

124540
SIN/NAS

SURROWS
Surname/Nom

Charles Edgar
Given names/Prénoms

**CANADIAN FORCES
FORCES CANADIENNES**

**PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL**

Box
1315

**"CONTENTS CONFIDENTIAL"
"CONTENU CONFIDENTIEL"**

**COMPONENT
ÉLÉMENT**

Box
1315



NAME **BURROWS CHARLES EDGAR**

S.I. **540** UNIT **3 Dist. Dep** H. Q. FILE NO.

NON-EFFECTIVE BY
DEATH
Category

(S)

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2 ATTESTATION PAPER (M.F.W. 23, 133, or 51)	13-3-19				Category DEATH
3 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)	13-3-19				
TRAINING HISTORY SHEET (M.F.W. 113)				53387	
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)	13-3-19				
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					Category DISCHARGE
3 DENTAL HISTORY SHEET (M.F.B. 465)					
2 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Category Desert.
MEDICAL EXAMINATION (M.F.W. 129)					
1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)	13-3-19				
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					Category DESERTION
1 LAST PAY CERTIFICATE (M.F.W. 44)	13-3-19				
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)	13-3-19				1
PARTICULARS OF CHARACTER (A.F.W. 3225)					
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)	13-3-19				20-10
1 M.F.W. 192	13-3-19				20-10
3 Eng. med. Bd.					1 10
30 F. 5123					
30 F. 018					

HE

403236

AO 1315

X

ATTESTATION PAPER.

"D" Coy.
No. 724540

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name?..... Charles Edgar Burrows
2. In what Town, Township or Parish, and in what Country were you born?..... Brampton Ontario
3. What is the name of your next-of kin?..... Wife Clarice May Burrows
4. What is the address of your next-of-kin?..... 35 Glenely St E Lindsay Ont Canada
5. What is the date of your birth?..... September 16 th 1890
6. What is your Trade or Calling?..... Coronaker
7. Are you married?..... Yes
8. Are you willing to be vaccinated or re-vaccinated? & 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.
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

Charles Edgar Burrows (Signature of Man.)
R. H. Anderson (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Charles Edgar Burrows, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date November 12 1915. Charles Edgar Burrows (Signature of Recruit)
R. H. Anderson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

Charles Edgar Burrows, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date November 12 1915. Charles Edgar Burrows (Signature of Recruit)
R. H. Anderson (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 12 day of November 1915.

[Signature] (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

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

Description of *Charles Edgar Burrows* on Enlistment.

Apparent Age 25 years 1 months.

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

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

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

Height 5 ft. 8 1/2 ins.

None

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

Complexion Dark

Eyes Hazel

Hair Dark Brown

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date October 25th 1915

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

Place Lindsay

*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.

Charles Edgar Burrows 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.

Date DEC 29 1915 1915 *[Signature]* Lt. Col. (Signature of Officer)
O. C. 109th Overseas Battalion, C. E. F.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 724540 (Rank) Private

Name (in full) BURROWS, Charles Edgar enlisted in
the 109th Battalion

CANADIAN EXPEDITIONARY FORCE at Lindsay, Ont. on the 12th
day of November 19 15

HE served in Canada, England and FRANCE

and is now discharged from the service by reason of in accordance with R.O. 1343
Demobilization. Auth. 3DD 3. B.751, 7.2.19.

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

Age 28 years 5 months

Height 5 feet 8½ inches

Complexion Dark

Eyes Hazel

Hair Dark Brown

Marks or Scars NIL

NIL

C. E. Burrows

Signature of Soldier

Issuing Officer

Lieut.

O. C. Discharge Section

No. 3 District Depot

Appointment

Date of Discharge 11.2.19

Signed at Kingston, Ont. this 11th day of February 19 19

in Military District No. 3

File Reference No. 3DD 3. B.751.

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. _____ (Rank) _____ Name _____

Unit _____

Address on Discharge _____

Character and Conduct _____

Former Occupation _____

Special Qualifications of Value in Civil Life _____

Medals and Decorations _____

Remarks _____

Signed at _____ this _____ day of _____ 19 _____

Name of Officer

Rank

Appointment

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

Rank Name BURROWS, Charles Edgar Reg'l No. 724540
 Unit 109th Bn. If in perm. Corps, }
 What Unit? } Married or Single Married
 Lindsay,
 Place and Date of Enlistment 12th Novr., 1915. Place of Birth Brampton, Ontario.
 Name and Address, Next-of-Kin Clarice May Burrows,
 35 Glenelg St., E., Lindsay, Ont., Canada. Relationship Wife.
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship
 Discharge, Date and Place Reason Character

N/E. R.B. No. 5469
 File R.L.
 Category O R O R

W. & V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
Arrived in England per H. M. T. 2810 31-7-16					
8-12-16	106109 th Bn	Sold on t/s to 124 th Bn	Dritley	8-12-16	Pt II D.O. 343.
9-12-16	106124 th	T.O.S. from 109 th Bn Sold on t/s to F.I.C.A.C.	"	"	265
18-1-17	"	Attd to 124 th Bn.	"	10-1-17	18.
18-1-17	"	ceases to be attd to 124 th Bn attd to 3rd Labor Bn.	"	18-1-17	18
27-1-17	ccac.	To S. on Com. to 3 rd Lab. ^{in B.D.}	Hastings	20-1-17	46
28-1-17	"	ceases to be attd, & S.O.S. to 3 rd Lab.	"	28-1-17	47
29-1-17	3 rd Labours	T.O.S. from llal.	Bshott.	28-1-17	Pt II O.I. ccac. 47.
9-2-17	" "	Proceeds of seas	"	9-2-17	11.
25 II 17	3 Lab	New Designation	IIth Bn Rlwy Tp	PII O	70
14-1-18	11 th C.R.T.	Awarded 1 God Conduct Badge	Sp Field.	12-11-17	Pt II O 2

O. H. M. S.

F.B. 103 CHECKED
3 MAR 1917

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
10-6-18	11 th C.R.I.	Invalided sick posted to C.R.I.D.	St. Inild	4-6-18	F ^{no} 0574 C.R.I.D. 164/11/18
21.10.18	C.R.S.D.	on com. 3 rd C.C.F.	"	Punglet. 23.10.18.	pt II 295 3 rd C.C.F. pt II 254. 29/10/18
27.11.18	"	ceases on com. 3 rd C.C.F.	"	"	27.11.18 pt II 329 3 rd C.C.F. pt II 280. 27/10/18
17.12.18	"	on com 1 st C.C.F. Buxton.	"	"	17.12.18 pt II 349
10-1-19	3 rd C.C.F. M.D.	Attached	Phyl.	8-1-19	pt II 10
19.1.19	C.R.S.D.	ceases on com C.C.F.	" Witley	9.1.19	pt II 18.
		S.S. on trans. from S.M. H. to the C.C.F. in Canada.			
					o/sens.

To be made out in duplicate.

H.Q. 54-21-23-53

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 724540

(3) Full Name of Soldier..... Charles Edgar Burrows.

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

(5) Are you married, or not? Yes.

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

(b) Present Postal Address 35 Glenelg St. Lindsay. Ont.

(7) Are you a widower? No.

(8) Have you any children?..... Yes.
 If so, give number of boys and girls... 2 Boys & 1 Girl.
 Also their names and ages.....

Charles Edgar.	5 Years.
John Thomas.	3 Years.
Kathleen May.	4 Months.

(9) Is your Father alive?.....**Yes.**.....**Charles Burrows.**.....

If so, state name and address.....**40 Beach Street. St. Catherines. Ont.**

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

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

(11) If your Mother is a widow.....**No.**.....

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

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

.....**Nil.**.....

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

.....

Yes. None.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

.....**Yes.**.....

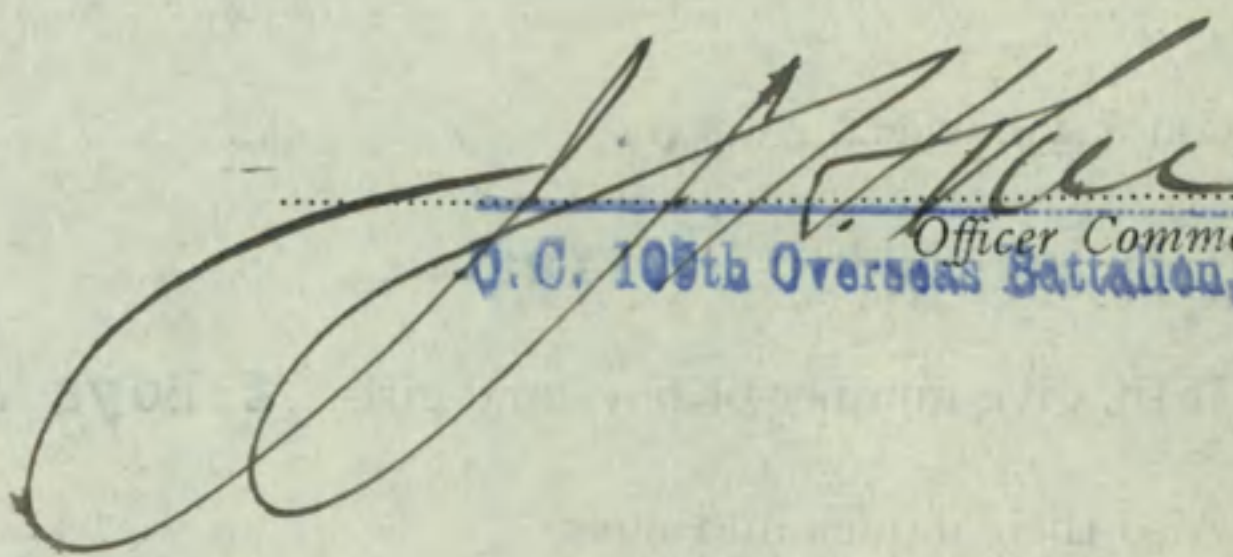
(15) Are you insured?.....**Yes.**.....

If so, in what Company?.....**London Life. & Metropolitan Inse Co's.**

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

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

Date.....**June 30th. 1916.**.....


.....**Lt. Col.**
.....**Officer Commanding**
.....**O. C. 100th Overseas Battalion, C. E. F.**

PA

B 921

165

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 *Chas. Edgar* 2. Surname *Burrows*
3. Rank *Spr* 4. Original Unit *109th Bn* 5. Reg. No. *724540*
6. Address, in full, to which future payments of gratuity are to be forwarded
35 Glenelg St. Lindsay Ont
7. Date of enlistment in the C.E.F. *Nov 12 - 1915*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge
Mrs. M. C. Burrows
9. Relationship of such dependent *wife*
10. Address, in full, of such dependent
35 Glenelg St. Lindsay Ont.
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *no*
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:
*124th Bn. Witley Camp England
Dec 19 - 1916 to Jan 30 - 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? *no*
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service
not applicable
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served
*Canada - 109th Bn Nov 12 - 1915
to England - Aug 1 - 16 - 109th Bn - 124th Bn & 3rd Labor Bn
to France Feb 9 - 17 to 3rd Labor Bn transf to C.P.T. in Nov - 17 - left France on May 29 - 18 - England with C.P.F. left England for Canada Jan 11 - 19*
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department
no
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *no*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *No*
19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid *No*
20. Have you been issued with a War Service Badge? If so, what class? *No*
21. Have you, during the present war, served in the Imperial Forces? *No*
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled *No*
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No*
 (b) If so, was such reversion in consequence of misconduct or inefficiency? *not applicable*
24. Are you now serving in the C.E.F.? *No* If not, give:—(a) Date of discharge *Feb 11 - 1919*
 (b) Reason for discharge *Neurotic*
25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit *No*
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit
*Unit in France, 3rd Labor Bn.
 Feb 7 - 1917 to Nov 10 - 1917*
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? *No*
 (b) If so, are you in receipt of full pay and allowances from that Department? *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: *C. E. Burrows*

Place of Residence: *35 Glenelg St. Lindsay Ont.*

Declared before me at: *Kingston*

This *11th* day of *January* 19*19*

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

[Signature]
 Major
 For O. & B. District Depot.

POST DISCHARGE PAY.			War Service Gratuity	Net amount due
Date paid.	Paid Soldier	Paid Dependent		
			<i>183 days.</i>	<i>\$ 420.00</i>
			<i>Dep Allowance</i>	<i>180.00</i>
				<i>\$ 600.00</i>

Certified Correct.
 District Paymaster.

TUBERCULAR REACTION

24

NAME Spr. Burrows. C. E. WARD

724540.

1.10,000

1.1000

	24. hrs.	48. hrs.	24. hrs.	48. hrs.
A. Local	neg.	neg.		
B. Focal. (Referable to Heart)				
Praecordial Pain	neg.	neg.		
Pulse at rest	76/62	114/62		
Dyspnoea	}	}		
Vertigo	}	}		
Palpitation	}	}		
Tenderness - Dorsal Spines	neg.	neg.		
C. Temperature	neg.	99.4. (34 hrs)		
D. Symptomatic				
Restlessness	+	+		
Sleeplessness	+	+		
Malaise	+	+		
Nausea	}	}		
Vomiting	}	}		
Pains	}	}		
Headache.	+	+		
Drowsiness.	+	-		

Reaction negative

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT *3*

M. F. B. 465,
150M - 6-18,
1772-39-970.

NAME OF SOLDIER *Burrows*

C. E. Burrows

REGIMENT *22*

RANK *Pte*

Pte

No. *724540*



INSTRUCTIONS

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

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

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

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhosa	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
												U	L	P			Gold	Porcelain				
	<i>1919</i>																					
	<i>Feb 5</i>		<i>7. 12, 14, 15, 17, 18, 31,</i>								<i>3 3, 19, 30</i>											<i>Don Massey Capt - 33 Car # 789</i>
	<i>Feb 7</i>					<i>2 78</i>				<i>0 78, 9, 10</i>									<i>F. J. Bechly 3</i>		<i>Complete. C. E. Burrows.</i>	

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps _____

No. 724540

Rank and Name Spr Burrows, R.E.

Age _____

Military Hospital _____

Service _____

Disease D. A. H.

Date of admission _____

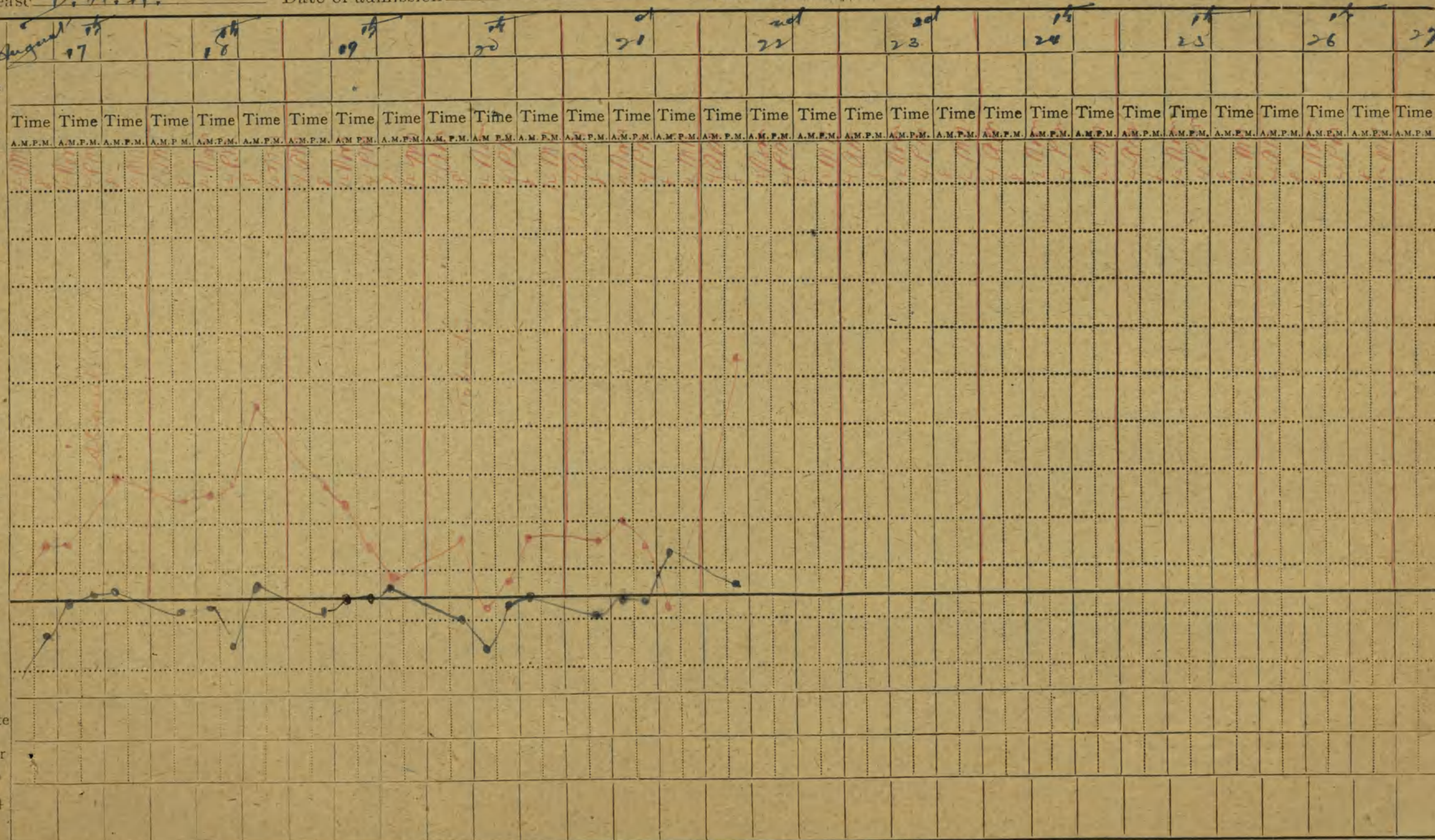
Date of discharge _____

Result _____

Dates of Observation

Days of Disease

Temperature Fahrenheit



Signature _____ In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps _____

No. _____

Rank and Name _____

Age _____

Military Hospital _____
Service _____

Disease _____

Date of admission _____

Date of discharge _____

Result _____

Dates of Observation																													
Days of Disease																													
Temperature Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	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																													

Signature _____

In charge of case.

MEDICAL CASE SHEET.*

b. E.

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
<i>2513584</i> Year <i>26.7.18</i>	<i>724540</i>	<i>Spur.</i>	<i>Burnous</i>	<i>b. E.</i>
	Unit.	Age.	Service.	
	<i>11th C. B. I.</i>	<i>29</i>	<i>29/12</i>	
Station and Date.	Disease			
<i>Burnwood</i> <i>11801</i>	<i>Jaundice</i>			
<i>2.7.18</i>	<i>Complains of General Weakness. Anaemic.</i>			
<i>8-7-18</i>	<i>Condition improves Cont.</i>			
	<i>Treatments.</i>			
<i>15.7.18</i>	<i>Improving but still weak</i>			
<i>22.7.18</i>	<i>Complains of giddiness or lightheadedness after exertion, but states he has had none since taken off duty 2 days ago For short Board.</i>			
<i>30.7.18</i>	<i>The Board recommends his man's transfer to Busby Park.</i>			
		<i>A. Collins</i>Captain, Med. Off., Canadian Convalescent Hospital, Bear Wood, Wokingham, Berks.		

* The first and last entries will be signed, and transferred from one Medical Officer to another, attested by their signatures.
(6365) W2944/P-38 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349) [P.T.O.]

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	424540	Sgt	Burrows	Charles
Year	Unit.	Age.	Service.	
	11/Canadians	29	2 8/12	
Station and Date.	Disease			
	Jaundice -			
	Reported sick at Staples where he was in hospital. on 25 th Apr. 18. having had three injections of Salvarsan. - Sent from Staples about 4 th June 18. to Docton Row - transferred to Holborn Military Hosp. June 14. 18.			
June 14. 18.	Is slightly jaundiced - Complains that he feels weak p. 84.			
.. 24. 18.	Resumes food - discharge p. 84.			

HOLBORN MILITARY HOSPITAL
WESTERN ROAD, MITCHAM.

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
Wt. W 6301/M 2870-1,500,000-S/17-H. & Sp. (10933). Forms/I. 1237/12. (E239) [P.T.O.]

CLINICAL CHART.
(To be attached to Case Sheet.)

THE KING'S Army Form B. 181.

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	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
	A.M.P.M. 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																													

Signature _____

In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet.)

THE KING'S CANADIAN RED CROSS MEDICAL SECTION
BUSHY TREETOP
Army Form B. 181.

Corps _____

No. 724340

Rank and Name Sgt Burrows, C.E.

Age _____

Military Hospital _____

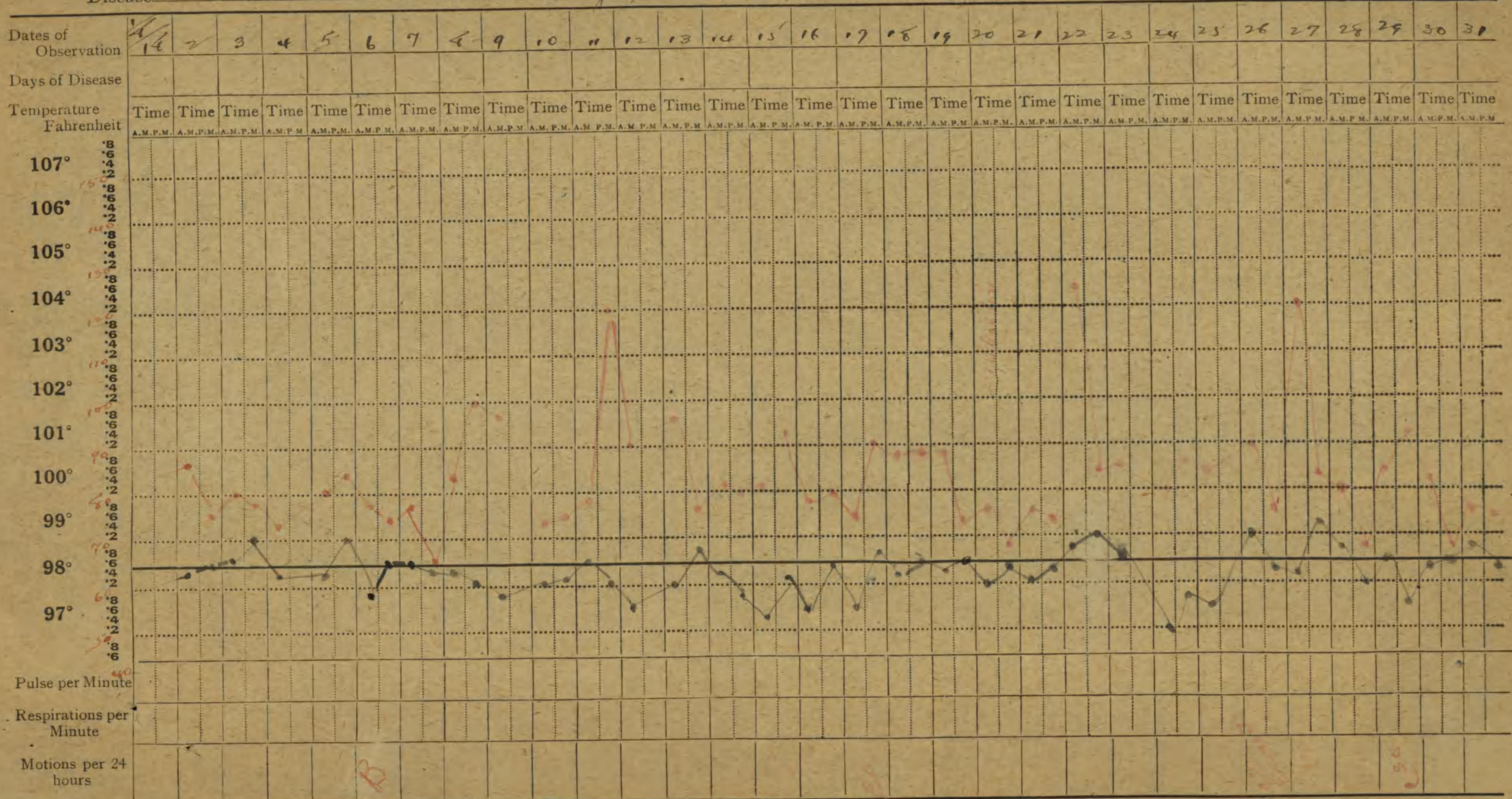
Service _____

Disease _____

Date of admission Aug 1, 1911

Date of discharge _____

Result _____



Signature _____

In charge of case.

MEDICAL CASE SHEET.*

THE KING'S CANADIAN RED CROSS SPECIAL HOSPITAL, BUSHY PARK, HAMPTON HILL

No. in Admission and Discharge Book	Regimental No. 724540.	Rank. Pte.	Surname. BUTTOWS.	Christian Name. Chas. Edgar
Year	Unit. 11 th Batt C.R.Tps.		Age. 29	Service. 33 mos.
Station and Date.	Disease D.A.H.			
2-8-18	Permanent Address. 35 Elmly St - Lindsay Ont -			
Disability.	Vertigo - Tachycardia -			
Previous Occupation.	Core maker -			
Enlisted on	Oct 25 th 1915		at Lindsay -	
Foreign Service	France -		Duration. 15 mos -	
Date of Origin	Nov 1916		Place of Origin. France -	
History	(School, Games, Work, Training, Past Illness, Service, Onset.)			
Part illness.	Healthy when a boy. Played games without difficulty. Worked in watchmaking shop - at making moulds before enlistment. Always carried on -			
Training	Had 6 mos training in Canada, some months in England. Could not do doubling on account of lathemen -			
Service -	Enlisted in the 109 th Batt in Oct 1915 - Came to England Aug 1916 - was put in B1 category by a board at Bramshott in Jan 1917 - and sent to France to the 3 rd Can Labor Batt, and carried on with them until March 28 th 1918 -			
Onset -	When a sore developed on penis. was sent to Hosp. was given 3 injections of 606 - and the last of April gonorrhoea broke out - and he was sent to Rochester Row Hosp. London - and after 2 weeks when gonorrhoea cleared up was sent to Bearwood - and from there moved to Bushy Park -			
Tobacco	7 cigarettes daily - Alcohol. Temperate -			
Constitution.	(a) Constitutional		(b) Acquired	
Present Symptoms.	See disability			

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

Station
and Date.

Present State: unfit for service

Physique. Height 5ft 8 1/2 in Weight on Enlistment 135 lbs Present weight 142 lbs.

Teeth good - Tonsils normal.

Appearance *mg.* - H. n. normal.

Thyroids normal - B.P. 115-75

Pulse before 90 - after exercise 108 - Mins. later

Heart - *Apex* beat in 5th I.C.S.

C.A.D. Left limit of dullness just outside nipple line 10 cm from midsternum

Sounds no murmurs - Gallop rhythm -

Lungs *clear*

Abdomen *mg*

Urine clear br yellow - acid 10.26 - no albumen -
no sugar -

Nervous System. Reflexes active

W. W. W.
Captain, C. A. M. O.

K. C. R. + S. H.
Bushy Park.
17-10-18

Complains of dizziness & palpitation
L.L. C.P just inside nipple line, 10 cm
from mid sternum. Apex beat in
5th I.C. space - no murmurs - gallop
rhythm. Pulse at rest 70-115 average 90
Symedial exercises tolerated, the
higher classes cause dyspnoea, vertigo
pre cordial pain with occasional
extra systoles.

W. W. W.
Captain, C. A. M. O.

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

M. F. W. 54.
150M: 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

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

Regimental No. 24540 Rank Private Name Burrows Charles Edgar

Enlisted (a) 5-11-15 Terms of Service (a) D of W. Service reckons from (a) 5-11-15

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

Extended _____ Re-engaged _____ Qualification (b) Coremaker

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				
			Halifax	24.4.16	
			Liverpool	31.4.16	
8.12.16	OC. 109	Transferred to 124th Bn.	Witley	8.12.16	OO. Pt. II 343
					<u>Autaseting</u> Capt. ADJUTANT 109th Overseas Battalion, C.E.F.
9-12-16	124th Bn.	Taken on strength of 124th Bn., C.E.F.	Witley Camp	8-12-16	Part II Orders 265
18-1-17	124th Bn.	Transferred to C.C.A.C.	Witley Camp	18-1-17	Part II Orders #18 MAJOR ADJUTANT, 124th BATTALION, C.E.F.
					<u>Abner Kenyon</u> Capt., Adjt. 124th Bn., C.E.F.

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

424540 *Pte Burrows, C.E.*

CERTIFIED CORRECT.
 23 MAR 1917
 CAN. RECORDS LONDON.

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.
18-1-17	1-17	1-24th Bn. Labour Battalion	3rd Witley Camp	18-1-17	Part II Orders <i>Pte Burrows</i> Capt., Adjt. 124th. Bn. C.E.F.
					Part II Orders Capt., Adjt. 124th. Bn. C.E.F.
29. 1.17. 9.2.17	3rd Lab. Bn. C.E.F.	Taken on Strength Proceeded Overseas with 3rd Can Lab. Bn.	Broomshott	28.1.17 9.2.17	Part II L.O. Part II DO (C.E.F.) <i>M. J. ...</i> LIEUT. ADJT. 3rd CAN. LABOUR BATTN.
11/2/17	CBD	Disembarked The designation 3rd. Can Lab Bn will in future be 11th 3rd Cdn. By Troops A.G's A-51-2 M-1 d-21 Nov 17 DO No 1 d25 Nov 17	Navue	11/2/17	<i>nk</i>
6/18 9/18	Obtm Do	Awarded 1. gb Badge Granted 14 days LEAVE		12/17 9/18	B213 M1202 d/15/18 M12019 d/16/18

724540

ORIGINAL ORIGINAL MEDICAL HISTORY SHEET.

Surname Burrows Christian Name Charles Edgar

Examined { on 25th day of October 1915
at Lindsay
Birthplace { City or Town Brampton
County Ontario

Approved by J McCulloch
Rank Capt M.O.

Apparent age 25 years
Trade or occupation Coze maker
Height 5 Feet 8 1/2 Inches.
Weight 125 Lbs.
Chest measurement { Minimum 32 inches.
Maximum expansion 36 inches.
Physical development Good
Small-Pox Marks None

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		<u>10 JUN 1918</u>
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right None Left Two
Number Two
When Vaccinated last November 11 1915

Date	Result	VACCINATIONS.
<u>11-11-15</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease None

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>15-4-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>25-4-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>2-5-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>27-11-16</u>	<u>Not done</u>	

Enlisted on 25th day of October 1915 at Lindsay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>Overseas Conty</u> <u>45th West Regt.</u>	<u>724540</u>		<u>25-10-15</u>
Transferred to..	<u>124th OVERSEAS BATTALION C.I.E.F.</u> <u>3rd Can Lab Bn</u>			<u>28/1/17</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Bramshot Camp, Hants.</u>	<u>10 JAN 1917</u>	<u>V.D.H.</u>	<u>Class B</u>
<u>Bushy Park</u>	<u>17-10-18</u>	<u>D.A.H.</u>	<u>Class B</u>
<u>Purfling</u>	<u>17-11-18</u>	<u>D.A.H.</u>	<u>Class B</u>
<u>Remfield</u>	<u>3-12-18</u>	<u>D.A.H.</u>	<u>Class B</u>
	<u>6-2-19</u>	<u>D.A.H.</u>	<u>Class B</u>

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

CANADIAN

Christian Name *Charles*
 Surname *Burrows*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from: whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
MILITARY HOSPITAL ROXBOROUGH ROW, B.W.		4	6	18	14	6	18	Catarhal Jaundice	11	Jaundice developed 10.5.18 after receiving 3 injections neo-Salvarsan (.6 gm) + three Hg (gr i). Also has had 2 injec ^{ns} 2.5 c.c. Intramie 12.5.18 + 19.5.18. Jaundice now disappearing. Wassermann reaction negative 5.6.18. No further anti-syphilitic treatment required for the present. Transferred to Holborn Mil ^l H ^l Mitcham	A. Saward Lieut: R.A.M.C.
HOLBORN MILITARY HOSPITAL WESTERN ROAD, MITCHAM.		14	6	18	27	6	18	Jaundice.	23	Jaundice cleared - discharged to Canada at home.	R. P. Lander
<i>Beardwood</i>		27	6	18	1	8	18	- do -	35	Complains of dizziness: Pulse 134 p.m. Irregularity of pulse: apex beat in upper line. Transfer to Bushey Park.	A. Collins
THE KING'S CANADIAN RED CROSS SPECIAL HOSPITAL		1	8	18				D.A.H		Left limit of cardiac dullness outside nipple line 10 cm from mid sternum. No murmurs. Gallop rhythm. Pulse at rest average 90.	J. H. ... Capt ...

MD 3.
Buxton 18/2/19

EXAMINATION

Dis 11-2-19

BY

STANDING MEDICAL BOARD, BRAMSHOTT.

No. *72540* Rank *plc* Name *Barrows C.E.*
BUTTOWS, C.E.
Local Unit *124 Bn* Overseas Unit _____ Age *25*

Examination held in Bramshott area.

DISABILITY.

V. D. 16

~~Overseas~~—Local.
(scratch one out)

99-B-184
30
3-5-19

PRESENT CONDITION.

Mitral systolic murmur.
Hypertrophy - compensation good.
Shortness of breath on doubling.
but can march at ease, 10 miles.



Board recommends:

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

Class BT

Signatures:

C. Stewart Pres.

Members

J.A. Dickson

Approved.

Bramshott *10-7* 191 *7*

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

EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT.

191

No. 101 Rank Private Name James J. G.
 Local Unit 1st Bn Overseas Unit 2nd Bn Age 22

Examination held in Bramshott area.

DISABILITY None
 Overseas—Local
 (scratch one out)

PRESENT CONDITION.

Handwritten notes:
 After 24 hours in hospital
 Hospital report - camp conditions good
 Condition of health in hospital
 but somewhat nervous



Handwritten signature: Charles B. J.

Board recommend:

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

Signature:

Pres.

Members

Approved

Bramshott

191

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44. 1188 (D.P.) 250M.-12-18. 1772-89-903.

LAST PAY CERTIFICATE

Regimental No. 724540 Rank Plt Name Burrows C. E. (Surname first)
Unit H.C.R.J. who was* Deschgd
On Feb 11 1919, to Feb 11 1919. Cat C3
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Feb 1 to Feb 11 1919 the inclusive date of transfer or discharge.

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

*Give particulars.

A monthly stoppage of \$20 (†) has been paid on account of Assigned Pay for the month of Jan 1919 and Separation Allee. for month of Jan 1919 (to) Assignee Mrs C M Burrows
(Address) 35 Glenely St E Lindsay
(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

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

REMARKS:—

- State (1) date of enlistment ... married or single ...
(2) Separation Allowance, entitled or not ... (3) Reason for discharge ...
(4) Authority for discharge or transfer ...

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

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

Date Feb 9/19
Place Kingston Ont

W Peters Captain.
OFFICER I/C DEMOBILIZATION PAY DIV.
MILITARY DISTRICT NO. 3
Paymaster.

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

PROCEEDINGS OF A MEDICAL BOARD.

THE KING'S CANADIAN RED CROSS SPECIAL HOSPITAL,
BUSHY PARK, HAMPTON HILL.

Dated at *Oct 17th* 1918.

No. *72454D* Rank *Spt* Name *BURROWS C.E.*

Local Unit Overseas Unit *11th C.R.T.* Age *29.*

Examination held at
THE KING'S CANADIAN RED CROSS SPECIAL HOSPITAL,
BUSHY PARK, HAMPTON HILL.

DISABILITY. *D.A.H.*
Overseas ~~Local~~
(SCRATCH ONE OUT.)

PRESENT CONDITION.

Complains of Dizziness and palpitations
Left limit of Cardiac dullness just outside nipple line
10 cm from midsternum. Aprt beat in 5th Intercostal space
No murmurs - Gallop Rhythms, Pulse at bedside
from 70 to 115 - average 90 -
Remedial exercises tolerated, The higher classes cause
dyspnoea, Vertigo & prurient pain, with occasional
extra systoles.

BOARD RECOMMENDS:-

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

Signatures:-

Members (*L. W. Murray* President.
 (*H. P. C. ...* Captain, C. A. M. C.
 (*J. P. ...* Captain, C. A. M. C.

APPROVED

THE KING'S CANADIAN RED CROSS SPECIAL HOSPITAL,
BUSHY PARK, HAMPTON HILL.

Dated 1918. For A.D.M.S.

17-10-18.

PROCEEDINGS OF A MEDICAL BOARD

Name: C. F. [unclear]
 Rank: [unclear]
 Date: [unclear]
 Location: [unclear]
 Present Condition: [unclear]

BOARD RECOMMENDATION

1. The for duty
 2. The for duty
 3. The for duty
 4. The for duty

Members

A. ROVEL

B 11

3

CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) Burrows B.S.
 REGIMENT 6 R.S. RANK Pvt. No. 724540
 Date of Examination in England Dec 18/18 Date of Examination in France _____

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



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

Nil

Nil

HAS HE EVER REFUSED DENTAL TREATMENT ?

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

(a) In Canada *yes*

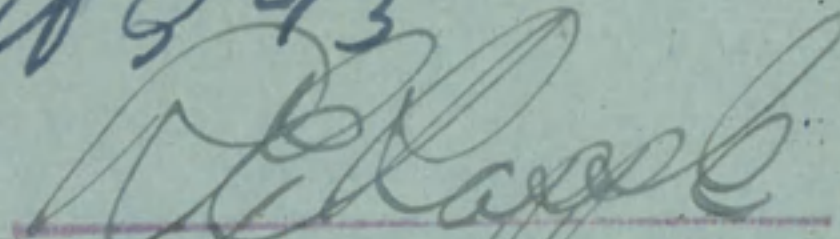
(b) In England

(c) In France

Signature of Dental Officer

A. Cowan *Capt*

Handwritten text at the bottom left corner, possibly a signature or date, including the number "24".

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				
11-2-19	SOS	Discharged	Kingston	11-2-19	943  O. C. Discharge Section No. 3 District Depot Liout.

Casualty Form - Active Service.

Regiment or Corps 11th Battr. C.R.C.

Rank Spr Surname Burrows Christian Name C. E.

Religion Age on Enlistment years months

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

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

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

Occupation Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked ...			
<u>31³/₁₈</u>	<u>1. C.C.S.</u>	<u>W.D. Ven. Sores. Ad</u>	<u>29³/₁₈ To A.T. 9.</u>	<u>30³/₁₈</u>	<u>6545</u>
<u>30⁷/₁₈</u>	<u>7th Hosp</u>	<u>J.C.Y. Penio</u>	<u>Adm</u>	<u>"</u>	<u>6788</u>
<u>30³/₁₈</u>	<u>Obtm</u>	<u>Rejoined from leave</u>		<u>29³/₁₈</u>	<u>B.213.</u>
<u>31³/₁₈</u>	<u>1. C.C.S.</u>	<u>Forfeits F.A. + is placed under stoppage of pay at the rate of 50 cents per diem whilst in Hosp from 29³/₁₈ to 30⁷/₁₈. (7dys)</u>			<u>21643/2775</u> <u>the 30⁷/₁₈ 10⁴/₁₈</u>
<u>2¹/₁₈</u>	<u>7 Staty.</u>	<u>V.D.</u>	<u>To. Con Dep.</u>	<u>2¹/₁₈</u>	<u>61580</u>
<u>4¹/₁₈</u>	<u>51. Gen.</u>	<u>V.D.S. "C"</u>	<u>Adm 51 Gen</u>	<u>4¹/₁₈</u>	<u>63357</u>
<u>12³/₁₈</u>	<u>Ab</u>	<u>Forfeits field allow. + is placed under stoppage of pay at the rate of 50 cents per diem whilst in Hosp from 4¹/₁₈ to 12³/₁₈ (37dys)</u>			<u>0701643/4225</u> <u>3047/1918.</u>

(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.
 W. 8635 - M2733 2000m 9/17 (35611) C. P. & S., Ltd., Form B./103 E/1807. P.T.O.

424540 Mc Burrows b.c.

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				
12 ⁵ .18.	51 Gen.	Jaundies	Adm	12 ⁵ .18	71205
"	Do	VDS	Toduby	"	"
4-6-18.	Do.	Invalided Sick per aff. Ville de	H ⁴⁸		W3083/5498
		Keep + posted to C.M.S. Depot Purfleet.			Do 54 d/10 ⁶ .18
<p><i>Mc Burrows</i> Lieut for Lt.-Col., A. A. G. Canadian Section, G. H. Q., 3rd Echelon, B. E. F.</p>					
14.6.18.	C.R.S.D.	Los posted from 11 th M.S. Purfleet.		4.6.18	Pf. II 164
<p><i>Mc Burrows</i> for Lt. Col i/c Records. OMFC Lieut.</p>					
17/11/18		DISCHARGED FROM 3 RD C. C. D. Sea Land			PTD BN. PART II D. O. No. 29/10/18
24-10-18	C.R.T.D.	On board 3 rd C.C.D. Seafoad	Purfleet	23-10-18	Pt II 295
27-11-18	Do	Off board Seafoad	Do	27-11-18	Pt II 329
17 DEC 1918	C.R.T.D.	On board C.C.D. Buxton	Purfleet	17 DEC 1918	Pt. II 349
<p><i>J.M. Christie</i> Lt. Col.</p>					

*Name BURROWS Charles Edgar Rank Spr Regtl. No. 724540
 Original unit 109 B Present unit 109 B M. or S. — Age 28 Religion Caf. E. Fyle Depot 3-B 751
 Ref. H.Q. —

Port, ship, and date of arrival Halifax Olympic 17-1-19

Next of kin W. Clarence M. Burrows 35 Glenely St. E. Lindsay Ont.

Address on leave Same

Address on discharge —

Transportation issued Yes No Date — Character on discharge —

Previous occupation car-maker Date and place of enlistment 15-11-15 Kingston Ont.

Diagnosis — Date of Medical Boards —

Date.	Remarks	Pt. 2 Order No.
22-1-19	T.O.S. Casualty Company No. 3 District Depot. for Disposal, Part Two D.O. <u>22.</u>	From <u>15.</u>
	Leave & Sub. <u>21-1-19.</u> to <u>3-2-19.</u>	Eff. <u>20-1-19.</u>

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

SURNAME

CHRISTIAN NAME OR NAMES

REG. No.

BURROWS.
RANK

UNIT

C.E. Co.

TROOP

724540.
BATTY.

Spr.
HOSPITAL

C.R.T. 11.

DATE OF ADMISSION

7. Staty. B'logne.

30-3-18.

7. Conval. Dep. B'logne,

2-4-18.

1. 51. General E. tapes.

HOSP. 4. 4. 18.

Readmitted.

HOSP. 12. 5. 18

3. Mil. A. P. Rochester POW

HOSP. 6-6-18

4. Holborn mil. Mitcham

HOSP. 14. 6. 18

DIAGNOSIS I.C.T. Penis. white

1. V. H. S. 7 C/10

2. Jaundice
Katarhal Roes
+ H. A. H. 40

3.

DISPOSITION

DATE

C.L. 6-4-18. A181/3.

8-4-18. A182/3.

11. 4. 18. A 185 (2)

17. 5. 18. A 216 (3)

11. 6. 18. B 237 (1)

19. 6. 18. B 244

4. 7. 18. B 254 2

7. 8. 18. B 285.

29. 10. 18. B 357. 2

REMARKS
Dis. 12-5-18
Dis. 23-10-18

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1. *C. H. Bearwood*

78.6.18

K. C. R. C. Bushy Pk.

2.8.18.

2.

3.

4.

5.

6.

7.

SURNAME. *Burrows*

16. B-264

CARD NO.

3

CHRISTIAN NAMES *Charles, Edgar.*

Sos Dis Mobil 1-2-19

REGL. No. *724540*

RANK *Pte. S/cpl.*

100430 FOLL 12-2-19

UNIT *109th.*

Bn.

FORMER CORPS *nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Burrows, Mrs. Clarice May*

RELATIONSHIP TO SOLDIER *Wife.*

ADDRESS *35 Glenelg St. E. Lindsay. Ont.*

COUNTRY OF BIRTH *Canada. Brampton. Ont.*

DATE

PLACE OF ATTESTATION *Lindsay. Ont.*

DATE

Nov. 12th. 1915

Sailed from Halifax

*23/7/16⁴⁸⁰ per S.S. "Olympic"
17-1-19⁴⁵⁴ Spr.
79*

MARRIED

yes.

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

NAME *Burrows C*

REGT'L. No. *724540*

RANK AND CORPS *pte.*

H. Q. FILE NO. 649

Can Aly

FOLLOWS
No.
FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
A181	#7 Stat Boulogne	30-3-18	J. C. J. Fenis
A182	#1 Comt, Dep Boulogne	2-4-18	" " "
A185	#51 Gen, Chaples	4-4-18	W. W. S. + C.
A216	Discharged		" " " " "
A216	Re-adm new disease supervening	12-5-18	jaundice
B237	Mil. Rochester Row SW.	6-6-18	
B244	to Holborn Mil. Mitcham	14-6-18	Catarrhal jaundice
B254	Can Comt, Bearwood Hk	28-6-18	" "
B285	King's Can. R. Spec Busby Hk	2-8-18	(11) jaundice Catarrh 4 Days
(2357)	Ditch	23-10-18	" " " "

CHARLES.

EDGAR.

Name **BURROWS** Rank

SPT.

Reg. No. 724540

Unit **11th C.R.**Next of Kin **Canada**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
30-3	7 Ply. S. B. Logue	9 C. I. Lewis			A 151	559-8
2-4	7 Logue D. B. Logue		so		A 151	597-2
4-4	5-1 G. S. Charles		U. D. B. & C.		A 153	604-3
12-5	Discharged		so		A 216	129-4
	Re-admitted		Jaundice		A 216	
6-6	M. S. Rochester Row		so		B 237	19329
14-6	Halton M. H. Mitcham		so Cataract		B 237	9793
28-6	G. C. Bearwood		so		B 234	20512
2-8	K. C. R. Co. 7 Bushy Rk.		so & D. A.		B 283	23319
23-10-18	Discharged		so		B 354	8977
23-10-18	Will proceed on 4/1/18 to 3 rd Comd Willey				Bush B	252

Bushy Park

Can: Conval: Hospital,
Bear Wood.

HOSPITAL.

**A. & D.
CARD**

AT

A. & D. No. *00* *13584* PL. OF ACTION

RANK *Spr.* REG. NO. *724540* UNIT *11th C. Coy Troop* SICK OR WOUNDED

NAME *Burnows C.B.* AGE *29* RELIGION *98*

PLACE IN HOSPITAL *118 A*

DIAGNOSIS *Jaundice (after Salvarsan Injection) 98*

ADMITTED *27 JUN 1918* FROM *M. H. M. isham*

DISCHARGED To

TRANSFERRED *1 - AUG 1918* *Bushy Park*

SERVICE AT HOME *72* IN FIELD *72*

RESULTS

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

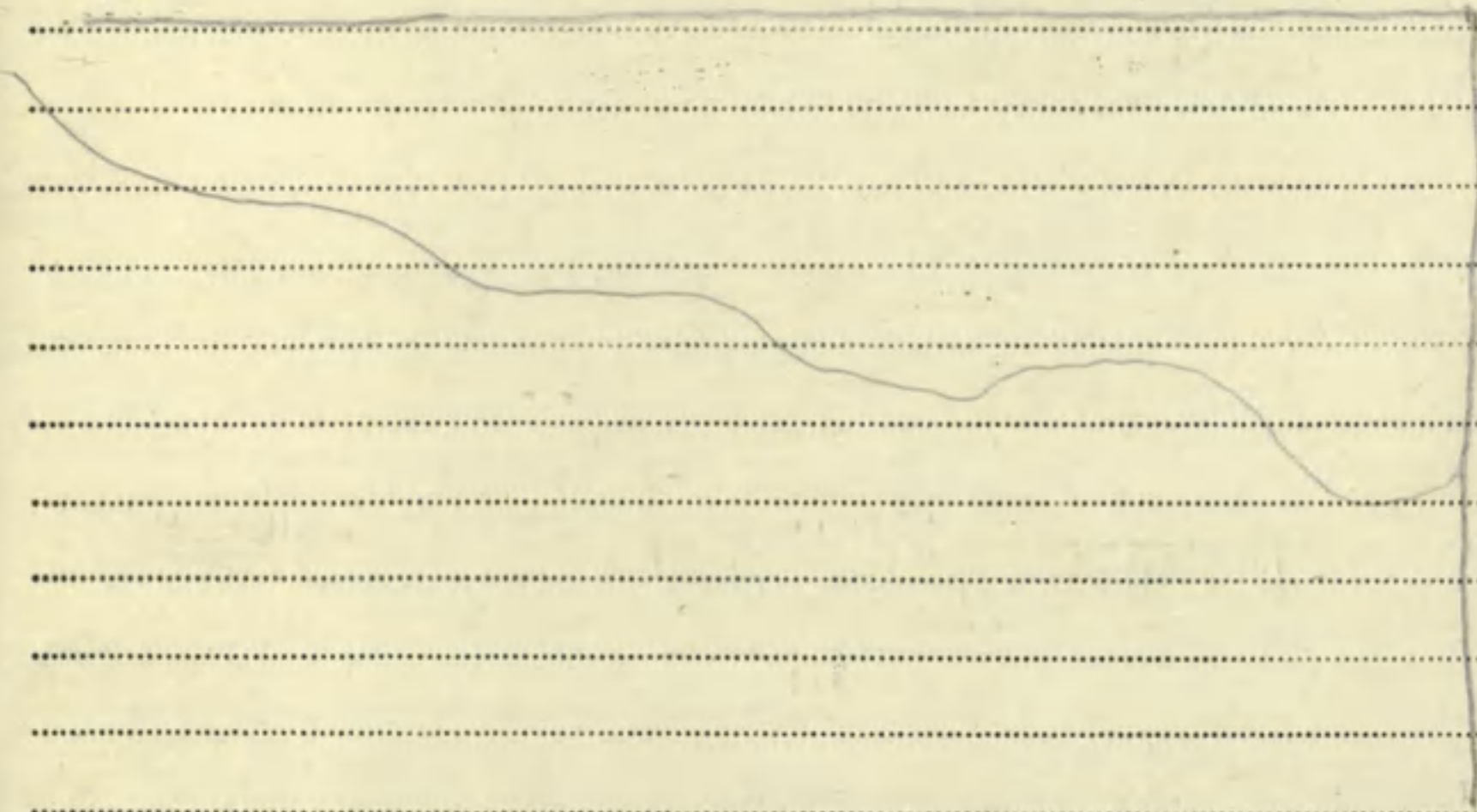
REMARKS.

47

30

06

10



101

102

103

104

105

106

107

108

649- B 25322
Number 724 540 Rank S/2
Surname BURBOWS
Christian Name Charles Edgar
Units Can Rly Tro Theatre of War France
Date of Service 19-2-17
Remarks 145 King
Latest Address ~~35 Glenelg St,~~
Lindosay Cent
Roll No. _____
200m.-6-21... B. Page 19882.

(This form to be filled in by all ranks on voyage to Canada)

M.D. No.....

NUMBER

RANK

SURNAME

INITIALS

Full postal address.....

Name of one person to be notified of arrival.....

Address.....

Railway Station in Military District to which a furlough warrant is required.....

If married, is your wife on board.....

Number of children on board.....

Their destination.....

(Sgd.).....

M. F. W. 2502

DESR. DEC 7 1927
REGON. NO. 36028

No.

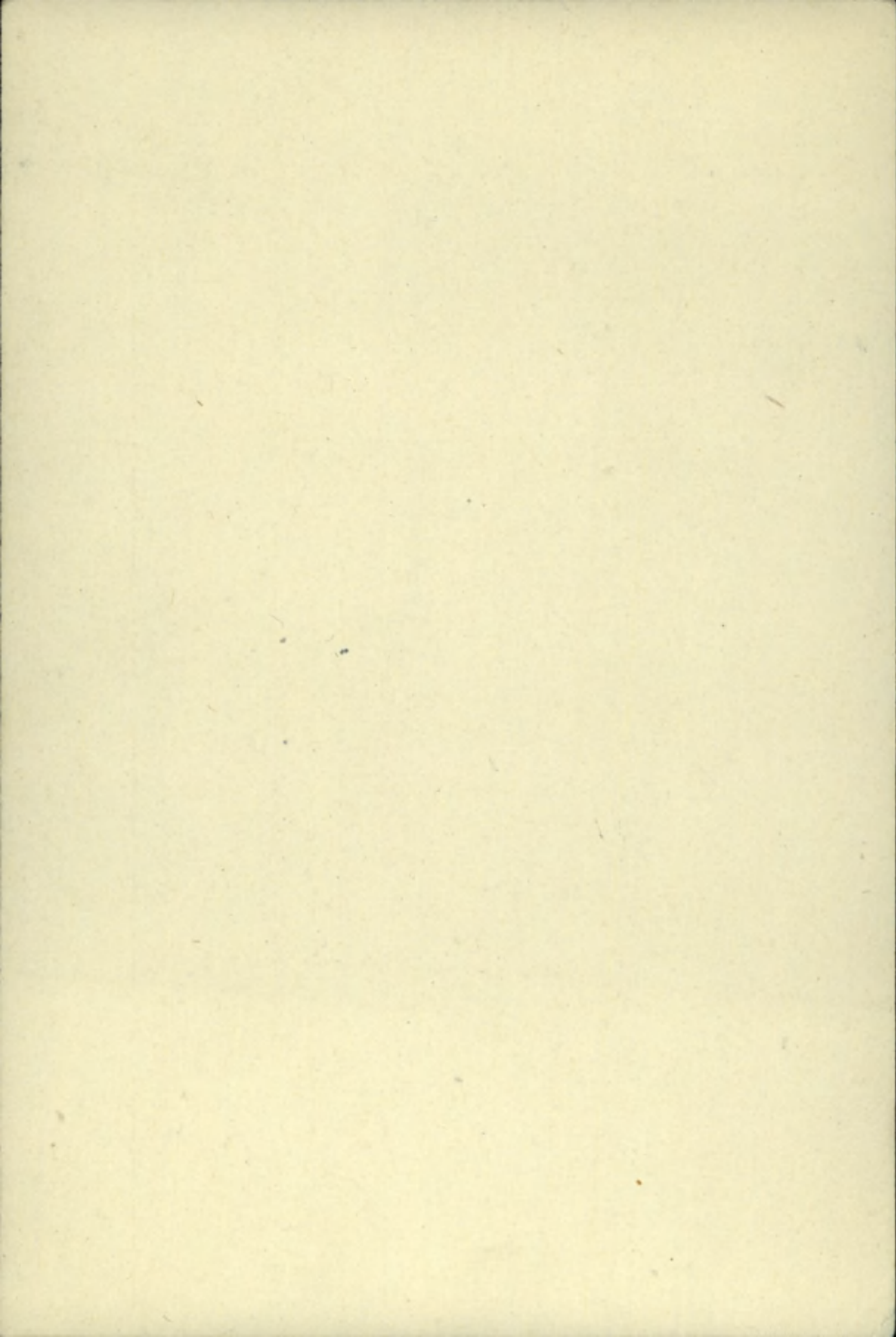
RANK

Pte

NAME

*Burrows C. I.*T. O. S. *1-11-15*UNIT *93rd Battalion C. I. F.**D.O.# 12-12-11-15*M. D. *3*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915</i> <i>Nov. 1</i>	<i>1915</i> <i>Nov. 24</i>	<i>✓</i>	<i>Late 45th Regt</i>	<i>D.O.# 12-12-11-15</i>
			UNIT SAILED JUL 15 1916	



No. 724540

RANK

Pvt
S/Corpl.

NAME

Burrows. C.

C.

T. O. S.

UNIT

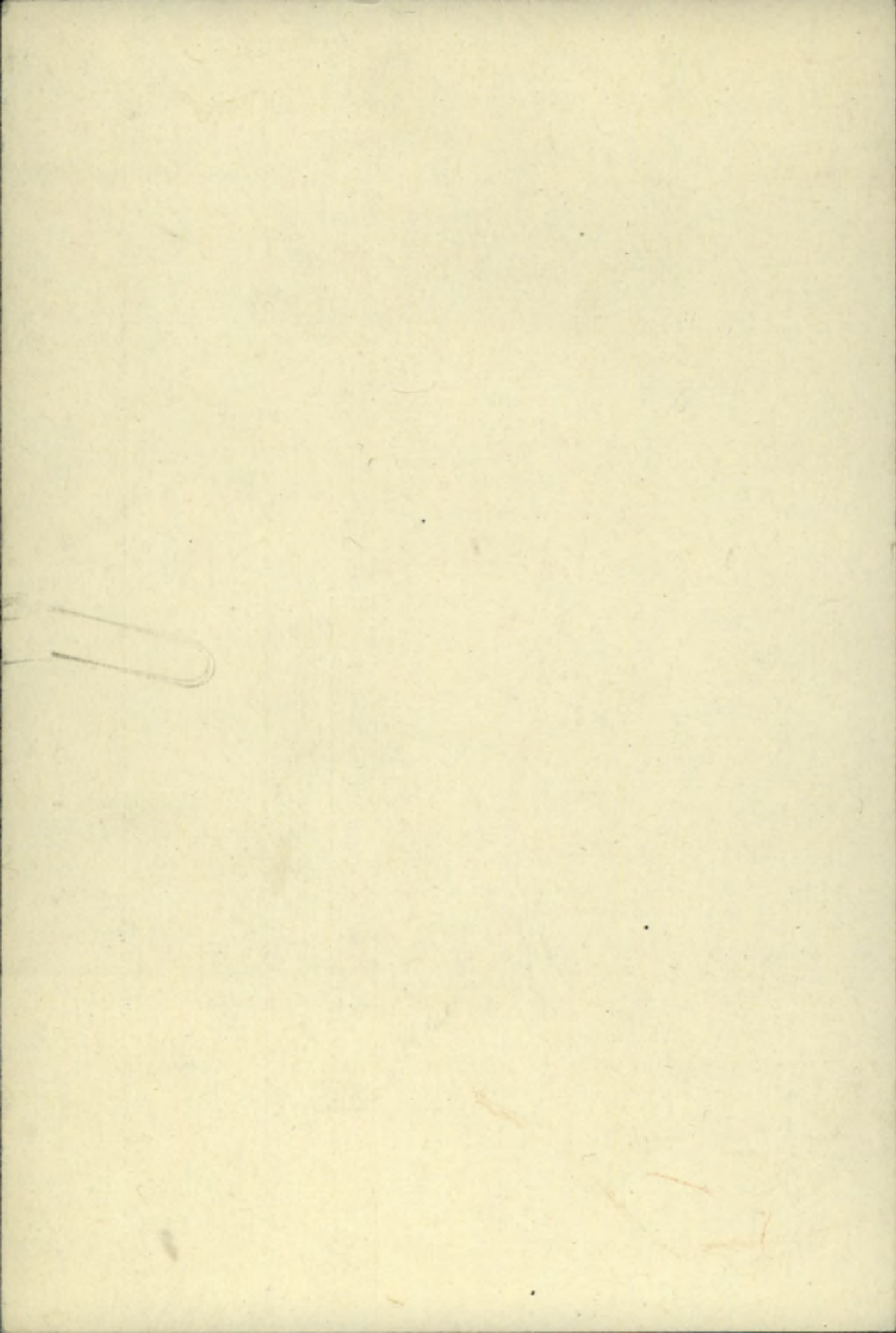
109th. Battalion.

Transferred from 93rd Bn
25-11-15 D. O. S. 25-11-15.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Nov. 25	1915. Nov 30	✓		
	Dec.	✓		
1916	Jan. 1916	✓		
	Feb.	✓		
	Mar.	✓		
	April	✓		
	May	✓	Pto. S. Corpl. 12-5-16.	S.O. 149 of 12-5-16
	June	✓		
	July	✓		

UNIT SAILED
JUL 23 1916



MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

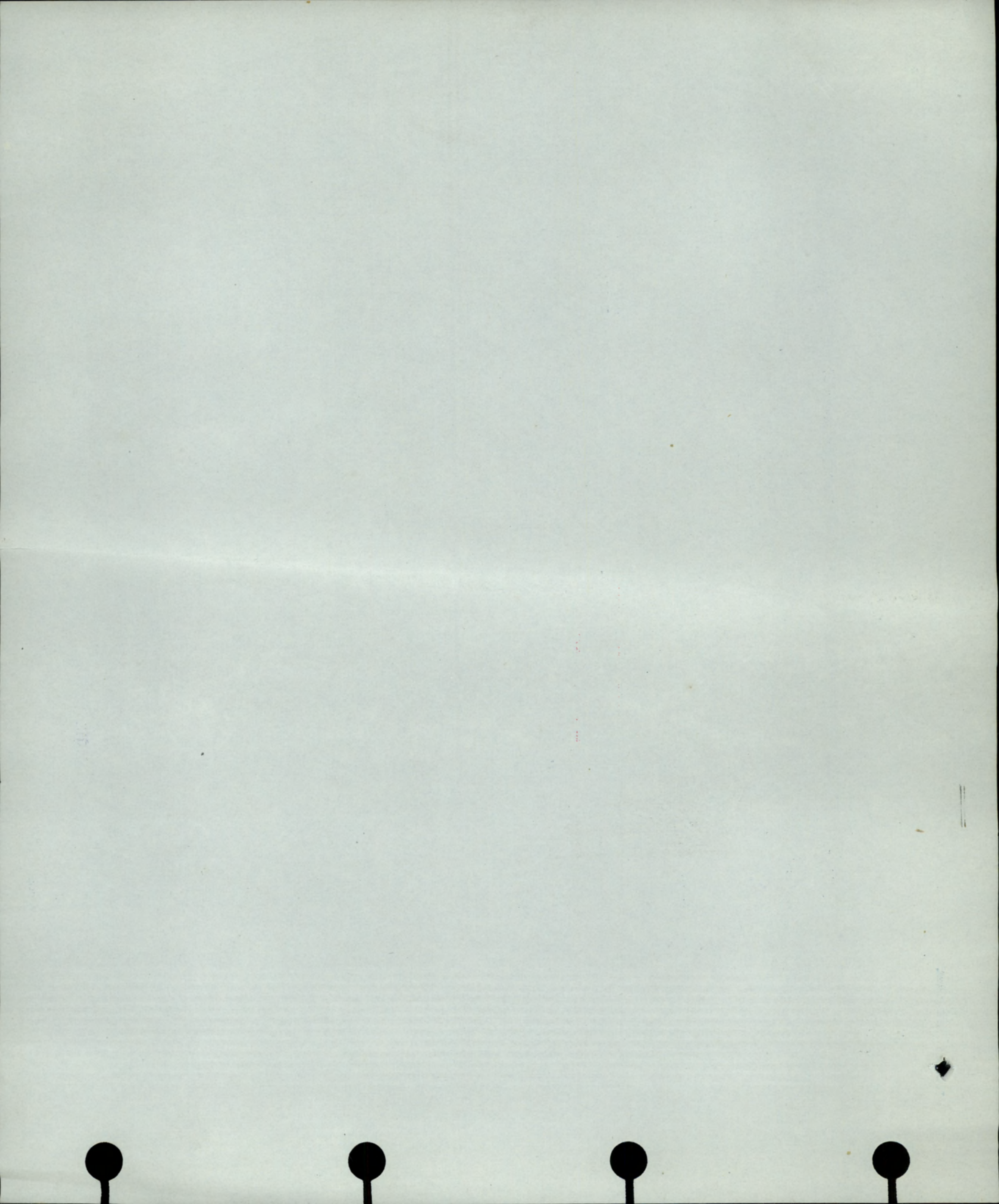
To Whom *Mr. Clarice Burrows*, By Whom Assigned *Burrows, C. E.*
 Address *35 General Lindsay, Osh.* Regtl. No. *724540.*
 Rank *Pte.*
 Corps *3 Lab. Bn.*
 Rate *\$50.00*

SPECIAL REMITTANCE

Sched # 468

1-12-17 PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		<i>46356</i>	<i>50 -</i>	
Jan.	1916			
Feb.				
March				



MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

67

Wife

To Whom *Mrs C.M. Burrows*
Address *35 Gendy St - Lindsay, Ont.*

By Whom Assigned *L/C C. Burrows*

Regtl. No. *724540*

Rank *L/C*

Corps *109 Bn "A" Coy*

Rate *\$15*

~~AUG 1 1916~~

1st Sept. 1917
\$20⁰⁰ / 7

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>02m 28/17 - 1st 29/17</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



195
1105
2/3

195
1105
2/3

195
1105
2/3

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

Sheet No. 2.

L. L. Job 310.—Req. 874.

M. C. M. Burrows wife
PAYMENTS.

Name of Soldier *C. C. Burrows*
724 540 (L/C) 109 B

Month.	Year.	Cheque No.	Amt.
April	1916		
May			
June			
July			
Aug.		<i>J 15587</i>	<i>15</i>
Sept.		<i>U 16891</i>	<i>15</i>
Oct.		<i>U. 21999</i>	<i>15</i>
Nov.		<i>L 24933</i>	<i>15</i>
Dec.		<i>H 29980</i>	<i>15</i>
Jan.	1917	<i>U. 36923</i>	<i>15</i>
Feb.		<i>V 38698</i>	<i>15</i>
March		<i>X 48091</i>	<i>15</i>
April		<i>S 328</i>	<i>15</i>
May		<i>S 6790</i>	<i>15</i>
June		<i>E 13686</i>	<i>15</i>
July		<i>V 20633</i>	<i>15</i>
Aug.		<i>Y 27327</i>	<i>15</i>
Sept.		<i>Y 34139</i>	<i>20 15</i>
Oct.		<i>F 47694</i>	<i>20</i>
Nov.			
Dec.			
Jan.	1918		
Feb.			
March			
April			
May			
June			
July			

\$15.00
20.00
1st Rept, 1917
AUG 1 1916
"a" leaf

CANADIAN
 ASSIGNED PAY AUDITED
J. H. Buckle
 AUDIT CLERK
 DATE *26-5-15*

15
15
15-CH
15-81
to
20.00 Sept. future
235.00
WAC

Y 34139

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

1-3-16

38

97

MILITIA AND DEFENCE

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

SEPARATION ALLOWANCE

Name *C. May Burrows* Name of Soldier *Burrows, Chas. G.*
 Address *35 Guelly St E* Regtl. No. *724548*
Lindsay Rank *Pvt*
Out Corps *109th Bn*
 Relation to Soldier } *wife*
 wife, child or mother }
 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		<i>629051</i>	<i>2.0</i>	<i>20</i>



Richard

135405

.

5

135405

29

1-3-16

MILITIA AND DEFENCE

38

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

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

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

May Burrows

Wife Rte

Name of Soldier

Burrows, Chas E

PAYMENTS.

7245-48

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	O 484	20 -	20
May		E 1025	20	20
June		B 2407	20	20
July		F R 8767	20	20
Aug.		H 1169	20	20
Sept.		P 15351	20	20
Oct.		M 19048	20	20
Nov.		O. 22147	20	20
Dec.		O 25053	20	20
Jan.	1917	M 26596	20	20
Feb.		M. 30352	20	20
March		M. 33580	20	20 111 33580 Cancelled
April		O 343	20	20
May		M 3691	20	20
June		P 7247	20	20
July		N. 10263	20	20
Aug.		R 13860	20	20
Sept.		O 17254	20	20
Oct.		P 22883	20	20
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

2000

2000
2000
2000

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

1-3-16

Separation and Assigned Pay Branch

Aug 1, 1916

OVERSEAS CONTINGENTS

16110

RATE OF SEPARATION ALLOWANCE

25 ⁰⁰	1/12/17	30 ⁰⁰
------------------	---------	------------------

P.C. 3257 1.9.18

PC 2753

no 28367

PARTICULARS OF SEPARATION ALLOWANCE

No. 724540 (724540)
 Rank S/C Promoted Reverted Discharge
 Soldier's Name C.E. Burrows
 Battalion 109 Battr "A" Coy
 Beneficiary Mrs C. May Burrows
 Relationship Wife
 Address 35 Glenelg St. E., Lindsay, Ont.

PARTICULARS OF ASSIGNMENT

Name Mrs C. M. Burrows (wife)
 Address 35 Glenelg St. Lindsay Ont
 Change of Address
 1 35 Glenelg St. Est. Lindsay, Ont.
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					
Oct		400	235	635	
Nov	C56337	20	20	40	
Dec	F59437	20	20	40	Bo
1918					
Jan	68633 M	30	20	50	Cell
Feb	99244 C	25	20	45	
March	06517 a	25	20	45	✓
Apr	3679 a	25	20	45	✓
May	18411 H	25	20	45	✓
June	17363 E	25	20	45	✓
July	32481 V	25	20	45	✓
Aug	19817 E	25	20	45	✓
Sept	44082 H	25	20	45	✓
Oct	47618 L	25	20	45	✓
Nov	59135 B	25	20	45	✓
Dec	62283 D	45	20	65	✓
1919 JAN	74665 H	20	20	40	✓
		<u>795</u>	<u>535</u>		

025-32.C-3

REMARKS

MPO 63004. 22/9
 A.P. 15⁰⁰ Aug 1-1916
 20⁰⁰ Sept 1-1917.

CANADIAN
 ASSIGNED PAY AUDITED
 Audit Clerk
 AUDIT CLERK
 DATE 26-5-17

M. F. W. 128
 400M-6-17-1772-38-1141
 L. L. 22329-M. & D. 7468.

A/c Closed 31-1-19
 Ret'd per Olympic
 Date 17-1-19 to 22-1-19
 Clerk W. J. Ferris

M.D. 3.



AR 4 1919 *b/1/1/1*
22 *100*
LIST OF DISCHARGE DOCUMENTS.

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

16-6-31
 SHORT FORM.
PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

DEPT. MILITIA & DEFENSE
 MAR - 2 1919
 P.O. CANADA

1. No.	724540	
2. Rank.	Private	
3. Name.	Burrows, Charles Edgar	
4. Unit.	No. 3 District Depot.	
5. Date of Discharge	11.2.19.	Place Kingston, Ont.
6. Reason for Discharge	Demobilization	
7. Authority.	3DD 3. B.751, D.7.2.19....R.O*1343	
8. Proposed Residence after Discharge	35, Glenely St. Lindsay, Ont.	
9.	<p style="text-align: center;">CERTIFICATE TO BE SIGNED BY SOLDIER.</p> <p>I hereby acknowledge that at the undernoted place and date I received my discharge Certificate</p> <p>M. F. W.? 39</p> <p style="text-align: right;"><i>C. E. Burrows.</i> Signature of Soldier.</p>	
10.	<p style="text-align: center;">CONFIRMATION.</p> <p>The discharge of the above named man is hereby confirmed.</p> <p>Place Kingston, Ont.</p> <p>Date 11.2.19.</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p style="text-align: center;">Medical Documents Forwarded to S. C. R. or B. P. C. on FEB 25 1919 Date</p> </div> <p style="text-align: right;"><i>[Signature]</i> Signature..... (O. C. Discharging Unit.)</p>	

OPINION OF THE MEDICAL BOARD

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

Yes.

19. Is the invalid fit for

- (a) General service, (Category A) ~~Yes~~ No.
- (b) Service abroad, not general service, (") ~~Yes~~ No.
- (c) Home service (Canada only), (") C (Yes or No) C-3
- (d) Temporarily unfit, (") ~~Yes~~ No.
- (e) Unfit for service in Categories A, B and C (") ~~Yes~~ No.

20. It is certified that the invalid

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

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

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

Category C-3 with disability due to service.

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

(SGD) E Bissell, Capt. President.

PLACE Kingston, Ontario

(SGD) C.M. Scott, Capt. Members

DATE 6-2-19

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 (SGD) E. McCoy, Lieut. For Assistant Director of Medical Services, M.D.No3. Director-General of Medical Services.

DATE 7-2-19

CW.

COPY

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Kingston, Ont. DATE 6-2-19

1. 1 (a) Unit No 3 CCDD (b) Regimental No. 724540 (c) Rank Spr.

(d) Surname BURROWS (e) Christian name Charles F.

(f) Home address 35 Glenelg St., Lindsay, Ontario.

(g) Next of Kin Mrs. C. Burrows (h) Relationship Wife.

(i) Address of Next of Kin 35 Glenelg St., Lindsay, Ontario.

2. Age last birthday 30 Date of birth 16-9-1889

3. Enlistment, or Appointment (if an Officer) (a) Place Lindsay (b) Date 12-11-15

4. Personal description:

(a) Height 5' 10" (b) Weight 146 (c) Complexion Dark (stripped)

(d) Colour of hair black (e) Colour of eyes brown (f) Identification marks, Scars, etc.

5. Former trade or occupation Moulder

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

	PERIODS	
	From	To
Canada	12-11-15	1-8-16
England	1-8-16	4-2-17
France or other theatres of War	4-2-17	29-5-18
	Eng. 29-5-18	11-1-19
	Can. 11-1-19	Date.

	PERIODS	
	From	To
Canada	12-11-15	1-8-16
England	1-8-16	4-2-17
France or other theatres of War	4-2-17	29-5-18
	Eng. 29-5-18	11-1-19
	Can. 11-1-19	Date.

7. Original disease, or injury D.A.H.

(a) Date of origin 1916 (b) Place of origin First noticed by M.O. in Witley, Eng.

(c) Cause Active service conditions. Dis not know he had it until Dec./16 when a M.O. turned him down and lowered his Category.

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—light, 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.)

D.A.H.

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

Subjective. Complains of occasional shortness breath and spells of dizziness

and weakness after a short run or wrestling etc., at odd times he has some

precordial pain. Says he is not easily excited. Says he is slightly nervous

starts at sudden noises, attacks pass off quickly. Very seldom has a headache.

Objective. Heart, Pulse at rest 81, on exertion (doubling for 1/2 minute) runs up

120 returning to normal in about a minute. Dyspnoea is noticed but is slight on

the above exertion. Left border in nipple line. No murmurs heard out 1st sound is

roughened. On exertion an extra systolic can be heard one or two within 30 seconds.

Apex beat in 5th interspace just in nipple line. Man has no tremors. Man says

his condition is better than when in England. Lungs negative.

(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.)

apparently

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

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

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

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

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

Is an iron moulder in Civil life. joined up Nov. 1915. Went to France Feb. 1917

and spent 15 months there. Health prior to enlistment good. His chief trouble

since then is these occasional attacks of vertigo and palpitation. Says now that

on the whole, he feels almost as well as when he enlisted.

Was in Hospital for suspected V.D.S. Had 6 negative Wassermans.

10.—(b) (If not 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).)

D.A.H. as described

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

nil

11.—(a) Did the disabling condition have its origin before enlistment? He does not know whether it did or not.

(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.)

Probably originated on service.

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

The regimental documents will be referred to.

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

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

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

14 weeks in Bushey Park for D.A.H. From April to May /18 for suspected V.D.S. and jaundice.

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? Says he thinks he could (If not, briefly state why)

17. Recommendations

Category C-3.

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

I complain in addition of

(SGD) C.E. Burrows. Rank. Signature of invalid examined.

*New
A.S.P.B.
Issued
19.6.18*

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME:-	BURROWS CHARLES EDGAR		
EFFECTIVE DATE:-	1/9/17.	EFFECTIVE DATE:-		NUMBER:-	724570		
AMOUNT:-	20.00	AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT			
NAME, ADDRESS, RELATIONSHIP & AUTHORITY				AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT	
Mrs. Blarice May Burrows 35. Glenelg Street. Lindsay Ont.						Sgt.	
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
1/2/18	2968	Chaplain	4.87				

UNIT AND TRANSFERS			
ORIGINAL UNIT:-	1094 B II		
DATE ACCOUNT FIRST OPENED -			
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
			11CRS.
DAILY RATES OF PAY AND ALLOWANCES			
AUTHORITY	PAY	F.A.	P.F.A.
	100	10	

PARTICULARS OF RENDERING NON-EFFECTIVE: *Transferred to Canada 3/1/18. Ag 3a-3556-13/12 - DPC Bal a. 25.12 - 25 " " 29.99.*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
	AP	33		D.O. 27. 2.4.18. 11 CRT, V.D. 29.3.18 - 30.3.18 2 days		120			368		
				AP				20			
May	P.P.	3410		AV		120		20	812		
				V.D. 4/4/18 - 12.5.18 - 39 days @ 60 D047.185/18		2340		20	118		
June	"	3410		loan AP June		2340		20			
				11395. 18/6 CRT		484		20	695		
July		3410		loan AP		484		20			
				loan AP				20	21 05		
Aug		3410		loan AP				20	55 15		
				2403 14/8 Bushy Park		243		20	30 29		
				2560 28/8		243		20	63 30		
Ret		33		2741 11/9		243		20	24 86		
				3026 25/9		243		20	38 43		
						486		20	81 29		
Oct		3410		3280 11/10		243		20			
				32/32/1 23/10		486					
	SF 23/10 - 14 11 18 12 days 20254 29/10/18 3CCR	376				510		20	10 19		
Nov		33		AV				20	23 19		
				5/4/51 19/11 3CCR		484			18 32		
				29/8/53 29/11		243			15 89		
Dec		3410		AP				20	29 99		

COMPILED BY *A. H. Thompson*
CHECKED BY *J. H. Thompson*

NUMBER

724540

RANK

NAME

Burrows C.B.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1.	DR. 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
		6/10		Prot Forward	7.30			40.	29.99		
				50/3968 12/12 CRTS	4.84				25.12		
		6/10		AR 6630 ^{23/12} less Dutton	12.14			40			
					9.43						
					9.73						
				S.O.S. 9/19. 0.0. 18. 19/19. CR 10.							

CANADIAN
ASSIGNED PAY AUDITED

[Signature] AUDIT CLERK
DATE 26.5.19

Statement of the Soldier

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

I, the undersigned, 74540 Burrows C. E. have heard the description of my disability read, and am satisfied (or not satisfied) with it.

11. In the case of the disability fully described in Part I. (2) If not, describe it.

12. From the medical information now advanced, was the disability caused or aggravated by: (a) Misconduct of the Soldier? (b) Negligence of the Soldier? (c) Aggravated? (d) Aggravated?

13. THE ENTIRE DISABILITY—Without regard to his regular occupation, to what extent is his capacity lessened?

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it.

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin.

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

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence.

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

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

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

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

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

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

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer.

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

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

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

ENTRIES OF RECATEGORIZATION

Table with columns: Date, Station, Category, Signature of M. O., Date, Station, Category, Signature of M. O.

Reserved for M.H.C.

Regt. No. 74540 Rank SAPPER Surname BURROWS Christian Name CHARLES EDWARD

Unit or Corps—(a) Overseas from United Kingdom H.C.R.T. (b) in United Kingdom C.R.T.D.

Born at—Town BRAMPTON County or Province ONTARIO Country CANADA

Date of Birth—Day 16 Month SEPTEMBER Year 1888 Age 38 yrs. 8 months.

Joined at LINDSAY ONTARIO Date NOVEMBER 12 1915

Former trade or occupation IRON MOULDER

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

Vaccination marks, left arm, 2.

Height—feet.....inches 5 1/2 Colour of eyes.....HAZEL

Signature of Soldier (for identification purposes) C. E. Burrows

Medical Report

Read carefully the instructions on last page of this form.

1. DISABILITY.

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

Disabilities Group (a)

D. A. H.

Disabilities Group (b)

NEURASTHENIA

Disabilities Group (c)

2. CAUSE OF DISABILITY

Table with columns: (i) As to Group (a) above, (ii) As to Group (b) above, (iii) As to Group (c) above, Place of origin, Date of origin.

3. Is the disability due to disease contracted or injuries received prior to Active Service? (i) As to Group (a) above? NO (ii) As to Group (b) above? NO (iii) As to Group (c) above? NO

4. Is the disability due to disease contracted or injuries received while on Active Service? (i) As to Group (a) above? YES (ii) As to Group (b) above? YES (iii) As to Group (c) above? NO

5. MEDICAL HISTORY.

Is an iron moulder in civil life. Joined up Nov 1915 - went to France Feb 1917 & spent 15 months there - usually has good health from to enlistment. Has chest trouble since has been that he has been subject to palpitation & precordial pain was received treatment at Bushby Park 10 weeks for this trouble. States also he is easily excited, & any undue excitement brings on attacks of dizziness & palpitation.

6. PRESENT CONDITION.

Cardiac - no actual murmurs. Pulse 80 & regular at rest - on active exercise & when rate is becoming normal again an extra systole is heard - Left limit of cardiac dullness outside nipple line apex beat in 5th intercostal space - vascular tension normal. Has attacks of precordial pain dizziness & on active exertion - nervous & gradual nervousness some muscular tremor. Respiratory: other systems normal.

NEURASTHENIA

7. OPERATION.

(i) Was one performed? No (ii) If so, state what. (iii) Was one advised and declined?

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

8. (i) Is there loss or decay of teeth attributable to Active Service? No (ii) If so, describe.

9. DO YOU RECOMMEND: (a) Fit for duty? (state category) B II (b) Invalid to Canada? (c) Discharge from the Service as permanently unfit?

Date of Report... Station... Signed... Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report and concur therein except... Dated at... Station, on...

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

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

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

12. From the medical information now adduced, was the disability caused or aggravated by: (a) Negligence of the Soldier (b) Misconduct of the Soldier

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? (Estimate at none, 5%, 10%, 15%, 20%, etc.) Twenty percent.

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

15. Permanency of the Disability due to Service estimated next above in (14). (i) Is it permanent? No (ii) If not permanent, what is its probable minimum duration (in months)? Six months.

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

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

18. REMARKS:—The neurasthenic element plays the greater part in this disability. He should greatly improve in civil life.

Authority G. G. Tel 9083 10.11.18

19. RECOMMENDATION.—(a) Fit for duty? (state category) B two (b) Invalid to Canada? (c) Discharge from Service as permanently unfit?

Table with columns: Date of Board, Station, Category, Signature, Station, Date. Includes signatures and dates like DEC 5 1918.