiring	

Special Training Courses, etc.

D Coy 5-8-18 Class 4
" 12-8-18 " 3
19-8-18 " 2
26-8-18 " 1

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—1772-39-1141
L. L. 22920—M. & D. 7993.

Date of Enlistment 1-3-16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

B

15599

Date of Assignment Aug 1/16

RATE OF SEPARATION ALLOWANCE

~~20~~	25.00 1/12/17		

P.C. 3257.

RATE OF ASSIGNMENT

15			

PARTICULARS OF SEPARATION ALLOWANCE

No. 725193

Rank Pte Promoted Reverted Discharge

Soldier's Name R. H. Burke

Battalion 109 Bn.

Beneficiary Maggie Burke

Relationship Mother

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. Margaret Burke

Address 1041 ~~785~~ Ossington Ave. Toronto Ont.

Change of Address

1 29 McKinzie Cresent. 30-10-18.

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
						02478 P-8.
Oct. 31.		400	225	625.		
Nov.	F 53937	20	15	35		Sa Suspended pending return of SD.
Dec	A 51716	20.	15	35		Auth. 23.7.18
1918		/	/	/		Sa Closed 31-7-18 Son Percy should assist PAB
Jan.	T 66839	30	15	45	S.	ruling 27-9-18. ESB 30-9-18.
Feb	C 98745	25	15	40		
Mar	a 106024	25	15	40	✓	Retd to Canada per Cardiganshire 9-10-18 List 56
Apl	a 3211	25	15	40	B	Fol 07 MD. 2 ESB 12/10/18.
May	H 17912	25	15	40	F	
June	E 16888	25	15	40	✓	a/c Closed 30-11-18 Soldier disc 20/11/18 auth S.M. from
July	V 32600	25	15	40	✓	MD. 2. MRO rend 26/11/18 ESB
Aug	E 29228	XXX	15	15	✓	
Sept	H 43564		15	15	✓	Can. A.P. a/c Audited
Oct	F 47092		15	15	✓	Obs. Can. A.P. Audit
Nov	B 58619		15	15	✓	J.H. Brown 2/5/19
DEC			420	420		

M. F. W. 128.
4 OM. 6-7—1 72-39-1141
L. L. 22320—M. & D. 7993.

CONSOLIDATED ... ICCOUN

B 771

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 775193 RANK Pte. NAME (IN FULL) Burke, Robert Henry (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No.

TO WHOM PAID — RELATIONSHIP

ADDRESS

DATE EFFECTIVE

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 109th Bn.

IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION

DATE OF ATTESTATION 28/1/16

ASSIGNED PAY $ 15.00

PAYABLE TO

ADDRESS

TRANSFERRED TO — DATE — AUTHORITY

TRANSFERRED TO — DATE — AUTHORITY

DATE EFFECTIVE

RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

29 McKenzie Crescent, Toronto.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE: H. D. D. — DATE: 20/11/18 — REASON: Med. Unfit. — 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 W.S.G. $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.
Balance from previous account									350 00																		69 70				69 70				
																	Jan. 18 1020						56 05								125 75				
																	FEB. 18 204456						56 05								181 80				
																	Mar. 14 267266						56 05								237 85				
																	Apr 15 243687						56.05								293.90				
																	MAY 28 348668						56.10								350.00				
									350														280.30		69.70				350.00					

PARTICULARS OR REMARKS

Discharged P.A.F. 81 line 9

A1020 mailed 18.1.19

A204456 mailed 17/2/19

Cheque mailed 21/3/19.

CR. mailed 18/4/19

man called 27/5/19.

W.S.G. PAID IN FULL

CAPTAIN FOR PAYMASTER WAR SERVICE GRATUITY

60m.-11-18 L. L. 51777. M. & D. 9585.

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 Stopped Effec: 1/10/18	AMOUNT:-	

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

Mrs. M. Burke (Mother).
185 Ossington Ave
Toronto, Ont.

A 3 M. FORM REN'D. Stopped EFFEC. 1/10/18
DISCHARGED TO Canada DATE 30/9/18
PAY BOOK VERIFIED Yes.
Cr BAL. 29.21 L.P.C. REN'D 16/9/18
AUTHY. A.R. 32 11/9/18 Disposal

Checked B. Burley. L.P.C.

NAME:- BURKE Robert Henry
NUMBER:- 725193

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
			1 C.O.R.D.
	1/10/18		NEa 10

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
4/9/18	Q4005 #65	~~5 37 Dep~~					

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE:- Discharge Canada 30/9/18 A.R. 32 11/9/18 Disposal

1918 MONTH	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mch 31	Bal. Fwd.								31 51		
april	P. Pay	33		AR 547 16/4/18 Buxton	4 87			15			
				✓ 1102 30/4/18 ✓	24 33				20 31		
may	P Pay.	33 -		7 of 1 day pay R.W. 1 day section 46 Army Act and £9 3 hrs. 25/4 D.D. 131 3/5 1 C.O.R.D.	29 20	2 20		15			
		34 10		AR 1833 9/5/18 Buxton	4 87						
				Can. A.P.				15	32 34		
		34 10			4 87	2 20		15			
June	P.P.	33 -		b.a.P.				15			
				AR 3151 11/6 Buxton	4 87				45 47		
		33			4 87			15	115 47		
				b.a.P				15			
July	C. Pay.	34 10		A.R. 4370. 12/7 Buxton.	4 87				18 33		
	S.I. 22/7-1/8. D.0174 2nd 2662 25/7	7 30		AR 4724 23/7 Buxton.	48 67				XX XX 13		
		41 40			53 54			15	19 10		
Aug.	P. Pay.	34 10		b.a.P.				15 -	37 43		
				AR. 3524. 15/8. 2662	9 97				27 46		
				2H005/97. 5/8. 2662	91				26 55		
				AR. 3964. 28/8. ✓	9 97				16 58		
		34 10			20 85			15			
Sep	P Pay	33		Can. P				15	34 58		
				2/H005/65. 3/9/18. 2053rd.	5 38				29 20		
				AR. 750 19/9 Buxton (2nd Enl)	9 73				19 47		
		33			15 11			15			
Dec.				P/R. 2195. Can. Liab. a/c	19 47				Bal.		
		-	-		19 47	-	-	-			

MARRIED OR SINGLE: Single

PLACE OF BIRTH: Toronto Ont Can

NAME AND ADDRESS OF NEXT OF KIN: Mrs Burke
785 Ossington Ave Toronto Ont
Mother

RELATIONSHIP OF NEXT OF KIN

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. 725193 RANK Pte NAME Burke Robert Henry

IF IN PERMT. CORPS / WHAT UNIT — UNIT 109th Bn — TRANSFERRED TO 20th Bn — DATE 1-1-17 — AUTHORITY 20333 28-11-16

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO 16 CoRD. — DATE 1.2.18 — AUTHORITY Bo 286. 2-1-18

PLACE OF ATTESTATION Lindsay Ont — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION Jany 28th 1916 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY MONTHLY $ ~~25.00~~ 15.00 — DATE EFFECTIVE Aug 1- 1916 — PAYABLE TO Mrs M Burke 785 Ossington Ave — RELATIONSHIP Mother

ASSIGNED PAY MONTHLY $ — DATE EFFECTIVE Toronto Ont Can — 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) Dead A.P.B. Lost Decidg in France
New A.P.B. Docket 4/2/18

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

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	REMARKS
July 31														13 10	13 10									Bal from Canada							13 10				
Aug 31	31	1.00	31		31	1.0	31	0							34 10	14	9.8.16							9 74				20		29 74	17 46				5.00 over paid Aug A/P 80264 702. 1 day 15.00
Sept. 30			30				3						5.00		38	46	31.8.16							7 30				15	15 40	37 70	17 76				
Oct 31			31				31	0							34 10	47	30/11/16	137	15/Nov	110				2 44	7 30			15		24 74	27 12				
Nov. 30			30				3								33	185	30/11/16							9 73				15		24 73	35 39				
Dec 31			31				31	0							34 10	268	30.11.16							2 44				15	1 97	28 85	40 64				Qtr 005-339, 26.11.16
1917			15 30				15 30									237	16/11/16							7 30				15	2 44	28 85	40 64				Qtr 005-355, 27.11.16
																1493	16/12/16																		20333-28-11-16. 2/Lt to 20th Bn eff 1-1-17
Jan 31	31	1.0	34 10												34 10	1566	16/12/16	1627	6/1/17					17 24				15		27 21	47 53				
Feb 28	28	1.0	30 80												30 80									5 26	5 23			15		7 61	60 72				
			233 20												257 30			1499	6/2/17					45 93	15 14	2 61		110	19 51	196 58					Can A/P'ts Audited (Cdn.) 2-5-19
Mch 31			34 10												34 10			1877	17/3						7 84			15		22 84	74 98				
Apl 30		1.10	33												33													15		15	89 98				
May 31			34 10												34 10	71	30/4							2 61				15		20 22	103 86				
																64	17/4							2 61											
June 30			33												33	131	21/5							2 68				15		17 68	119 18				
			367 40										5	13 10	385 50									53 83	22 98			170	19 51	266 32	119 18				

725193 Pte Burke R. H.

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									5	13 10	385 60									53 83	22 98			170	19 51	266 32	110 18				
July	31	1/10	34	10											34 10	373	21/6							268				15		17 68	135 60				
Aug	31		34	10											34 10	191	8/6							5 35				15	2 20	22 55	147 15				2 days F.P. Act. B054 9/8/17
Sept	28		33												33	409	3/9	538	3/9					267	268										
			469	60									5	13 10	486 70	338	9/7	513	14/8					268	268			15		25 71	154 44				
																								67 21	28 34			215	21 71	332 26					

MONTH 1917	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLCE. ENG.
Sept 30	Balance	~~154 44~~							154 44		
Oct	P pay	34 10						15	173 54		
		34 10						15			
Nov	P Pay	33 -						15			
				AR. 682. 30/9. 20 Rm	268						
				" 748. 19/10 "	446						
				" 600 19/9 "	267						
				" 814 31/10 "	357						
				" 733 30/9 "	1070 7						
Dec. 1918	P Pay	34 10						15	90 19		
		67 10			1205			30			
Jan	do	34 10						15			
				Rej. AR. 11573. 2/12.	973				9956		
		34 10			973			15			
Feb.	P P	3080		Can a/c				15			
				AR. 2573 15/1/18 Epsom	973						
				AR 3051 21/1/18 Epsom	487						
				Hosp Rem 8347 3/1/18.	973						
				Rem 30767 15/1/18 Hosp 307.6	6205				2898		
					8638			15			
Mar.	P.P.	3080									
		34 10		Can a/c				15			
				AR 10527. 14/2/18 Epsom	487						
				Left Hosp Paid by RW for AWL from 5 pm 27/1/18 until 9.30 pm 25-2-18 AO 64 9/3/18 / Cobb				4 40			
				AR 5593 4 S.H. Burton 17/3/18	487						
				1 4984 ✓ ✓ 2/5/18	243				31 51		
		34 10			17 17		4 40	15			

Leave Home 14 3/4/918 To 12-4-0 862 05-0

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.

E ii 1-11/18

We concur.

19. Is the invalid fit for

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

20. It is certified that the invalid
~~(a) Does require treatment~~ (Give the nature of the condition and of the treatment required and its probable duration.)

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

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

That he be placed in category E, and be discharged as medically unfit for further military service.

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

W. J. McLean Major. President.

PLACE Park School Bks, Toronto. R. B. Richardson Capt. } Members

DATE November 15th, 1918.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness ..... Signed .....

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

..... President.

PLACE ..... } Members

DATE .....

APPROVED BY J. R. Christian Capt. Assistant Director of Medical Services.

DATE 15/11/18.

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

DATE .....

Ex. by Capt. McCulloch. Jan. 28/16. Lindsay. Ont.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Park School Bks. DATE Oct. 29/18

1. 1 (a) Unit ~~XXXXX~~ No. 2. D. D. (b) Regimental No. 725193 (c) Rank Pte.

(d) Surname B U R K E. (e) Christian name Robert, Henry.

(f) Home address 29 McKenzie Crescent, Toronto. Ont.

(g) Next of Kin Mrs. Burke. (h) Relationship Wife.

(i) Address of Next of Kin Same address.

2. Age last birthday 21 Date of birth Aug. 28/1897

3. Enlistment, or Appointment (if an Officer) (a) Place Lindsay (b) Date Jan. 28/16.

4. Personal description:

(a) Height 5' 6" (b) Weight 128 (stripped) (c) Complexion Fair.

(d) Colour of hair L. Brown (e) Colour of eyes Blue. (f) Identification marks, Scars, etc.

One vacc. mark on left arm. G.S.W. six on left arm.

5. Former trade or occupation Labourer.

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
	2	262.

	Periods From	Periods To
Canada	Jan. 28/16.	July 31, 1916
England	July 31/16.	Nov. 28/16.
France or other theatres of War	Nov. 28/16.	Dec. 11/17.
England & Canada.	Dec. 11/17.	Date.

7. Original disease, or injury 1. Shrapnel wound of the left elbow joint.

(a) Date of origin 1. Nov. 9, 1917 (b) Place of origin 1. France.

(c) Cause 1. Active service conditions.

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.)

Incapacity due to

(1) Partial loss of function of left arm.

(2) Restriction in choice of occupation.

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

1. OBJ- Four scars on inner aspect of left elbow joint, and one on outer aspect. Atrophy in the whole arm, and hand is quite apparent. (At Axilla. right, 9" left 8½".) (Mid-upper arm.-R. 9". Left 8".) (Above elbow. right 8". left 8")(Below elbow. right 9" left 8½".) (Wrist. right 5½". left 5½".) (Palm of hand right 7½" left 7".) Joint is practically normal in appearance, except for a parent prominence due to atrophy of soft parts. There is a definite exostosis on humerus as large as a bean between the condyles. The relationship of condyles of humerus and the olecianon process is normal. Movements-Flexion can be carried within 10° of its normal extent- Extension can be carried to within 30° of its full extent. Carrying angle is normal. Pronation is diminished by about 50°.-active but very weak. Supination-normal and strong. Tactile sensation is diminished in the left thumb, index and middle fingers and on the corresponding area of palmar surface of the hand. Power of grip is

(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

No albumen, no sugar. S.B.P. 130- D.B.P.80.

CONTINUATION OF #9.a.- diminished 60%.
SUBJ-Constant burning pain in index and middl fingers and palmar surface of hand, aggravated by cold and by grasping anything or having anything touch this area. Carrying a pail of water causes pain in the elbow, might be able to carry it for one hundred yards. Unable to roll a cigarette owing to loss sensation in fingers & thumb.

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

(1) Wounded 9/11/17.- Humerus fractured at its lower end-wounds all healed in five weeks. Wore splints for nine weeks. No improvement., since May 1918.

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).)

Varicocele. Jan.1916. Rad. operation. No disability.

B. U. C.-- 13/4/17--18/4/17.

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

One vaccination scar left upper arm. Three scars on back, six on left elbow.

11.—(a) Did the disabling condition have its origin before enlistment? 1.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.)

Not applicable.

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? Permanent .

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

1.- 190 days in the Hospital.

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, has not sufficient use of his arm
(If not, briefly state why)

17. Recommendations DISCHARGE.

E D Coutts Capt
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 R.H BURKE. 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 W.T. [illegible]

R H Burke Rank.
Signature of invalid examined.

Ex. Card Des. 29-11-18 a.k.

List of Discharge Documents.

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

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

This space to be for numbers

Proceedings on Discharge.

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

R.L.

No. 725193

Rank Pte.

Surname BURKE.

Christian Name ROBERT HENRY.

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 109th. Bn. (#2.D.D.)

Date of Discharge NOV 20 1918

Place of Discharge TORONTO, ONT.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 21 years 6 months.

Height 5 feet 6 inches.

Complexion Fair

Eyes Blue

Hair L.Brown

Trade Labourer.

Intended place of residence (To be given as fully as practicable.) 29 McMenzie Crescent. Toronto, Ont.

Descriptive Marks

Vacc. scars on left arm.

G.S.W. Left Arm and Back.9-5-17.

Cancelled 4-6-52

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

HAVING BEEN FOUND MEDICALLY UNFIT FOR SERVICE.

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

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

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

Good

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

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

Labourer.

K C [illegible] 21.1.20 BB

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

21.7.52 HS 27.10.52

Cmg 25.10.19 BB

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

Nil.

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

6. Medals and Decorations..... Nil.

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

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

(Place) TORONTO, ONT.

(Date) NOV 20 1918

Commanding For Lieut.-Colonel, O.C. No. 2 District Depot

8. **Certificate to be signed by the Soldier on Discharge**

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

(Place) TORONTO, ONT. Robert Kenney Burke *(Signature of Soldier.)*

(Date) NOV 20 1918 *(Signature of Witness.)*

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

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

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

.....*(Signature of Soldier.)*

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed)....2....years....296....days.

Total.....2....years.....296....days.

11. **Confirmation of Discharge.**

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

TORONTO, ONT.

(Place).....

NOV 20 1918

(Date).....

(Signature) Captain, For Lieut.-Colonel, O.C. No. 2 District Depot

Reservations referred to at Para. 8.

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

nil

R.K. Burke

(OVER)

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). Army Form B. 136).
7. Authority for continuance, or extension, of service (if any). Army Form B. 221.)
8. Court of Inquiry on an injury (if any) (Army Form A 2.)
9. Regimental conduct sheet. (Army Form B. 120).
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178).
13. Medical report on invalid (if any). (Army Form B. 179).
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103).
20. Employment sheet. (Army Form B. 2066).

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any). (Army Form B. 178).

Instructions as to the preparation, dispatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery.

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms :—

(a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
(b) Character Certificate (Army Form B. 2067) if entitled.
(c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office,

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

This space to be left blank for the Chelsea Number.

CANADIAN DISCHARGE DEPOT SEP 12 1918

Carrinshire 7-10-13

Sa 22 6 18 Ar 7-10-13

Army Form B. 268.

H.M.T.S. CARDIGANSHIRE, Embarked, 23/9/-18.

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 425193 Army Rank Pte.

Name Burke, R H.

(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps 60 R.D.

Battalion, Battery, Company, Depôt, &c. 2 109 Bn.

(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge

Place of discharge

1. *Description at the time of discharge.*

Age 21 years 1 months
Height 5 feet 7 inches
Chest measurement { girth when fully expanded ins. / range of expansion ins.
Complexion
Eyes
Hair
Trade Motor Mech.
Intended place of residence (To be given as fully as practicable) Toronto.

Descriptive marks.

Scar R knee

(2)

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

Returned to Canada in accordance with instructions under Paras 7 & 19 of A.G. 5-1-22, of April 1918.

Category D.S.

To be filled in on the soldier quitting the Colours.

3. Military character :—

4. Character awarded in accordance with King's Regulations :—

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 189 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

* Strike out if not applicable.

D. D. & L., London, E.C. (A8689) Wt. W7717/M2626 500,000 9/17 Sch. 32 Forms B. 268 41

[OVER.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... ... ... Class _____

6. Campaigns, Medals and Decorations — France 1st more

Certificate of education ..... _____

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place)_____ _____

(Date)_____ *Commanding*_____*Battn.*_____*Regiment.*

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(*Place*)_____ _____(*Signature of Soldier.*)

(*Date*)_____ _____(*Signature of Witness.*)

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

9. *Additional certificate in the case of a soldier who takes his discharge at his own request.*

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

_____(*Signature of Soldier.*)

10. *Statement of service.*

Service towards engagement to_____(the date to which the record of service is completed)_____years_____days.

Further service „ „ _____(the date of confirmation of discharge) ... ..._____ „ _____ „

Total ..._____ „ _____ „

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for (date)

(Place)_____

*Signature*_____

(Date)_____

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

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

PART III. 26-8-18- B'III Enfirmed- Dem!

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

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

on the day of 191

Members of the Board:—

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

Dated at this day of 191

Date of Board

Signatures of the Board

President.

Signatures of the Board

Colonel.

Station

PART I. Form (D.M.S. 1312). A.F.B. 179 Canada (Revised). 12185. 50M. 18-2-18.

Reserved for D.M.S.

Regt. No. 725913 Rank PTE Surname BURKE Christian Name R.H.

Unit or Corps—(a) Overseas from United Kingdom 20 B'N (b) In United Kingdom 20 B'N

Born at—Town TORONTO County or Province ONTARIO Country CANADA

Date of Birth—Day 28 Month AUGUST Year 1896 Age 20 yrs. 11 months.

Joined at LINDSAY ONT. Date JAN. 28. 1916

Former Trade or Occupation LABORER

Permanent marks or peculiarities that will serve for future identification

1 blue vaccination mark on left arm.

Height—feet 5 inches 6 Colour of eyes Blue

Signature of Soldier (*for identification purposes*) R. H. Burke

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*): PARTIAL LESION of LEFT MEDIAN NERVE

Disabilities Group (*b*): N.A.

Disabilities Group (*c*): N.A.

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

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	SHRAPNEL WOUND	FRANCE	9.11.17
(*ii.*) As to Group (*b*) above.	N.A.	N.A.	N.A.
(*iii.*) As to Group (*c*) above.	N.A.	N.A.	N.A.

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? N.A.

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

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

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? N.A.

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

GRANVILLE CANADIAN SPECIAL HOSPITAL 6 JUL 1918

PART I. (continued).

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

(i.) While on duty? YES (ii.) While off duty? N.A.

(iii.) Was a Court of Inquiry held? No (iv.) Where? N.A. (v.) When? N.A.

(vi.) Opinion of the Court? N.A.

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).*

Had an operation for varicocele after enlistment - in 9.11.17
Patient was wounded in left fore arm by shrapnel B.B.H. and
above elbow and on back. no disability in back - Humerus was
fractured - wounds all healed in five weeks - wore splints 9 weeks -
Weakness in arm and fingers followed wound. Has improved -
Field Medical Card shows - No 6 Can. Field Amb. - No. 3 Aust.
C.C.S. - and No.16 Gen. Medical History Sheet shows - no 9 C.F.A.
at Southan Gen Hosp. - Manor W at Hosp. - and
Granville C.S.H. Buxton -

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

Patient Complains of weakness in left arm - On examination - Has
several small scars on inner surface and posterior surface in region of
left elbow - all healed - movements - Shoulder - normal - Elbow
flexion normal - extension 160°. - Pronation from mid-point
limited one half. - Wrist normal - all movements in hand full and
strong. - no sensory disturbance - Other systems normal.

8. OPERATION. (i.) Was one performed? YES

(ii.) If so, state what. To remove shrapnel

(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. N.A.

10. DO YOU RECOMMEND :—

(a) Fit for duty? No

(b) Fit for base duty? YES B III likely to be raised in 6 months

(c) Invalid to Canada? No

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

Date of Report July 5. 1918 Signed R B Harris Capt
Officer in medical charge of case.

Station Granville C.S.H. O.C. C.A.M.C.

I have satisfied myself of the general accuracy of the above Report, and concur therein *~~except~~

Arthur S. Cooper Maj. C.A.M.C. S.M.O.

Registrar, for O.C., Granville Can. Sp. Hosp., Station, on 6 JUL 1918 191

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

GRANVILLE CANADIAN SPECIAL HOSPITAL 6 JUL 1918 Buxton

* Delete if inapplicable.

PART II.

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, $\frac{1}{5}$, $\frac{2}{5}$, $\frac{3}{5}$, $\frac{4}{5}$, 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. Recommendation :—(a) Fit for duty? No
(b) Fit for base duty? 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

EXAM. MED. BOARD 8-JUL.1918 G.C.S.H.

Station

Signatures of the Board. Hamilton Gray Major President
W.W. Barraclough Capt
Bank

Approved

A.D.M.S.

Dated at

COLONEL, M.S. CANADIANS BUXTON.

Station 191