B. C. Coy.

ATTESTATION PAPER.

No. 72 55 31.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

TRIPLICATE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your surname? ..... Irwin
1a. What are your Christian names? ..... Lawrence Osborne
1b. What is your present address? ..... Cambray Ont.
2. In what Town, Township or Parish, and in what Country were you born? ..... Cambray Ont.
3. What is the name of your next-of kin? ..... John King Irwin
4. What is the address of your next-of-kin? ..... Cambray Ont.
4a. What is the relationship of your next-of-kin? ..... Father
5. What is the date of your birth? ..... 28th August 1893
6. What is your Trade or Calling? ..... Carpenter
7. Are you married? ..... No.
8. Are you willing to be vaccinated or re-vaccinated and inoculated? ..... Yes
9. Do you now belong to the Active Militia? ..... No
10. Have you ever served in any Military Force? ..... No
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? ..... Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? ..... Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Lawrence Osborne Irwin, 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.

Lawrence O. Irwin (Signature of Recruit)

Date 4th Dec. 1915. F. H. Godson Capt. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Lawrence Osborne Irwin, 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.

Lawrence O. Irwin (Signature of Recruit)

Date 4th Dec. 1915. F. H. Godson Capt. (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 20 day of December 1915.

(Signature of Justice)

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

Description of Lawrence Osborne Irwin on Enlistment.

Apparent Age 22 years 3 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 5¾ ins.

Chest measurement:
- Girth when fully expanded 37 ins.
- Range of expansion 3½ ins.

Complexion Fair

Eyes Blue

Hair Brown

Religious denominations:
- Church of England
- Presbyterian Presby.
- 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).

Papalomas above left breast.

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 4th Dec. 1915.

Place Lindsay, Ont.

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

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

Lawrence Osborne Irwin 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 DEC 29 1915 191 .

A.C.
19-8-19

REGIMENTAL DOCUMENTS

NAME Irwin Lawrence O. (Cpl) REGT. NO. 725531 UNIT 109th Bn H. Q. FILE NO.

S

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	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)				2025	DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob.
	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	C.W.W.					
1	M.F.W. 67					
3	Disp. cert.					
1	Cable 7009					
2	Gas Cert					
1	a.w.					
1	a 75,127					
1	a.w.					
	pay card					
1	Pollard card					

H

W. 2539
100M-11-18
17:2 39-1377

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
Irwin	L. O.	725531

Rank	Unit	Co.	Troop	Batty.
~~Pte~~. L.C.	109th. Bn.	12 CEB		

Hospital: Can. Conv. Bearwood. Wok. Date of Admission: 23-9-16

Transferred 12 C. F. Amb. Hosp. 20-1-19

54. G. Aubeuque. Hosp. 10. 2. 19.

War Hosp. Bath Hosp. 21-2-19

G'ville. s/o. Buxton. Hosp. 14-5-19

Mil. Con. Epsom 19-6-19

Diagnosis: Appendicitis.

(1) Later Diagnosis (if changed): Influenza

(2) or

(3) Coritis + Influenza. Rad

Additional Diagnosis: if more than one state present

DISPOSITION

Date

C.L. 5-10-16 #17 — Dis 16.10.16

19.10.16 22 — REMARKS Dis 4-7-19.

31-1-19 @ 435'

17. 2. 19 a 449-2

27-2-19 B458

16-5-19 B522 (2)

25-6-19 B562 (1)

3. 7. 19 B557

9. 7. 19. B. 562

A.M.D. 2 Dept.

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

Rw

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	16 Cav. G. Springbok	28.6.19
2.		
3.		
4.		
5.		
6.		
7.		

1/1/4

Form DMS 1401.
8289 100M 9/3/17.

HOSPITAL

A. & D. CARD

AT

A. & D. No. 15913 PL. OF ACTION

RANK L/C 725531 UNIT 6 Co SICK OR WOUNDED

NAME IRWIN L. O. AGE 25 RELIGION Pres

PLACE IN HOSPITAL A.

DIAGNOSIS Coeritis, Influenza.

ADMITTED 13/5/19 FROM War & Bath

DISCHARGED TO

TRANSFERRED 18/6/19 M B & Epsom.

SERVICE AT HOME 38/12 IN FIELD 23/12

RESULTS

36

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

(P.T.O.)

REMARKS.

R. 149.

Name Irwin Lawrence Osborne Rank Pte. Reg. No. 725531

Unit 109 Battalion

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1916						
23 9	Beamwood	Appendicitis		17		
16-10-16	D is		"	22		

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

LAWRENCE OSBORNE

Form R. 149.

Name IRWIN. Rank L/C Reg. No. 725531.

Unit 12th Bn. C.E.

Next of Kin Canada.

Date 1919.		Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
20-	1	12 Can. F.A.		Influenza			41879.
arrs.							
10.	2.	5th C.A. Aubengne		do	1449.		7223
21.	2.	1st A. Bath		do			7184
4.	5.	Grad. to 5th A. Buxton		do	B522		106.55
19.	6.	Mil (Con) Pension.		Consecutive Influenza	B522		11300.
28.	6.	16 Ord. Orp'tons		do	B557		11424.
4.	7.	Disch		do.	B551		4575.
R.L.	1-4-19	5th Lond. to W.4.19		Not			Wolley

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

Hum

Number 725531 Rank a/3rd/Cpl. ~~L/Cpl.~~ RB

Surname IRWIN

Christian Name Lawrence Osborne RV

Units C.E. Theatre of War France

Date of Service 9-3-17

Remarks

Latest Address Cameron P.O. Ont.

Roll No. B. Page 135 97.

200m.-2-21.M.

D.M.S. 1313.

CANADIAN CONVALESCENT HOSPITAL

AT

Hospital,

Bear Wood, Wokingham, Berks.

A. & D. CARD.

Regt. No. 725531 A. & D. No. 4699

Rank Pte Corps 109th Bn

Name Irwin L. O Age 23 Religion CP

Service at Home 9/12

" " Front —

Diagnosis Appendicitis (Oper)

Admitted 22 SEP 1916 Capt Hos Frengham Hill

Discharged 16 OCT 1916 Lieut Bramshott

Place in Hospital ~~225 D~~ 209 C.

M. H. Rec'd *(See Document Card)*

Transferred

Results

P.T.O.

REMARKS: At Borden Camp 12/8/16

Adm. Wrexham Hill 12/8/16
thence here.

S.T. o per 19 Aug. Healed
P.C. G.C. Good
I Rest

"Ju 2.V

NAME Irwin, Lawrence Osborne

RANK & No. Pte.

CORPS 109th. Assemot 72 5-5-31. D022407 12-8-19 2nd Batt.

ENLISTMENT, PLACE Lindsay, Ont. DATE Dec. 28th, 1915. S.

FORMER CORPS Nil.

COUNTRY OF BIRTH Canada Cambray, Ont.

NEXT OF KIN Irwin, John King (Father,)

ADDRESS OF NEXT OF KIN Cambray, Ont.

DISCHARGE, PLACE DATE

Sailed from Halifax 23/7/16 per S S "Olympic" #88/18

M. F. W. 22. 100 m.—9-15.

L. L. 85779—M. & D.—6011. P/C. 6-8-19 381/48. H. Q. 1772 39 839.

REMARKS:

No 725531 RANK Pte NAME Irwin L. O.

T. O. S. 4-12-15. UNIT 109th Battalion.
D.O.13. 4-12-15.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
Dec 4	Dec 31	✓		
1916	Jan. 1916	✓		
	Feb.	✓		
	Mar.	✓		
	April.	✓		
	May.	✓		
	June.	✓		
	July.	✓		

UNIT SAILED
JUL 23 1916

NAME Irwin L O

H. Q. FILE No. 649-

REGT'L. No. 725537

RANK AND CORPS Pte 109th Bn (Can. Inf.)

CABLE	
No.	DATE

NATURE OF CASUALTY

L. L. Job 86907--M. & D. 16065.

M. F. W. 42—50m.-10-15.
H. Q. 1772—59-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
17	~~Can. Conv. Aldershot~~ Can. Conv. Beaver Wks.	23-9-16	Appendicitis
22	from Can. Conv. Beaver Wks.	16-10-16	" Disch.
M435	12 Can. Gen. Amb.	20-1-19	Influenza
A449	#54 Gen, Aubengue	10-2-19	"
B455	War, Bath	21-2-19	"
B522	Prop. Can. Spec. Buxton	14-5-19	"
B552	Mil. Con. Middle Pk. Epsom	19-6-19	Cystitis & Influenza (Lic)
B557	16 Can. Gen. Orpington	28-6-19	" & "
B562	16 " " "	4-7-19	" & " Disch

SERVICE AND CASUALTY FORM (Part I).

Army Form B.103—I.
Part I.

(1)*Substantive rank *Acting rank *(To be entered in pencil to facilitate alteration.)	(2) Regiment or Corps	(3) Regtl. No.
(4) Surname		
(5) Christian Names		
(6) Army Form, number of, Attestation Form or Record of Service paper		
(7) Whether of British or of Alien origin (*vide* A.C.I. 578 of 1918)		
(8) Date of birth as stated on enlistment		
(9) (*a*)		

(10) Enlistment (*b*) (11) Engagement (*c*)

(12) Service reckons from (*date*) (13) Special conditions (if any) of enlistment (*d*)

(14) Any subsequent variations (if any) of conditions of service

(Authority) (*date*)

Initials and Rank of an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) Record of Occupation in Civil life (*vide* Army Order 93 of 1917)
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test Occupation Cards despatched on (*date*) Second Occupation Card despatched on (*date*)

(17) Next of Kin

(18) Demobilizer (*f*) (Place)

(19) Pivotal-man (*f*) (Date)

(20) Qualifications (*g*) *or* (21) Corps trade and rate

Signature of Posting Officer

(22) Extended

(23) Re-engaged 29-5-19 20-3-1

13-3-17
29-5-18

(24) Miscellaneous entries:—

NOTES.—(a) Here enter particulars of any subsequent claim as to actual age after verification by birth certificate (*vide* A.C.I. 470 of 1918). (b) Whether direct or voluntary enlistment, or called up under the Military Service Acts. (c) Whether for specified term of years or for duration of the war. (d) Whether "for Home Service only," or "not to be transferred without the soldier's consent," &c. (e) If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. (f) Required for demobilization purposes. (g) Signaller, Shoeing-smith, &c.

Army Form B. 103 (II.) to be gummed on here, if required.

Nothing to be written in this margin.

Forms/B. 103/8
(6 28 19) W10416—P2151 100,000 3/19 HWV(R1460)

725531. Irwin Lawrence Osborne.

(A) Report: Date	(A) Report: From whom received	(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
2. 3. 19.	B.C.R.A.	D.O. 61.	T.O.S. from 12th Btn. B.C.	Seaford	21. 2. 19.	

Certified correct.

J. Stephens Lieut.
FOR LT. COL. I/C RECORDS. C.O.

Nothing to be written in this margin.

S.O.S. "J" Wing, Canadian Corps Camp, Witley,
on proceeding to Canada 25-7 1919, D.O. No. 34

A. O. Swaisch Lt.
for Officer Commanding.

Sail # 99 Saturnia ~~Toronto~~ Montreal 1919 PART II D.O. 224
JUL 25 1919 O.S. T.O.S. No. 2 DISTRICT DEPOT, ~~TORONTO~~ 1919 PART II D.O. 224 7/19.
AUG 7 1919 S.O.S. (DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT, PART II D.O. 224

W. C. Robert Lieut.
For O. C. No. 2 District Depot.

120 80

168

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 725531 Rank L/Cpl. Surname IRWIN
(Given name in full) LAWRENCE OSBORNE.

Unit or Corps 12 Can. Eng. Birthplace LINDSAY CAN.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION: Estimated.

Physique Good Weight 160 lbs. Height ..... ft. ..... in. Colour of Eyes HAZEL

Nutrition Good.

Pulse 72 Regular

Condition of arteries Normal

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities. (Give cause and date of origin.)
Scar right & left groin & one lumbar region. 1-1916; 2-1919
3. 1919.

Opinion as to general health and physical condition .....

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System ..... Genito Urinary System ..... Cardio-Vascular System .....

Special Senses ..... Integumentary System ..... Respiratory System Yes

Disturbance of mentality ..... Muscular System ..... Digestive System Yes

Osseous and Joint System Yes Any other general condition Yes

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

† Appendicitis 12/8/16 to Oct 16/16. operation, good result. No disability resulting.
†† Influenza 21/2/19 to 13/6/19. Good Recovery. No disability resulting
††† Pneu. Syn. Hosp. Bronchitis. 13/1/19 to 18/6/19. Good Recovery, no disability resulting.

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Epsom (Overseas)

Date June 26/19 Signed J. H. Moody Capt. M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature G. O. Inwin Sgt/pl.

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at ..... (Canada)

Date ..... Signed ..... M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

BATH WAR HOSPITAL.

Report from Pathological Department.

No. in Register 5917

Patient's Name and Rank Gurin *Age*

Regimental No.

Corps

Ward 3

Bed No. *Diagnosis*

Medical Officer in Charge

MARGIN FOR BINDING.

RESULT OF EXAMINATION.

Urine

acid

no albumen
no sugar
cloud of urates
Micros: amorphous urates

No vacancy

applied to Bookingham for Acc.
19.4.19.

Date 22. 2. 1919 *Signature* R. M. Pitt

R—122

A.C. Rank | Name IRWIN, Lawrence Osborne. | Reg'l No. 725531

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

Place and Date of Enlistment Lindsay. 4th. Dec. 1915. | Place of Birth Cambray, Ont.,

Name and Address, Next-of-Kin John King Irwin.

Cambray, Ont. | Relationship Father.

Assigned Pay Monthly $ | Payable to

Relationship

Separation Allowance $ | Payable to

Relationship

Discharge, Date and Place | Reason | Character

R139 ~~Vic. R.B.~~ No. 24440 2-24 CAN.OR

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.
		Arrived in England per H. M. T. 3310 31-7-16			
14.8.16	O.C. 109th	Admitted to Hospl	Oxney Camp Frensham	12.8.16	Pt. II D.O. 227 X
23.9.16	do	Trans to Woking Ham Hos	Bramshott	22.9.16	Pt II. D.O. 267. C.R.
17.10.16	do	Dis from Bearwood. Sev. Hosp	do	16.10.16	Pt-II. D.O. 291. C.R. appendicitis
8.12.16	do.	SOS on trfr. to 124th Bn	Witley	8.12.16	Pt II DO 343
9.12.16	OC 124th	SOS. fr 109th	"	"	" 288
9-3-17	124Bn	Emb for France	Witley	9*3*17	PtII DO68
20.12.17	✓	appta a/L/C. with pay	Field	Pte. 29.10.17	✓ 153.
25.1.18	✓	Confirmed L/C.	"	a/L/C 29.10.17	✓ 5.
		Now known as 124th Pnr Btn Can-ENG 10-3-18			

A.F.B. 103 CHECKED 21 MAR 1917

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.
7.2.18	124 Pnrs	awarded G.C. Badge	4th Field	4.12.17	Pt II 30
2-7-18	12th Bn'CE	T.O.S. from 124th Pnrs	Field	30.5.18	DO-1 X 124th DO 42. 2/7.18
29-1-19	— " —	Appt'd A/2/Corp'l	— " —	4/C. 27.12.18	Pt II O.4.
2-3-19	C.S.R.D.	T.O.S. from 12th Btn. C.S.	"	Reaford	21-2-19 DO. 61 + 12th Bn. DO 11 4/13.3.19
22.7.19	— " —	S.O.S. to Hong		Quilty	16.7.19 DO 203 to Hong 33/17.2.19.
29.7.19	Hong	S.O.S. to Canada	— " —		24.7.19 DO 34.

99-I-53 25-7-19.

C.A.D.C. 509A

"J" Wing "I" Group

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

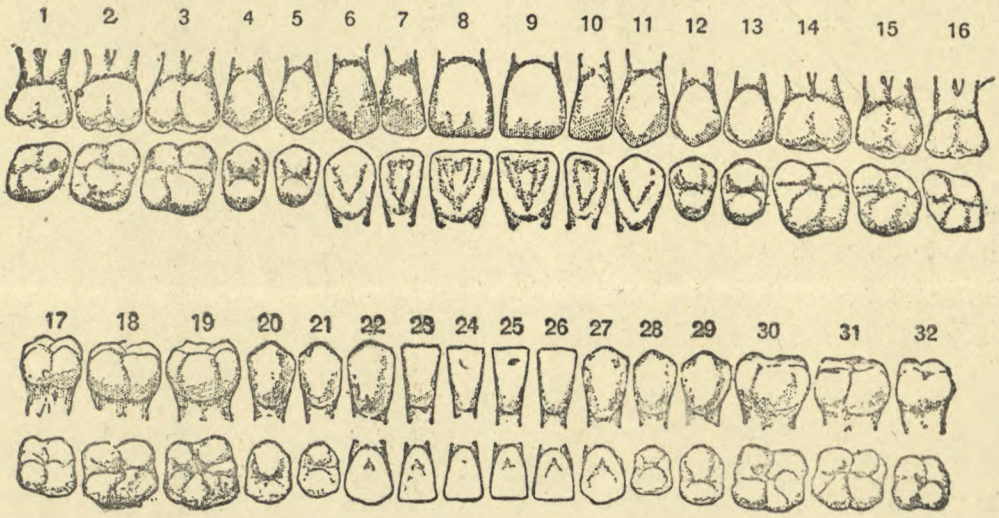
DIRECTIONS TO DENTAL OFFICERS

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

NAME OF SOLDIER (Block Letters) Irwin, Lawerence Osborne

REGIMENT 12C.E. RANK L/Cpl No. 725531

Date of Examination in England 16-7-19 Date of Examination in France



PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS 17 18 23 24, 14,
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower 17 18 19 22 23 24 30 31

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

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

Signature of Dental Officer [illegible]

CANADIAN EXPEDITIONARY FORCE

War Service Badge
Class "A" No. 388395

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 725531 (Rank) L/Cpl

Name (in full) Irwin Lawrence Osborne enlisted in

the 109th Battalion

CANADIAN EXPEDITIONARY FORCE at Lindsay Ontario on the 28th

day of December 19 15

HE served in 124th Battalion FRANCE

and is now discharged from the service by reason of Demobilization. ~~Medical Unfitness~~.

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

Age 25

Height 5 ft 5 3/4 ins

Complexion Fair

Eyes Blue

Hair Brown

Marks or Scars Papalomas above left breast.

Lawrence Osborne Irwin
Signature of Soldier.

P. W. Hurd Capt
Issuing Officer.

Date of Discharge

No. 2 District Depot
AUG 7 1919
Toronto, Ont.

For
O.C. No. 2 District Depot.
Rank

Date AUG 7 - 1919 19

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.B. 39A.

Forms
I. 1237
10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
4699	725521	Pte.	Irwin	L. O.

Year	Unit.	Age.	Service.
	109th	23	

Station and Date.	Disease Appendicitis. (Oper.)
21 SEP 1916	
22 SEP	Borden Camp. Aug 12th. 16
	Frencham Hill Aug 12. 16
	Beaurepaire Sept 22. 16
	S.T. & Oper. 19 August Healed
	P.C. G.C. Good
	T. Rest.
16/10/16	Discharged to lines Dramshott.

J. M. Briggs Captain,
Med. Off., Canadian Convalescent Hospital,
Bear Wood, Wokingham, Berks.

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

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S.

P.T.O.

Station and Date.	

DUPLICATE

To be made out in duplicate.

I.Q. 51-21-20-53

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 725531

(3) Full Name of Soldier Lawrence Osborne Irwin

(4) Place of Birth Cambray, Fenelon Township, Ontario

(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? No

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? Yes

If so, state name and address John King Irwin, Cambray, Ont.

(10) Is your Mother alive? Yes

If so, state name and address Mrs Isabell Irwin, Cambray, Ontario

(11) If your Mother is a widow No

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.

John King Irwin, Cambray, Ontario

(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? Yes

If so, in what Company? "Manufacturers"

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.

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

Date July 10th 1916

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps 12th A. E. Military Hospital Bath

No. 425531 Rank and Name Cpl Irwin L Age 25 Service 3 yr 2

Disease Date of admission 21. 2. 19 Date of discharge Result

1919

Dates of Observation	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Days of Disease																															
Temperature Fahrenheit (Time A.M.P.M.)																															

Pulse per Minute: 92 100 88 116 92 98 92 88 80 96 100 88 84 96 88 72 88 100 72 80 96 96 76 104 84 100 88 72 88 96 80 108 72 80 84 88 82 88 104 76 50 88 88 80 88 88

Respirations per Minute

Motions per 24 hours

(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature _____ In charge of case.

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

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 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°	·8 ·6 ·4 ·2																															
106°	·8 ·6 ·4 ·2																															
105°	·8 ·6 ·4 ·2																															
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98°	·8 ·6 ·4 ·2																															
97°	·8 ·6 ·4 ·2																															
	·8 ·6																															
Pulse per Minute																																
Respirations per Minute																																
Motions per 24 hours																																

(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature __________ In charge of case.

Forms I. 1237 / 14

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	725531	L/C	Devin	L O

Year.	Unit.	Age.	Service.
	C E	25	3S 2D / 1V 1V

Station and Date. Disease Coxitis Influenza

Enlisted — 4-12-15

15-3-19 Arrived in England - 1-8-16

Went to France — 11-3-17

Reported ill — 20-1-19

Returned to England 21-2-19

Hospitals. Reported to 12 Can Fld Amb. 20-1-19 - to 60 C.C.S 6-2-19; to 54th Gen - 10-2-19 Bath War Hosp. 21-2-19; G.C.S.H. Buxton 13-3-19

History. F.M.C. gives admission to 12th Can Fld amb. with Influenza. History at 54 gen - Definite thickening in Rt. iliac fossa above Poupart's ligament. Lies with left hip flexed inverted; full extension obtainable ? painful. Can rotate left hip. ? Coxitis. Temp normal since admission, respiro Temp. at Bath War Hosp. from admission till operation 11-3-19. Temp subnormal. Operation - Incision about 3" long over left kidney. Pus pointed above Poupart's lig ? also in mid. inguinal region above Poupart's ligament. Incision at back was closed up. In front drain inserted and has been discharging since

Pres Cond. Tub removed 13-3-19. Wound. well slight discharge. nearly closed.

Has no pain, all movements of hip joints without pain or difficulty.

Daily dressing.

No rigidity or tenderness over spine W H Hicks Capt

slight scoliosis over lumbar.

For X Ray. lower dorsal & L. spine A B H.

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

(A 1014) W3081/P/1296 3,450m 7/18 Drayton Mill Forms/I. 1237/14 (E. 3420)

[P.T.O.

Station and Date.	
1/6/19	Awaiting further X-ray examination. W E Ord
	No rigidity of spine which is normally flexible
	Movements of L Hip are free & painless
	Has had no pain of any kind since April.
	Transfer to Epsom R J Des Stoltane

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps 12 Canadian Engineers

Military Hospital Bath

No. 725531 Rank and Name Cpl Irwin L. Age 25 Service 3 2/12

Disease Influenza Date of admission 21 · 2 · 19 Date of discharge Result

16

Dates of Observation	21	22	23	24	25	26	27	28	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Days of Disease																												
Temperature Fahrenheit (Time A.M. P.M.)																												
Pulse per Minute	110 120	80 112	108 106	88 88	84 84	76 84	90 88	84 84	86 88	100	92 90	90 106	112	100 114	88	98 88	92	92 96	96 94	106	96 88	80	112	80 80	92 88	76 84	76 80	68 76
Respirations per Minute	24 24	24	22 22	22 22	20 22	22 22	24 22	22 22	24 22	22 22	20 24	22 22	20 20	24	24 24	24 24	22 22	24 24	24 24	24	24 24	24						
Motions per 24 hours																												

Operation

(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature _____ In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet.)

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 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° ·8 ·6 ·4 ·2																															
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98° ·8 ·6 ·4 ·2																															
97° ·8 ·6 ·4 ·2																															
·8 ·6																															
Pulse per Minute																															
Respirations per Minute																															
Motions per 24 hours																															

(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature________________________ In charge of case.

880. CS 186. W.503/P.36. 20,000 Pads. 10/17. N.P.A. Ltd. E. 1955.

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

G. 6. S. H. Hospital.

Ward A. Sect. No. of Bed _____ Date 22/5/19

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
7255-31	Bbpl Irwin L	12th L. E	Lower dorsal & lumbar vertebrae

Short History of Case. 25
(To be completed by M.O. i/c case.)

Adm. diagnosis "Influenza bronchitis". no present disability scar left subcostal region posteriorly and scar left inguinal region. Possible psoas or peri nephritic abscess. X ray for bony lesion 2-10x12 2-10x12 X 25

Signature of M.O. [illegible]

Date 22/5/19

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

No. of Plate 8726

No abnormality seen, radiographically

Signature of Radiographer [illegible]
Capt. R.A.M.C.

Date _____

Forms I. 1237 / 14

Duty 4/7/19

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
113320	725531	L/C.	Irwin	L. A.
Year 1919	Unit. 12 Can Engs.		Age. 20	Service. 4 years

Station and Date.	Disease
Essex	
19/6/19.	General condition Good Heart & lungs reg. no evidence of disability L. W. 11
26/6/19	Good recovery no Disability fit for Cat. A
	For duty

Capt. C.A.M.C.,
No. 1 Division.

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

(1014) W3081/P/1296 3,450m 7/18 Drayton Mill Forms/I. 1237/14 (E. 3420)

[P.T.O.

Station and Date.	

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. 425531 Rank Private C. E. F. Name Irwin Lawrence Osborne

Enlisted (a) 4.12.15 Terms of Service (a) D. of W. Service reckons from (a) 4-12-15

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

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

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.	
8-12-16	O.C 109 Bn	Transferred to 124 Bn	Witley	8-12-16	Capt. ADJUTANT 109th Overseas Battalion, C. E. F. D.O Part II 643.
9-12-16	124th. Bn.	Taken on strength of 124th. Bn., C.E.E.	Witley Camp	8-12-16	Capt. ADJUTANT 109th Overseas Battalion, C. E. F. Part III Orders 265 MAJOR ADJUTANT, 124th BATTALION C.E.F.
9-3-17	124th. Bn.	Proceeded for Overseas Service.	Witley Camp	139-3-17	Part II Orders No.69 Lieut., Asst.Adjt. P.T.O. 124th. CCBC(Pionrs)

CERTIFIED CORRECT. 27 MAR 1917 CANADIAN RECORD OFFICE 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.

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				
11.3.17.	M.L.C.	disembarked	Boulogne	11.3.17	N.R. –
8.12.17	OC 124 Bn.	Apptd. A/L.Cpl. (With Pay)	Field	29.10.17	B.213 D.O. 153 d. 20.12.17
12.1.18	do.	Confirmed as Lce. Corpl.	do.	29.10.17	B.213 D.O. 5 d. 25.1.18
12.1.18	do.	Lewis Gun Course	Masnil Boucle	6.1.18	B.213
26.1.18	do.	Rejoined Unit	Field	20.1.18	B.213
27.4.18	do.	Awarded one Good Conduct Badge	do.	4.12.17	B.213 D.O. 30 d. 7.5.18
	W.O.	SOS. 124 BN TO, 12 BN C.E.		29.5.18	D.O. 42 d. 2.7.18
	do.	TOS 12BN C'E FROM 124 BN		30.5.18.	D.O. 1 d. 2.7.18.
29.6.18	O.C. 12 Bn. C.E.	Granted 14 days leave	to U.K.	24.6.18	B.213 D.O. 3 d. 13.7.18
20.7.18	do.	Rejoined Unit	Field	16.7.18	B.213
28.12.18	do.	Appt. Act. 2/Cpl. (With Pay)		27.12.18	B.213 D.O. 4 d. 29.1.19
20.1.19	12 C.F.A.	Influe. adm.	12 C.F.A.	20.1.19	A.36-N.5878
25.1.19	12 Bn. C.E.	Sick to F.A.	Field	20.1.19	B.213
6.2.19	12 F.A.	Influenza – To	50 C.C.S	6-2.19	A6077/N7129
8.2.19	50 C.C.S	do ad –	50 C.C.S	62.19	W3391/N7193
10.2.19	54 Gen	do ad –	54 Gen	10.2.19	W.3391/N7533
20.2.19	54 "	To England –		20.2.19	W3391/N8393
20.2.19	O.C. A.T. "Jan Breydel"	Influenza To	England	20.2.19	W.3083-6814
		Posted to Gen. Engrs. Depot, Seaford.	Regt.		D.O. 11 d. 13.3.19
		Lieut. for A.A.G. Canadian Section, G.H.Q. 3rd Echelon, B.E.F.			Lieut. for Lt-Col. A.A.G. Can. Sec. G.H.Q. 3rd Ech.

"A."

125531

MEDICAL HISTORY SHEET

ORIGINAL

Surname Irwin Christian Name Lawrence Osborne

Examined on 4th day of December 1915 at Lindsay

Birthplace City or Town Cambray County Ontario

Apparent age 22 years

Trade or occupation Carpenter

Height 5 Feet 5 3/4 Inches.

Weight 138 Lbs.

Chest measurement Minimum 33 1/2 inches. Maximum expansion 37 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks Arm Right. None Left. Three Number Three

When Vaccinated last April 13th 1916.

(a) Marks indicating congenital peculiarities or previous disease None

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

Approved by J. McCullock Capt. Medical Officer

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

Date	Fit or Unfit	Examined for Re-engagement,	
28/4/19	A	Pm	M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations.	
13.4.16		J. McCullock	M.O.
27.7.19		F. D. Nicholson Capt.	M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
18.4.16	Good	J. McCullock	M.O.
25.4.16	Good	J. McCullock	M.O.
2.5.16	Good	J. McCullock	M.O.
27.11.16		H. Floyd	
27.7.19		F. D. Nicholson Capt.	

Enlisted on 4th day of December 1915 at Lindsay

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	109th Batt C.E.F.	725531		4.12.15
Transferred to.....	124th OVERSEAS BATTALION C.E.F.			
	P O-S			13 MAR 1917

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
WITLEY CAMP, SURREY. 18.7			

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 Shuttleworth Christian Name Lawrence Victor

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
Transferred Canadian Cav. Hosp. Bearwood Wokingham											
Kenshaw Hill		12	8	16	22	9	16	Appendicitis		Appendix removed. a common pin was found just perforating the appendix	
~~Bear Convalescent Hospital,~~ Bear Wood		22	9	16	16 OCT 1916			Do.	25	G.C. good. Dis. duty Permanent	Sc. Bowes Capt RAMC J.A. Briggs Capt RAMC
										Duplicate Medical History Sheet posted to here.	
Bath War Hospital		21	2	19	13	5	19	Influenza Coccitis	81	Transfd. to Granville Canadian Special Mil: Hosp: Buxton	Scale CMO
Granville Can. Spec. Hosp Buxton Derbyshire		13	5	19	18	6	19	"	36	Abscess pointed over left Superior Lig. Abscess tidied. Drainage inserted and pus evacuated. No rigidity of spine nor pain. Transfer to Epsom.	W.A. Turner Capt CAMC
Mr C.H. Epsom		18	6	19	27	6	19	Do	10	Recd and no disability fit for Cat "A"	Jaw 4/2/19
16 G.H. Orpington Kent		27	6	19	4	VII	19	Do	8	Recovered	Capt. C.A.M.C. A.R. Shorey Capt CAMC

L-L. Job 5470—M. & D. 6888

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

per transfer letter 17/9/17 credit ch. 7/10/17 Irwin L. O.

M. F. W. 12
50m.—7-16
H. Q. 1772-39-819

To Whom John K. Irwin

Address Cambray, Ont.

By Whom Assigned ~~[illegible]~~ L. O.

Regtl. No. 725531

Rank Pte

Corps 109 Bn

Rate 15.00 Nov 1/16

2. M- 24 10/16 GCN 19 12/16

PAYMENTS

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

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2. J. K. Irwin (Assignee)

Name of Soldier ~~Osborne~~ Irwin L. O. Pte 725531 109 Bn

L. L. Job 5470—Req. 6888.

15.00 Nov. 1. 1916.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.	M	36328-30		
Jan.	1917	X38792	15	
Feb.		L46383	15	
March		B52268	15	15.15
April		H3868	15	15.8.
May		11073	15	15-Mi
June		X16667	15	
July		Y44060	15	Ba
Aug.	N	31324	15	
Sept.		P38063	15	B
Oct.		J44736	15	
Nov.	M	51141	15	
Dec.		N60563	15	
Jan.	1918		210.00	
Feb.				
March				
April				
May				
June				
July				

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.				

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1-11-16		EFFECTIVE DATE:-	
AMOUNT:- 15.00		AMOUNT:-	

NAME:- IRWIN Lawrence Osborne

NUMBER:- 725531

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.

John K Irwin Father
Cambray Ont

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
5. 25/1/18	29/10/17	Corpl
DO4. 12Cl. 29/9	25/12/18	a/2 Cpl.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 109TH Bn

DATE ACCOUNT FIRST OPENED:- 1-8-16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			124th BATTALION

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

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A R	UNIT PAID BY	AMOUNT
27/	6394	Orp.	9 Sick furlough				
47/	6520	do.	46 and confiles in L.P.C.				
107/		London	19 47				
			$77.87				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1.00	10		

Canada 1 8/19 K 11851. Witley. Jubing. 17 7/19. Ins? K.P.C. $171.00

PARTICULARS OF RENDERING NON-EFFECTIVE

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mch 31	Bal Forwd								194.68		
Apl	L/Cpls Pay	34.50		C a P				15			
				a.R.49 5/4	3.57						
				112 16/4	4.46				206.15		
		34.50			8.03			15			
May	L/Cpls Pay	35.65		C a P				15			
				a R 178 5/5	3.57						
				254 17/5	4.46				218.77		
		35.65			8.03			15			
June	L. Cpl. P	34.50		C a P				15			
				a.R. 288. 12 C.E. Bn. 4/6.	4.46						
				a.R. 335 " 20/6.	3.57						
				C.P.R. London. 13762 30/6.	7.00						
				a.R. FC(4) 64 24/6.	9.33						
				a.R 388 12 Bn C.E. 29/6.	3.57				56.34		
July	L Cpl P	34.50			181.93			15			
		35.65		C a P.				15			
				a.R. 502 12 C.E. Bn 18/7	4.46				72.53		
		35.65			4.46			15			
Aug	L/C Pay.	35.65		C. a. P.				15			
				a.R. 590 12 Bn C.E. 1 8/18	4.46						
				" 632 " 15 8/18	3.57				85.15		
		35.65			8.03			15	54.50		
Sep	L/C Pay.	34.50		C. a. P.				15	119.65		
				740. 8 9/18 12 C.E.	3.57				23.14		
				817. 17. 9/18 "	3.57				97.51		
		34.50			7.14			15	97.51		
Oct	. .	35.65		891. 7 10/18 12 C.E.	3.73			15			
				1019. 14 10/18 "	3.73						
		35.65			7.46			15	110.79		

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									110 40		
Nov + Dec		70 15		1233. 9 11/18 12 Cr.	9 33			15			
				1270 20 11/18 "	3 43			15			
Jan.		35 65		1381. 5 12/18 "	13 06			15			
		105 80			26 12			45	145 38		
Feb		32 20						15			
Mch		35 65						15	153 73		
		67 85						30			
Apr		34 50		cap.				15			
May.		35 65		cap.				15			
				1266 19 5/19 Burton	7 30				216 08		
		70 15			7 30			30			
June		34 50		cap.				15			
July		35 65		cap.				15			
				1636. 16 6/19 Burton	4 57						
				3168 19 6/19 Epsom	9 73				241 63		
					14 60						
		70 15			14 60			30			
				49018 C.P.M. 10. 7. 19	19 44						
				6550 16 C.S.H. 4. 7. 19	48 64						
				6394 ✓ 2. 7. 19	9 73						
				12509 C.C.C. (Fwd) 23. 7. 19	24 33				139 43 ✓		
					102 20						
	DD 211 (30/2/19) 6 ERD. S/F 4/2/19 14/1/19	7 30			102 20						
		7 30							146 73		

S.S. Canada 25. 7. 19 £2.99.

Married or Single: Single

Place of Birth: Cambray Ont

Name and Address of Next of Kin: John King Irwin, Cambray Ont Can

Relationship of Next of Kin: Father

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
appd A/L/~~Sgt~~ Corpl with Pay	29-10-17	153. 20/12/17
appt confirmed France	29-10-17	P.S.O. 5 25/1/18

Admissions to Hospital, &c.

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

Reg'l. No. 725531 Rank: ~~Pte~~ A/L/~~Sgt~~ Corpl Name: Irwin Lawrence Osborne

If in Perm't. Corps What Unit: Unit: 109th Bn Transferred to: 124th Bn. Date: 21.1.17 Authority: 2093 43 8.10.16.

Permanent Force Allowances: Transferred to: Date: Authority:

Place of Attestation: Lindsay Ont Transferred to: Date: Authority:

Date of Attestation: Dec 4th/1915 Transferred to: Date: Authority:

Assigned Pay Monthly $ 15.00 May Date Effective: Nov. 1st 1916

Payable to: John K. Irwin, Cambray Ont. Relationship: Father

Assigned Pay Monthly $ Date Effective:

Payable to: Relationship:

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

Discharge Date and Place: Reason and Authority:

Account transferred to Non-Effective Branch (Date): 0

Account transferred to Officers' Pay Branch (Date): 69

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														7 55	7 55									Bal. from Canada							7 55				
Aug 31	31	1.00	31		31	10	3 10								34 10	3	9 5-16							9 73						9 73	31 92				
Sept	30		30				3								33																64 92				
Oct	31		31				3 10								34 10																99 02				
															108 75	178 30/1								9 73						9 73					
Nov.	30		30				3								33	172 1/10/16								4 87				15		20 60	112 42		45		new assm
																377 30.11.16								4 87		1 21									SPU 12134 C&H Wdk
Dec	31		31				3 10								34 10	221 11.11.16								7 30		1 22		15		29 60	106 92				20496
1917			15 30																					36 50		2 43									Appointed Sgt 24 Bn
Jan.	20	1.10	22												22													15		15	11 92				Pp. 21.1.17
			19 30												197 85													45		83 93					
Jany	11	1.10	12	10											12 10	439 15/1		480 31/1						4 87	24 33				62	29 82	96 20				Repayment No. 3317
Feb	28	1.00 -.10	30	80											30 80			597 26/2							14 60			15		29 60	97 40				
Mch	31		34	10											34 10					1274 4/3 392 27/12 1627 17/3						48 67 4 36		15		68 03 17 62	63 47 78 85				
Apl	30		33												33	39 6/4 2 ~~7/2~~								2 62				15		17 62	78 85				
																83 20/4								2 61											
May	31		34	10											34 10	130 4/5				3165 ~~27/4~~				2 68		~~1 21~~		15		20 29	92 66				
																224 4/6								2 67											
June	30		33												33	188 18/5				3165 11				2 67		1 21		15		21 55	104 11				

725531. Pte/Cpl Irwin J.O. Cap 15.00

Date 1917	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
Forwd																															104 11				
July	31	1.00/10	34	10											34 10				383 5/7						.268			15		17 68	120 53				
Aug	31		34	10											34 10	28,	18/6							.268				15		17 68	136 95				
																517	4/8		663 5/9					.268	.268										
Sept	30		33												33	448	18/7		590 17/8					.535	.268			15		28 39	141 56				

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Pay	Ser. All.	Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance
SEP 30 1917		~~141 56~~							141 56												
OCT				Can a P				15.00													
	PP.	34 10							160 66												
NOV	"	34 10						15.00													
		33		Can a P				15.00													
Dec	"	34 10		A/R. 795 5/10	.357																
				778 18/9	.268																
				827 18/10	.446																
				915 5/11	.357																
					14 28			15.00	183 68												
1918		67 10			14 28			30													
Jan	R/Cpls Pay	35 65		A/R 973 15/11	.1338																
	appx A/R 29/10/17 20153 20/12. Pay of rank 29/6 to 31/12. Subsdy at 5/4	3 20		1035 5/1	.357																
				1100 15/12	.446																
				Can a P.				15	185 92 45												
		38 85			21 41			15													
Feb	R/Cpls Pay	32 20		a P				15													
				187 12/1	3 .446																
				1170 5/1	5 .357																
				1289 5/2	x .357				191 52 45												
		32 20			11 60			15													
Mch	R/Cpls Pay	35 65		Can P				15													
				1342 15/2	.446																
				~~1335/1~~	5 —																
				1398 3/3	.357																
				1419 17/3	.446				194 68												
		35 65			17 49			15													

War Service Badge
Class A, No. 388395

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

Occupation Group 2.
Dispersal Area I

1. No. 725531
2 Rank. L/cpl
3. Name. Irwin Lawrence Osborne
4. Unit. C.E.R.D.
5 Date of Discharge AUG 7 - 1919 Place ~~Toronto~~ TORONTO, ONT.

6 Reason for Discharge

DEMOBILISATION.

7. Authority. No.2, D.D., Part II, D.O.No. 324

8. Proposed Residence after Discharge

Cameron
Ontario

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

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

M. F. W.?

Lawrence Osborne Irwin
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date

No. 2 District Depot
AUG 7 1919
Toronto, Ont.

Signature P. W. Hind Capt
For
O.C. No. 2 District Depot. (O.C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

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

1. Triplicate Attestation Paper (M.F.W. 23), or
   Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. [illegible])
   (enclosed in special envelope (2007M)).
9. Copy of Discharge Certificate (M.F.W. 95a).
10. Dismissal Certificate (C.D.S).
11. Equipment Statement Q.M.G. Form (D.O.S. 2).
    (Kit Clothing)
12. Last Pay Certificate (P.851). + Dup
13. Pay Book (A.B.64).
14. Service Gratuity (Form M.F.W. 2595).
15. Summary Documents.

Group B

Checked by No. 11

23 JUL 1919

Date

Original

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 Witley Camp DATE 18-7-19

1. 1 (a) Unit "J" Wing (b) Regimental No. 725531 (c) Rank L/Cpl

(d) Surname Irwin (e) Christian name Lawrence Osborne.

(f) Home address Cambray Ontario.

(g) Next of Kin John King Irwin (h) Relationship Father

(i) Address of Next of Kin Cambray Ontario.

2. Age last birthday 25 Date of birth 28-8-93

3. Enlistment, or Appointment (if an Officer) (a) Place Lindsay Ont. (b) Date 28-12-15

4. Personal description: est

(a) Height 5-6 (b) Weight 155 (stripped) (c) Complexion Fair

(d) Colour of hair Fair (e) Colour of eyes Grey (f) Identification marks, Scars, etc. Appendicial scar

5. Former trade or occupation Carpenter

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3	-226-

	Periods From	Periods To
Canada	~~Lindsay~~ 28-12-15	31-7-16
England	31-7-16	11-3-17
France or other theatres of War	11-3-17	20-2-19

7. Original disease, or injury (a) ABSCESS LEFT LUMBAR REGION (b) D. A. H.

(a) Date of origin (a) March 1919 (b) Place of origin (a) England

(c) Cause (a) Septic intestinal infection (b) unknown

(b) unknown

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.)

(a) Weakness left lumbar region

(b) D. A. H — Tachycardia

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.)

(a) Objective: 3 inch linear scar left lumbar region — well healed — slightly tender on pressure — small scar left inguinal region — well healed — no limitation movement back

Subjective: Slight weakness and pain back on walking long distance

(b) Objective: Well developed well nourished — coarse tremor hands — reflexes active — Pulse at rest 120 regular following stooping exercise 168 returning to 120 in three minutes — S.B.P. 120 D.B.P. 80 — Apex 5th interspace nipple line — heart sounds normal — no murmurs —

Subjective: Nil

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

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

Special Senses no Respiratory System no Integumentary System no

Disturbances of Mentality no Digestive System no Muscular System no

Osseous and Joint Systems no Any other general condition no

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

(a) Contracted influenza January 1919 and while at Burton abscess in back (probably perinephritic from description) developed and drained. Discharged Depot 4-7-19. Back still slightly weak.

(b) Has never complained of any shortness breath dizziness palpitation or symptoms relative to any heart condition

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).)

Frensham. Beaulieu – 12/7/16 – 10/8/16 – Appendicitis

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

Appendicial scar – Scar left lumbar – Scar left groin

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

(a) (b) N. A.

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

The regimental documents will be referred to.

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

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

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

Bath – Buxton – Epsom – Orpington – Influeenza – 11/1/19 – 4/7/19 Cases

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (a) (b) no

(If the answer is "yes" state nature of treatment required and probable duration)

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

(If not, briefly state why)

17. Recommendations

D M Law Capt CAMC

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 Lawrence Osborne Irwin 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

L. O. Irwin Rank.

Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes concur.

19. Is the invalid fit for

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

20. It is certified that the invalid

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

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

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

Rec auto Reg. Tre 9083 p. 11.1.18

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.

WITLEY CAMP, SURREY. 18 JUL 1919

PLACE ..... President.

DATE ..... Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

PLACE ..... President.

DATE ..... Members

APPROVED BY

Assistant Director of Medical Services.

DATE .....

APPROVED BY

Director-General of Medical Services.

DATE .....

A.D.M.S. HEADQUARTERS CANADIAN CORPS CAMP. 18 JUL 1919 WITLEY SECTION.

"SATURNIA" 4-8-19

3369

DISPERSAL "T" IRWIN, L.O.

AUDITOR | PAYMASTER

7

M. OR S.

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

REGT. No. 725551 RANK ~~L/Cpl~~ Pte. NAME (IN FULL) (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN

ADDRESS

IS SEPARATION ALLOWANCE PAID? ✓

TO WHOM PAID Nil

ADDRESS

RELATIONSHIP

DATE EFFECTIVE

RELATIONSHIP

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. C.E. IF IN F.F. WHAT UNIT? Victoria Loan Bank, Lindsay, Ont

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 28/12/15 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY $ 15 – DATE EFFECTIVE 31/8/19 closed by Ottawa

PAYABLE TO John H. Irwin RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Cambray Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE Toronto DATE 7-8-19 REASON Sick AUTHORITY D.O. 224 IF ENTITLED TO POST DISCHARGE PAY YES

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.			TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS T.O. 25-7-19 D.O. 224 SUBS. TO D.O.
BALANCE FROM PREVIOUS ACCOUNT 31/7/19							171	06	171	06																									171	06	Credit Balance
9/8/19	9	110	990		33 70				1149	06	186536	12509					25176		2433		5487										28596						Cloth Allce. 25 W.S.G. Boat Cheque Boat & Train
									28596																						28596						
					W.S.G.																						W.S.G.						AMOUNT DUE SOLDIER DEPENDENT			
																											70 –										W.S.G. Paid as above
																											220										2 days Pt. A over-stay
																											15 –										August A Proth charged
183 days			42000				420	00									August 7th 1919														87 20		332	80			1st W.S.G. Paid by #2 D.D.
																	Sept 3				52 80		AR 128		14060 14						140		280				
																	Oct 1		141478		AR 152		70								210		210				
																	Oct 31		142490		AR 177		70								280		140				
																	Dec 8		170887		AR 209		70								350		70				
																	Jan 3		173333		AR 220		70								420		—				
							420	–													332	80			87 20						420	–					W.S.G. PAID IN FULL

CAPTAIN

FOR PAYMASTER WAR SERVICE GRATUITY

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment Nov 1, 1916

617

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15-			

114 I 2 109

PARTICULARS OF SEPARATION ALLOWANCE

No. 725-5-31.

Rank Pte. Promoted Reverted Discharge

Soldier's Name L. ~~W. Osborne~~ Irwin

Battalion 109 Battn.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name John K. Irwin.

Address Cambray, Ont.

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS 9347 L.2.
Dec 31	—		210	210		
Jan 18	A 62592		15	15		
Feb.	T. 73297		15	15	V.	
March	I 97464		15	15	V.	
April	J. 11814		15	15	V.	
May	H. 7643		15	15	V.	
June	C 17742		15	15	V.	
July	U 33977		15	15	V.	
Aug.	F 33062		15	15	V.	
Sept.	G. 48453		15	15	V.	
Oct.	J 53989		15	15	V.	
Nov.	E 50547		15	15		
Dec.	K 64212		15	15		
1919 Jan	H 74209		15	15		
Feb	C 81869		15	15		
May	G 82714		15	15		
Apl	7 [illegible]		15	15		
May	H 6820		15	15		
June	B 9250		15	15		
July	B 13052		15	15		
Aug	K 13323		15	15		

AUDITED.

A/c Closed 31/8/19.

Ret'd per Saturnia.

Date 7/8/19. M.F.W 187 MD 2.

Closed [illegible] mko 109486 sended

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7693.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—172-39-1141
L. L. 22320—M. & D. 1933.