

Open

974

CANADIAN EXPEDITIONARY FORCE

J.R.C. 2-30.
I.R.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank)..... Major......

(Name in full)..... Henry Oswald BOTS......

Enlisted in..... The Canadian Army Medical Corps......

CANADIAN EXPEDITIONARY FORCE, on the ~~.....~~

day of ~~.....~~ 191 ~~.....~~ AND WAS APPOINTED to COMMISSIONED RANK

in..... The Canadian Army Medical Corps......

CANADIAN EXPEDITIONARY FORCE on the..... Tenth...... day

of..... July..... 191 9.

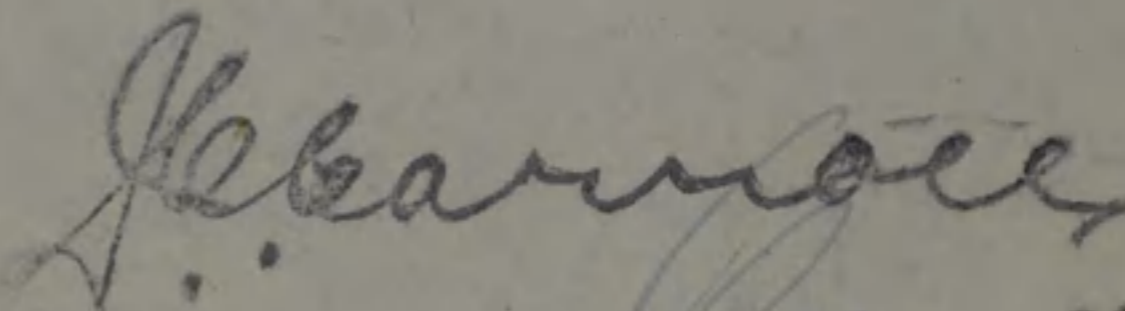
He SERVED in CANADA, England and France with the C.A.M.C.,
109th Bn. as M.O., C.O.C. as M.O., 21st Reserve Bn., C.A.M.C.
Depot., C.P.C. Det. Hosp. Practice., C.A.M.C. General., C.A.M.C.
Casualty Company and No. 12 Gen. General Hospital, Brambott.

and was STRUCK OFF THE STRENGTH on the..... Fourteenth...... day

of..... July..... 191 9..... by reason of..... General Inmobilization......

Dated at Ottawa, this..... Eighteenth...... day

of..... January..... 191 1980


..... Lieut......
For..... Director of Personal Services.

A.G. 10425-5M.

6055-8-12-17.

FRANCE.

Name BOYD H.O. File No. 8-B-1331

Regt. No. _____ Rank Capt.

Unit C.A.M.C.

Sent to W.O. 22.7.18 ref. 8.4.104 P.38 List No. (11) 241

Action taken To be a Major whilst spec. empl (6/ff. i/c. For. Hoop.)

Effective 22.6.18

Gazetted date 1.8.18 No. 30823 Page 9084

G.O.G. Orders _____ No. _____ Date _____

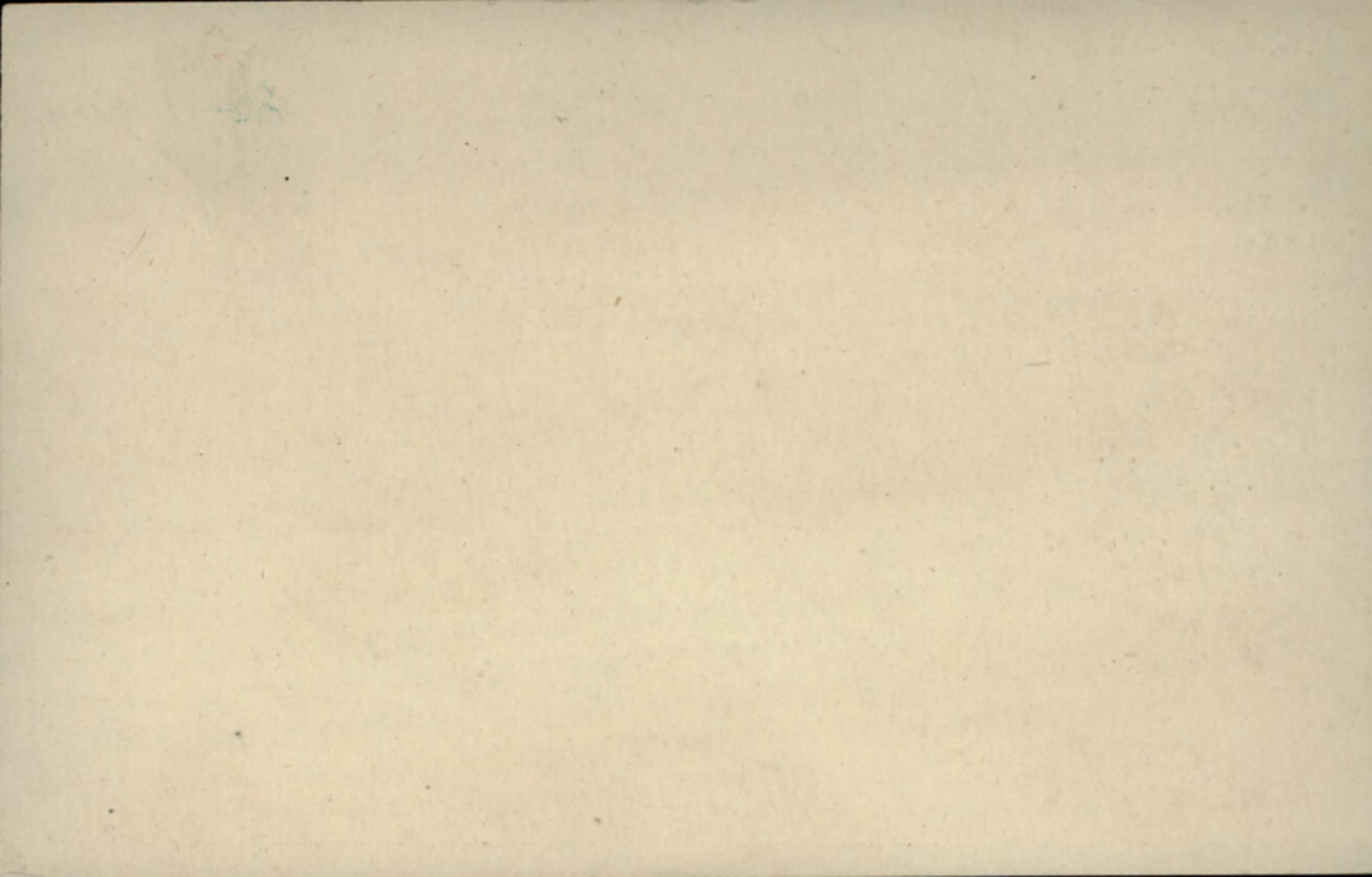
C.A.M.C.

Capt. (at Major) to be Major - 15.1.1919

✓ Totwo 28.6.1919 List 546. 431431 P8379 3.7.19.

1997

Checked by _____ Date _____



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

D.....

| R | RANK | SURNAME | INITIALS | UNIT |
|-------|-------|---------|----------|-------|
| | | | | |

al address.....
 (Street) (City or Town) (Province)

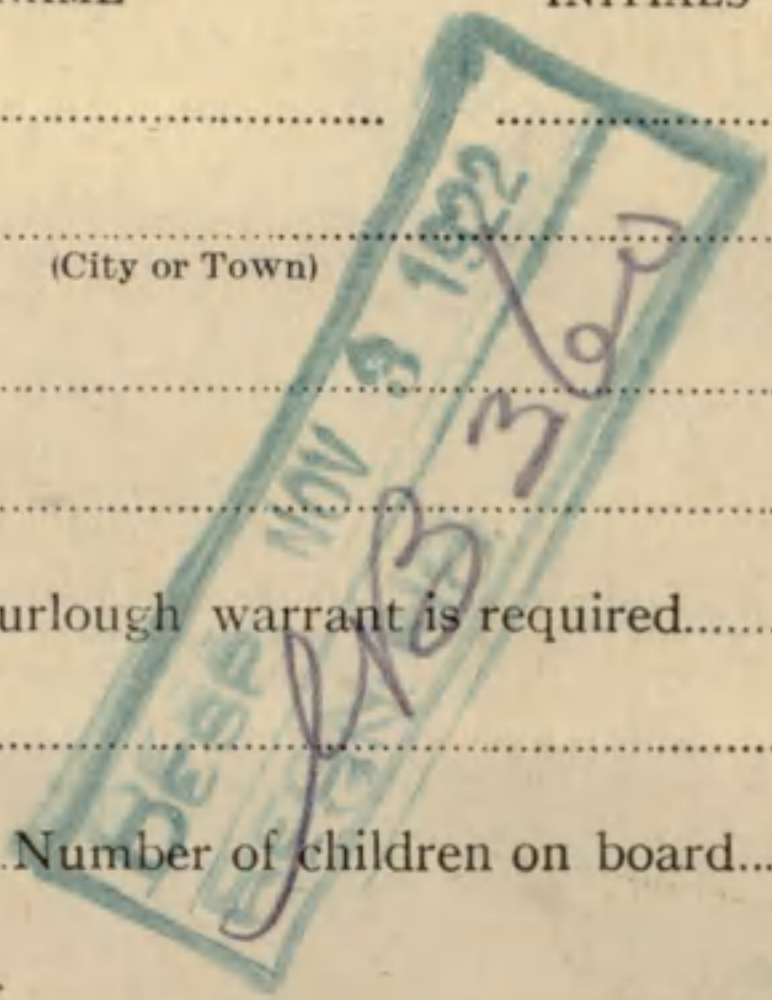
one person to be notified of arrival.....

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

d, is your wife on board..... Number of children on board.....

stination.....

(Sgd.).....



Number.....

Rank.....

Mjr

Surname.....

BOYD

Christian name.....

Henry, Ormsby

Units.....

Theatre of War.....

France

Date of Service.....

17-7-17

Remarks.....

Latest Address.....

Bobcaygeon Ont

Roll No.....

C. A. M. Co.

200m. -6-21.....

Page 18590

LEDGER No. _____

SERIAL No. _____

REG. No. _____

NAME

Boyd Hy O

RANK *Major* CORPS

DA 3

AGE _____

SERVICE _____

HOSPITALS

DATE OF ADMISSION

1 *Queens Club Livingston*

14-6-19

2

3

DIAGNOSIS

Dental Caries

TRANSFERRED TO _____

DISPOSITION

Dis Cas Code 3 14-7-19

CATEGORY _____

M.F.W. 2553.
1126-D.P.-50M-12-18.
1772-39-1332.

No.

RANK

Capt. (M.O.)

NAME

Boyd. H. O.

T. O. S.

UNIT

109th Battalion.

M. D. *2.*

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PAID
FROM

PAID
TO

SIG.
OR
REC'T

PARTICULARS

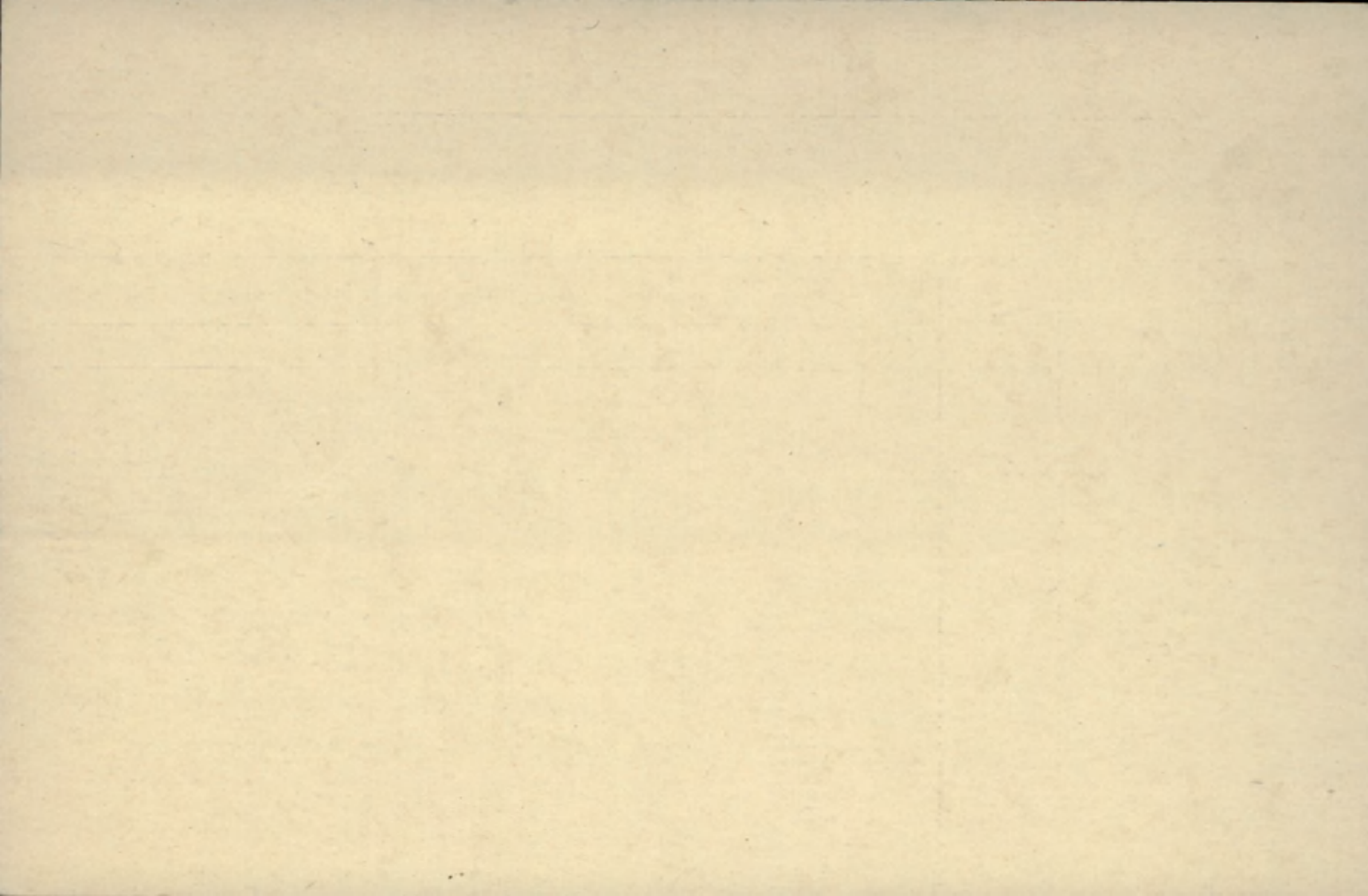
AUTHORITY

*1916.
July 7.*

*1916.
July 31*

H.

UNIT SAILED
JUL 23 1916



NAME

Sgt. N.O.

REGT. No.

RANK AND UNIT

Sgt. A Major

*Came CSC Detention
1 Rep.*

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

11. ~~89~~
96

American Hospital
Dish

13-11-18

P.W.D.

1189
90

American: Trina

29-10-18

.. ..

Surname

Christian Name

BOYD

H. O.

Rank

Unit

Capt. A/Mjr. C.A.C. CFC Det. Hos p.

Casualty List

6 American Hos. France. 29-10-18

17-1-19/1190-

2. P. U. O. *AF*

Discharged: -13-11-18.

A.M.O. 2 DEPT.

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

Surname

Christian Name

Serial No.

Rank

Unit

Medical Board
held at

Date

Condition found
by Board

Remarks.

1914

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

Sheet No. 2.

L. L. Job 310.-Req. 6574.

Name of Soldier

Boyd H.G.
 (Capt) 109 Bn

PAYMENTS.

Mrs M. Boyd Wife

\$40⁰⁰

Remarks.

AUG 1 1916

| Month. | Year. | Cheque No. | Amt. | Remarks. |
|--------|-------|------------|------|--------------------|
| April | 1916 | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | J 15420 | 40 | |
| Sept. | | F 18567 | 40 | |
| Oct. | | X 20932 | 40 | |
| Nov. | | M 23868 | 40 | |
| Dec. | | J 31214 | 40 | |
| Jan. | 1917 | A 38961 | 40 | |
| Feb. | | Q 43934 | 40 | 40 A |
| March | | B 48944 | 40 | 40 B |
| April | | W 459 | 40 | 40 C |
| May | | Y 7126 | 40 | |
| June | | S 13299 | 40 | 40 Ch |
| July | | B 21847 | 40 | |
| Aug. | | E 27499 | 40 | 40 - W |
| Sept. | | X 34597 | 40 | D E 34282. Can all |
| Oct. | | R 47886 | 40 | |
| Nov. | | | | >600 ⁰⁰ |
| Dec. | | | | |
| Jan. | 1918 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |

JB
 JB
 JEP

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 | | | <i>21 4 5 5000 50 50 1</i> |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1920 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |

SEPARATION ALLOWANCE

Name *Mrs. Elizabeth M. P. Boyd*
Address *Bobcaygeon Ont.*

Name of Soldier *Boyd, H. O.*

Regtl. No.


Rank *Capt.*

Corps *206th 109th*

Relation to Soldier }
wife, child or mother } *wife*

To what Corps belonging }
when called out } ✓

PAYMENTS

| Month | Year | Cheque No. | Amt. | REMARKS |
|-------|------|------------|------|---|
| Aug. | 1914 | | | <i>Acct. Separation Allowance Information P. R.</i> |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1915 | | | |
| Feb. | | | | |
| March | | | | |
| Apl. | | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | |  |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1916 | | | |
| Feb. | | | | |
| March | | | | |

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SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Mrs.
Elizabeth M. P. Boyd wife
PAYMENTS.

Name of Soldier

Boyd H. O.

Capt.

L. L. Job 310.—Req. 6574.

| Month. | Year. | Cheque No. | Amt. | Remarks. |
|--------|-------|-----------------|------------|---|
| April | 1916 | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | <i>xxx</i> |
| Sept. | | | | <i>Suspend this as awaiting further information per K</i> |
| Oct. | | <i>K. 18900</i> | <i>152</i> | <i>- mailed 10-70-16</i> |
| Nov. | | <i>C 21861</i> | <i>40</i> | <i>40</i> |
| Dec. | | <i>C 25418</i> | <i>40</i> | <i>40</i> |
| Jan. | 1917 | <i>B 28648</i> | <i>40</i> | <i>40</i> |
| Feb. | | <i>B 31453</i> | <i>40</i> | <i>40</i> |
| March | | <i>B 34540</i> | <i>40</i> | <i>40</i> |
| April | | <i>D 458</i> | <i>40</i> | <i>40</i> |
| May | | <i>B 4023</i> | <i>40</i> | <i>40</i> |
| June | | <i>E 7390</i> | <i>40</i> | <i>40</i> |
| July | | <i>C 10841</i> | <i>40</i> | <i>40</i> |
| Aug. | | <i>G 13701</i> | <i>40</i> | <i>R</i> |
| Sept. | | <i>F 17644</i> | <i>40</i> | <i>B</i> |
| Oct. | | <i>D 24222</i> | <i>40</i> | <i>B → 652</i> |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1918 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Wife

To Whom Mrs M. Boyd, By Whom Assigned Boyd H.O.
 Address Bobcaygeon, Regtl. No.
Ont. Rank Capt.
 Corps 109 Btn.

Rate \$40. AUG 1 1916

PAYMENTS

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



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BT.

Rank and Name BOYD, Henry Ormsby

Captain.

Regimental No.

Name and Address of Next-of-Kin Wife.

Unit 109th Battn.

Elizabeth N.P. Boyd. MAY 1917

Date of enlistment 10 Jul 16

Babcoygeon, Ontario, Canada

Place of birth Bombay, Pres. India.

Married (Yes or No)

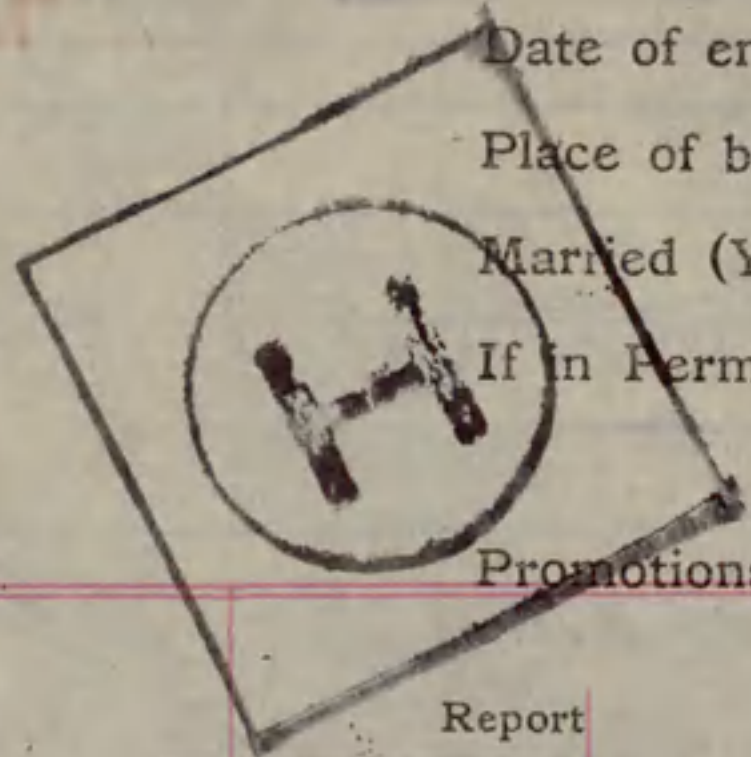
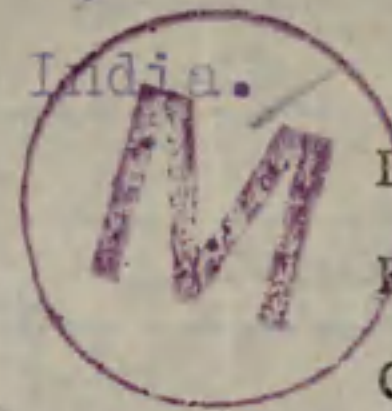
Yes.

Date and place of discharge

If in Permanent Force

Reason for discharge

Character on discharge



Promotions or appointments

LEFT CANADA 27 7 18

Report

| Date | 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 |
|-----------|-----------------------|--|---------|-----------|--|
| 8.12.16 | To Bram. | Atta Adms. Bram | | 7.12.16 | RD. 1135. C.O. 4047. |
| 16.12.16. | D.M.S. arms. S. & SS. | ceases to be att to A.D.M.S. Staff Bram on att to Gen Ordnance Corps. Liphook. | | 14.12.16. | C.O. 4047. B.D. O. 1208. |
| 17.12.16. | Bram. | S.O. of arms. Staff. on attmt. to att. to 21st Can Res Bn. from attmt. C.O. Liphook. | as M.O. | 14.12.16. | P. Ord. 314, Coc R-1083. |
| 21.5.17. | A.M.S. | | | 17.5.17 | Co. 659. |
| 17.7.17. | D.O. | Posted to CAMC Depot. | | 14.7.17 | Co. 929. |
| 19.7.17. | D.O. | Proceeded. Of Seas for Service. | | 17.7.17 | Co. 939. |
| 15.8.17. | CAMC Gen. | S.O.S. on arr in France as a reinforcement | | 18.7.17 | P. Ord. 58. |
| 15.8.17. | D.O. | Att. as M.O. to H.Q. Bordeaux Group C. for corps. | | 23.7.17 | P. Ord. 58. P. Ord. 4. HQ's 12 Dist. B.S. of 22. |
| 11-4-18. | D.O. | Ceases to be att as in. W.E. to H.Q. 12 Dist C.S.C. | | 21-3-18. | P. Ord. 22. |
| 11-4-18. | D.O. | S.O.S. & Estab. Posted to C.S.C. Detention Hp. Fracture | | 21-3-18. | P. Ord. 22. |
| 24-4-18. | Fracture | S.O.S. on posting from CAMC Gen. | | 22-3-18. | P. Ord. 2. |
| 1-8-18. | W.O. | To be. A/Major CAMC while spec capt. (Officer of the Law for Hp.) | | 22-6-18. | Lon. Coy. 50823. |

CAMC.

| 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 | | | | |
| 10-8-18 | C.F.C. Det. No. 7 actual | granted 14 day leave | | 24-7-19 | Dr. O. 9. |
| 17-1-19 | AMS. | Adm 6. American Hosp. France | Discharged | 29-10-18 13-11-18 | Dr. 1190 p.u.o. |
| 31-3-19 | A.D.M.S. C and S. | Granted 14 days leave. | | 8-3-19 | Pt II ord. 12. |
| 11-4-19 | 12 th ban genl | Attd to 12 th genl from CAMB with effect | | 11-4-19 | Pt II of 86. Pt II ord 110 |
| 2-5-19 | Do | SOS on posting from CAMB bas boy | | 30-4-19 | Pt II of 102 |
| 7-4-19 | C. & Corp. b. W. - France. | S.O.S. on posting to CAMB. Genl. | | 29-3-19 | Pt II ord. 5 {Camc R & D. Pt II ord 19} |
| 22-4-19 | Camc. bas b. | S.O.S. on postg from CAMB. France | | 5-4-19 | Pt II ord 9 {Camc Genl. Pt II ord 19} |
| 1-5-19 | Do. | S.O.S. on postg to CAMB R & D. | | 11-4-19 | Pt II ord 101 |
| 20-4-19 | Camc R & D | S.O.S. on postg from CAMB. bas bo | | 11-4-19 | Pt II ord 110 |
| 2-5-19 | Do. | S.O.S. on postg to 12. C.G.H. Bramshott | | 30-4-19 | Pt II ord 122 |
| 14-6-19 | Aban genl. Hop. | SOS. on transfer to CEF in Canada. | | 28-5-19 | Pt II 139. |
| 3-7-19 | Do | To be Temp Major Camb | | 15-1-19 | L.G. 31431. |
| 12-6-19 | D.M.S. | Transf to CEF in Canada } cessation of } Sailed to Canada per S.S. } Hostilities } Empress of Britain } SOS. 14 Jul 19 | | 28-5-19 | b.o.y.o. 18151 S.L. 40 |

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

W.D. Class A

M. F. W. 54. (A. F. B. 3.)

Casualty Form—Active Service.

250M.—1-16.

H. Q. 1772-39-920.

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

Regimental No. _____ Rank Capt. Name Boyd Henry Omsby
C. E. F.

Enlisted (a) _____ Terms of Service (a) _____ Service reckons from (a) 23.7.16

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

Extended _____ Re-engaged _____ Qualification (b) _____

| Report | | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case. | Place | Date | Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents. |
|----------|-----------------------|---|-----------|--------------------|--|
| Date | From whom received | | | | |
| | | Embarked Canada | Halifax | 24.7.16 | |
| | | Disembarked England | Liverpool | 31.7.16 | |
| 7-12-16 | | Taken on the strength of adms. Staff Bramshott | Pt. II | No. 306 d/9-12-16 | |
| 14-12-16 | | Struck off the strength of the adms. Staff Bramshott | Pt. II | No. 314 d/17-12-16 | |
| 14-12-16 | | Attached. S.O.B. Liphook as M.O. (auth. C.T.D.R.O. No. 1208 d/15/12/16) | | | |
| | | | | | <i>J. S. ...</i> Major, C.A.M.C. for Colonel, A.D.M.S., Canadian Troops, Bramshott Camp. |
| 18-12-16 | O.C.C.O.C. | Attached to C.O.C. | Liphook | 14-12-17 | Pt. II D.O. 83 |
| 19-5-17 | O.C. 2 Det. C.O.C. | Ceases to be attached to No. 2 Detachment, C.O.C. | Liphook | 17-5-17 | Pt. II D.O. 139 |
| | | | | | <i>L. D. Potter</i> Capt. O.C. Detachment C.O.C., Liphook, Hants. |

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

CERTIFIED CORRECT
3. 12. 1917
CANADIAN RECORD OFFICER

at the Battle of the Somme
Service No. 109
War Class

| 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 | | | | |
| 21/5/17. | 21 st Res Bn. | Attached to 21 st Res Bn. | Bramshott | 17/5/17 | Pt II DO. 131. |
| 5/8/17 | 21 st Res Bn. | Ceases to be attached to 21 st Res Bn. | Bramshott | 14.7.17 | Pt II DO. 207. A.D. Morrison |
| 20/4/14 | C.A.M.C. D | TAKEN ON STRENGTH from Bramshott area | Westminster | 14/4/14 | Pt II DO. 204. |
| 14/4/14 | do | S.O.S. to Overseas | do | 14/4/14 | Pt II DO. 198. Franklin MAJOR, FOR D.I.C. RECORDS, G.E.F. |
| 21.7.17 | adq. | To S C.A.M.C. Gen on arr in France as reinforcement with WO/121/aftr 6557 (AMDI) of 16/7/17 | Boulogne. | 18.7.17 | KR/14671. Pt II 58 of 15/17 |
| 28.7.17. | HQ Bordeaux Gp CFC | Attd as in W.L. to Bordeaux Gp CFC | Field | 23.7.17 | B213. Pt II 58 of 15/17 |
| 23.3.18. | Fracture Hosp | Ceases to be attd as in W.L. HQ Bordeaux Gp CFC & Posted to CFC Det. Hosp. Fracture Dep't of 13/3/18 | " | 21.2.18 | B213 Pt II 20 of 3/18. |
| 27.3.18 | " | To S. Fracture Det. Hosp | " | 22.2.18 | B213 Pt II 2 of 24/18. |
| | adq. | Pt. Order No. 2 of 24/18 is amended to read: 'O.S. of Fracture Det. Hosp as Officer Commanding granted 14 days leave | " | 22.3.18 | file no. 25878 Pt II. 7 of 19/18. |
| 27.7.18 | Fracture | " | " | 24.7.18 | B213 Pt II 9 of 10/18 |

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

M. F. W. 54. (A. F. B. 10s.)

500M.—9-16

H. Q. 1772-39-9.0.

Casualty Form—Active Service.

Unit, Regiment or Corps. C. a. m. C

Regimental No. Rank. Act Major Name. Boyd. H. O
C. E. F.

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

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

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

| 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 | | | | |
| 186-19 | M.H.Q. Ottawa | T.O.S. C.E.F. in Canada on General Demobilization | M.D. No. 2 | 28/5/19 | C.E.F. R.O. No. 2007-19 |
| 8-19 | M.H.Q. Ottawa | S.O.S. C.E.F. in Canada on General Demobilization | M.D. No. 2 | 14-7-19 | C.E.F. R.O. No. 2140-19 |
| | | | <i>W. Hunter</i> Capt for Director Personal Services | | |

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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

(9) Is your Father alive? yes

If so, state name and address Major Genl Rossom Boyd Souza Esq.

(10) Is your Mother alive? yes

If so, state name and address Mrs Rossom Boyd Souza Esq.

(11) If your Mother is a widow —

Are you her sole support, or not? —

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

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

(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? Canada Life & —

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 July 13/16

J. J. Allen Lt. Col.
C. C. 198th Officer Commanding C. E. F.

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..... *10th M.S. Bn C.E.F.*

(2) Regimental Number..... *Capt No. 1044*

(3) Full Name of Soldier..... *Henry Olusby Boyd*

(4) Place of Birth..... *Bombay Presidency India*

(5) Are you married, or not? *Married*

(6) If married, state,
 (a) Full name of your wife..... *Elizabeth M. P. Boyd*

(b) Present Postal Address..... *Bombay road
 Ontario*

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

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

If so, give number of boys and girls..... *1 boy, 2 girls.*

Also their names and ages..... *Richard Boyd 20
 Helen A. Boyd 22
 Margaret G. Boyd 14*

Casualty Form - Active Service.

*Was Service
Rank Capt. A*

Regiment or Corps *6 a.m.b.*
 Rank *Capt.* Surname *Boyd* Christian Name *Henry Omsby*

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... | | | |
| <i>1.8.18</i> | <i>London Gazette</i> | <i>To be actg major while specially employed.</i> | <i>Field</i> | <i>22-6-18</i> | <i>30823/9084 Pl. 10 2/1918</i> |
| <i>10/9/18</i> | <i>Fracture Hip</i> | <i>Rejoined from leave</i> | | <i>9/10/18</i> | <i>B212</i> |
| <i>2.11.18</i> | <i>— " —</i> | <i>6 vac to 6 Amer Hosp.</i> | <i>"</i> | <i>29.10.18</i> | <i>B213</i> |
| <i>2.11.18</i> | <i>— " —</i> | <i>Rejoined from Hosp.</i> | <i>"</i> | <i>2-11-18</i> | <i>B213</i> |
| <i>30-10-18</i> | <i>6 Base Hosp AEF</i> | <i>PMO Adv</i> | <i>"</i> | <i>30-10-18</i> | <i>X/3531</i> |
| <i>2.11.18</i> | <i>do</i> | <i>do</i> | <i>To duty</i> | <i>2.11.18</i> | <i>W/3391</i> |
| <i>8/3/19</i> | <i>Fracture Hip</i> | <i>Granted 14 days leave</i> | <i>H.K</i> | <i>8/3/19</i> | <i>B213 A.04 1919</i> |
| <i>29/3/19</i> | <i>"</i> | <i>Posted to C.A.M. 6 Genl</i> | | <i>29/3/19</i> | <i>B213 1919</i> |
| <i>"</i> | <i>"</i> | <i>W'd to Det HQ for demob purposes</i> | | <i>29/3/19</i> | <i>B213</i> |
| <i>"</i> | <i>"</i> | <i>W'd to Det HQ from Fracture Hip</i> | | <i>20-3-19</i> | <i>B213 1919-1919</i> |

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c. (6356) Wt. W1 89 300,000 5/18 McA & W Ltd. Form B/103 (E. 3109) [P.T.]

| 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 | | | | |
| 5-4-19 | S.M.O. 692 | S.O.S. of 6 ainc General and posted to 6 ainc casualty Coy 4 Cliffe (auth: Can Sect HQ A-9-3850431/19) | England | 4-4-19 | file CE 40432 Pt. 19-1919 |
| | | | | | <i>Wilson</i> Capt. for Lt.-Col., A. A. G. Canadian Section, G. H. O. 3rd Echelon, B. E. F. |
| 20/4/19 | O.C. C.A.M.C. R. & T. DEPOT. | S.O.S. from Cambridge Coy | SHORNCLIFFE | 11/4/19 | Pt AD. 110. |
| 20/4/19 | O.C. C.A.M.C. R. & T. DEPOT. | Shown on command to 12 b. G. H. Bramshott | SHORNCLIFFE | 11/4/19 | Pt AD. 110 |
| | | | | | <i>Fleming</i> Capt. Adjutant For O.C. C.A.M.C. Reserve Depot |
| 11-4-19 | C.O. M.C. R.Y.J. | Is Attached to 12 C. G. H. - Bramshott. | Bramshott. | 11-4-19 | Pt AD. 86. |
| 28/5/19 | S.O.S. O.M. F. of C. ON EMBARKATION FOR CANADA. | <i>Pharmery</i> For MAJOR General, Adjutant General, Canadians. | | 1-29 | <i>Connell</i> CAPT. ADJUTANT, No. 12 CANADIAN GENERAL HOSPITAL |

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. Rank *Major* Surname *Boyd*
(Given name in full)
 Unit or Corps *P. I. M. Co.* Birthplace *Bombay Pres. India*

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

1. GENERAL DESCRIPTION:

Physique *good* Weight *140* lbs. Height *5* ft. *9 1/2* in. Colour of Eyes *blue*
 Nutrition *good*
 Pulse *70* *reg.*
 Condition of arteries *soft*
 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 on forehead

Opinion as to general health and physical condition *good*

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 *no* Genito Urinary System *no* Cardio-Vascular System *no*
 Special Senses *no* Integumentary System *no* Respiratory System *no*
 Disturbance of mentality *no* Muscular System *no* Digestive System *no*
 Osseous and Joint System *no* Any other general condition *no*

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.

Influenza 5 days in hospital 29-10-18 - 2-11-18

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Brawstott (Overseas)

Date April 22 1947

Signed [Signature] 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 H. B. Boyd, Major

(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]

Original

MEDICAL HISTORY SHEET.

Surname Brya Christian Name Henry Murray

Examined { on 10 day of July 1916
at Barrie Field Camp
Birthplace { City or Town Bombay Pres
County India

Approved by [Signature]
Rank Company M.O.

Apparent age 52 yrs
Trade or occupation Physician
Height 5 Feet 9 Inches.
Weight 130 Lbs.
Chest measurement { Minimum 34 inches.
Maximum expansion 36 inches.
Physical development Good
Small-Pox Marks nil

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

Vaccination Marks { Arm Right Left.
Number 2

| Date. | Result. | VACCINATIONS. |
|----------------|----------|----------------|
| <u>11/7/06</u> | <u>+</u> | <u>Humach.</u> |
| | | M.O. |
| | | M.O. |
| | | M.O. |

When Vaccinated last 10 years ago
(a) Marks indicating congenital peculiarities or previous disease small birth mark on right thigh

| Date. | Result. | ANTI-TYPHOID INOCULATIONS, ETC. |
|----------------|-------------|---------------------------------|
| <u>5/7/17</u> | <u>Tabs</u> | <u>Humach.</u> |
| <u>12/7/17</u> | <u>Tabs</u> | <u>Edwade</u> |
| | | M.O. |
| | | M.O. |
| | | M.O. |

(b) Slight defects but not sufficient to cause rejection

Enlisted on 10 day of July 1916 at

| | CORPS. | REG'TL NUMBER. | HABITS. | DATE. |
|----------------------|-----------------------------|----------------|---------|-----------------|
| Joined on enlistment | <u>A.M.C.</u> | <u>Capt.</u> | | <u>10-7-16</u> |
| Transferred to | <u>Adm. S. Staff Branch</u> | | | <u>7-12-16</u> |
| | <u>G.O.C. Dept.</u> | | | <u>14-12-16</u> |
| | <u>2nd Res. Bn.</u> | | | <u>17/5/17</u> |
| | <u>B.A.M.C.</u> | | | <u>14-7-17</u> |

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| STATION. | DATE. | DISEASE. | RESULT. |
|----------|-------|----------|---------|
| | | | |
| | | | |
| | | | |

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

J. 470

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

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block letters) BOYD H. O
 REGIMENT C.A.M.C RANK Major No. ✓
 Date of Examination in England 22/4/19 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.



16
1

PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper Reset

(b) Part Upper

(c) Full Lower Reset

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? —

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

(a) ~~In Canada~~

(b) ~~In England~~

(c) In France Yes

Signature of Dental Officer

R.A. Aulsebrook
Capt

DENTAL HISTORY SHEET

DISTRICT

CANADIAN ARMY DENTAL CORPS

M.F.B. 465.
150M-6-18.
1772-30-50.

NAME OF SOLDIER

Boyd, J.O.

REGIMENT

C.A.M.C.

RANK

Major.

No.

36 ave-20-1318-5



INSTRUCTIONS

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

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

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

| Date | Amalgam | Temporary Filling (a) G.P. (b) Cement | Cement | Treatment Putrescent Pulp | Root Filling | Pulp Cap | Devitalization | Pyrrhoca | Synthetic Porcelain | Extracting | DENTURES | | | Gold Clasp | Gold Filling | CROWNS | | Bridge Work | OPERATOR | Military District | REMARKS |
|--------------------------------|---------|---|--------|------------------------------|--------------|----------|----------------|----------|---------------------|------------|----------|---|---|------------|--------------|--------|-----------|-------------|----------|-------------------|-----------------------------------|
| | | | | | | | | | | | U | L | P | | | Gold | Porcelain | | | | |
| 1919. | | | | | | | | | | | | | | | | | | | | | |
| Condition on first Examination | | | | | | | | | | | | | | | | | | | | | |
| July 10/19. | | | | | | | | | | | | | | | | | | | | | J.A. Plunkert, Capt 3. Incomplete |
| July 15 | | | | | | | | | | | | | | | | | | | | | To receive further treatment |
| July 16 | | | | | | | | | | | | | | | | | | | | | 484. Lindsay. |
| July 18 | | | | | | | | | | | | | | | | | | | | | Ross. |
| July 24 | | | | | | | | | | | | | | | | | | | | | Ross. |
| July 28 | | | | | | | | | | | | | | | | | | | | | Ross. |

I hereby certify that I am satisfied with Dental Treatment received.

H.O. Boyd.

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1844

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

10426

Aug '16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

| | | | |
|---------------|----|--|--|
| 40 | 50 | | |
|---------------|----|--|--|

1-7-18

RATE OF ASSIGNMENT

| | | | |
|----|--|--|--|
| 40 | | | |
|----|--|--|--|

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. _____
 Rank *Capt.* Promoted *Major* ^{m.d. 22-7-51} *22-6-18* Reverted _____ Discharge _____
 Soldier's Name *H. P. Boyd*
 Battalion *109th BATTN*
 Beneficiary *Mrs Elizabeth M. P. Boyd*
 Relationship *wife*
 Address _____

Name *Mrs E. M. Boyd*
 Address *Bobcaygeon Ont*
 Change of Address _____
 1 _____
 2 _____
 3 _____
 4 _____

Oct 31-17 *632-* *600-* *1232-*

| Date | Cheque No. | Amount S/A | Amount A/P | Total |
|-----------------|-----------------|-------------|-------------|-----------|
| <i>Nov.</i> | <i>F 53734</i> | <i>40</i> | <i>40</i> | <i>80</i> |
| <i>Dec</i> | <i>F 58659</i> | <i>40</i> | <i>40</i> | <i>80</i> |
| <i>Jan</i> | <i>F 63898</i> | <i>40</i> | <i>40</i> | <i>80</i> |
| <i>Feb</i> | <i>C 93846</i> | <i>40</i> | <i>40</i> | <i>80</i> |
| <i>Mar.</i> | <i>A 101190</i> | <i>40</i> | <i>40</i> | <i>80</i> |
| <i>Apr</i> | <i>C 5046</i> | <i>40</i> | <i>40</i> | <i>80</i> |
| <i>May</i> | <i>E 11858</i> | <i>40</i> | <i>40</i> | <i>80</i> |
| <i>June</i> | <i>D 19852</i> | <i>40</i> | <i>40</i> | <i>80</i> |
| <i>July</i> | <i>X 34242</i> | <i>40</i> | <i>40</i> | <i>80</i> |
| <i>AUG.</i> | <i>6 31754</i> | <i>40</i> | <i>40</i> | <i>80</i> |
| <i>SEP</i> | <i>D 38029</i> | <i>40</i> | <i>40</i> | <i>80</i> |
| <i>OCT.</i> | <i>F 41840</i> | <i>40</i> | <i>40</i> | <i>80</i> |
| <i>NOV</i> | <i>B 53421</i> | <i>40</i> | <i>40</i> | <i>80</i> |
| <i>DEC</i> | <i>C 66562</i> | <i>40</i> | <i>40</i> | <i>80</i> |
| <i>DEC</i> | <i>Q 1054</i> | <i>60</i> | | <i>60</i> |
| <i>JAN 1919</i> | <i>H 69454</i> | <i>50</i> | <i>40</i> | <i>90</i> |
| <i>FEB</i> | <i>7 78614</i> | <i>50</i> | <i>40</i> | <i>90</i> |
| <i>MAR</i> | <i>7 85048</i> | <i>50</i> | <i>40</i> | <i>90</i> |
| <i>APR</i> | <i>6 695</i> | <i>50</i> | <i>40</i> | <i>90</i> |
| <i>May</i> | <i>D 5900</i> | <i>50</i> | <i>40</i> | <i>90</i> |
| <i>June</i> | <i>C 9675</i> | <i>50</i> | <i>40</i> | <i>90</i> |
| | | <i>1552</i> | <i>1400</i> | |

01955-11-5

REMARKS

AUDITED.
14018 Mailed 20-12-18
M.A. #2
 A/c Closed *30-6-19*
 Ret'd per *Camp of Britain*
 Date *5/19* M.P.W. 187 *14-6/19*
 Closed *D. M. W.*

WRO. 152992 Dest. 14/6/19



1170-1320
OK

M. F. W. 128
 400M-617-17230-141
 L. L. 22320-M. & D. 7683.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

| | | | |
|--|---|--|--|
| | 7 | | |
|--|---|--|--|

RATE OF ASSIGNMENT

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

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

M. F. W. 128
 400M-6-17-1772-80-1141
 L. L. 22520-M. & D. 1988.

ASSIGNED PAY.

UNIT.

Rates

RANK.

NAME.

Beneficiary

Address

Amount. \$ *40⁰⁰ Canada*

Separation Allowance issued. Yes or No.....

C.O.C.

Liphook F.R.

C/O For. Corps Mess 1-

DATE

Pay # 3

75

AUTHORITY

550

100

00

Cap

A/Major

DATE

31/7/16

22/1/18

22/1/18

AUTHORITY

Fr Canada

D.R.O. 1225

C.O.D 78/16

No. 6644

Name

Initials

Bank

Boyd

H. O.

of Montreal

Addit outfit allow. 1-8-18. 100⁰⁰

| DATE | PARTICULARS | CK. NO. | CR. | DR. | ASSIGNED PAY PAID IN CANADA | BALANCE | SPECIAL AUTHORITIES To be initialed by P.M. in every case. | INITIALS |
|---------|---|---------|--------|--------|-----------------------------|---------|---|----------|
| 1918 | | | | | | | | |
| Apr 15 | A. P. Can. | | | | 40- | | | |
| 18 | Pay Apr R. | | 142.50 | | | | | |
| 21 | Bank. | 1173 | | 102.50 | | | | |
| May 13 | Pay May R. | | 147.25 | | | | | |
| 15 | A. P. Can. | | | 40 | | | | |
| 23 | Bank. | 2645 | | 107.25 | | | | |
| June 10 | Pay June R. | | 142.50 | | | | | |
| 14 | A. P. Can. | | | 40 | | | | |
| 21 | Bank. | 4144 | | 102.50 | | | | |
| July 8 | Pay July R. | | 147.25 | | | | | |
| 16 | A. P. Can. | | | 40 | | | | |
| 25 | Bank. | | | 107.25 | | | | |
| 29 | Adj. from Capt to Major rates from 22/1/18 - 31/1/18. | 6644 | 50 | | | | | |
| | Bank. | 5684 | | 50 | | | | |
| Aug 8 | Adj. Pay for 1/1/18 - 31/1/18. | 7580 | 81 | | | | | |
| | Bank. | 6180 | | 81 | | | | |
| 14 | A. P. Can. | | | 40 | | | | |
| 22 | Pay Aug R. | | 232.50 | | | | | |
| 26 | Bank. | 7235 | | 192.50 | | | | |
| Sept 10 | Pay Sept R. | | 225: | | | | | |
| 17 | A. P. Can. | | | 40 | | | | |
| 24 | Bank. | 9162 | | 185 | | | | |
| Oct 9 | Pay Oct R. | | 232.50 | | | | | |
| 14 | A. P. Can. | | | 40 | | | | |
| | Bank. | 10103 | | 192.50 | | | | |
| 31 | add outfit allow 1-8-18 | | 100 | | | | | |
| | Bank. | 10853 | | 100 | | | | |

ASSIGNED PAY.

UNIT.

RANK.

NAME.

| Beneficiary | UNIT. | | | RANK. | | | NAME. |
|---|----------------|---------------------|-----------|-----------|---|--|------------------|
| | NAME OF | DATE | AUTHORITY | DATE | AUTHORITY | | |
| Address | b. For: Corps. | Pay 5 ⁵⁰ | | a/major | | | Name Boyd |
| Amount. | | F.d. 1 | | | | | Initials H. O. |
| Separation Allowance issued. Yes or No..... | | Press 1 | | 1/ Major. | 15 ¹⁹ Dec. 546 / 28 ⁶ | | Bank of Montreal |

| DATE | PARTICULARS | CK. NO. | CR. | DR. | ASSIGNED PAY PAID IN CANADA | BALANCE | SPECIAL AUTHORITIES To be initialed by P.M. in every case. | INITIALS |
|----------|-----------------------------------|---------|--------|--------|-----------------------------|---------|---|----------|
| 1918. | | | | | | | | |
| Nov. 19 | A.P. Can. | | | | 40 | | | |
| " 21 | Port. Pay. | | 225 | | | | | |
| | Bank. | | | 185 | | | | |
| Dec 7 | Dec Pay | | 232 50 | | | | | |
| " 9. | A.P. Can. | | | | 40 | | | |
| | Bank. | 13796 | | 192 50 | | | | |
| Jan 20 | A.P. Can | | | | 40 | | | |
| 22 | Jan Pay | | 232 50 | | | | | |
| 23 | Bank | 15328 | | 192 50 | | | | |
| Feb 11 | Feb. Pay. | | 210 | | | | | |
| " 12 | A.P. Can. | | | | 40. | | | |
| | Bank. | 17136 | | 170 | | | | |
| March 12 | March Pay | | 232 50 | | | | | |
| " 14 | A.P. Can. | | | | 40 | | | |
| | Bank. | 18393 | | 192 50 | | | | |
| April 9 | April Pay | | 225 | | | | | |
| " 12 | A.P. Can | | | | 40 | | | |
| | Bank | 1053 | | 185 | | | | |
| May 8 | May Pay | | 232 50 | | | | | |
| " 10 | A.P. Can. | | | | 40 | | | |
| 23 | Bank | 2778 | | 192 50 | | | | |
| 26 | Bank | 2853 | | 185 | | 185 | | |
| June 5 | Adm June Pa. | | 2900 | | | | | |
| | Trans Alca. 4-28 ⁵ 19. | | | | | | | |
| | June Pay R. | | 225 | | | | | |
| 14 | A.P. Can | | | | 40 | | | |

RETURNED TO CANADA
30/6/19 TRANS 46
TRANSFER TO N.E. LEDGER

Filed 26 Feb 12. 1479

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$ 40.⁰⁰

Separation Allowance issued. Yes or No.....

NAME OF DATE AUTHORITY

DATE AUTHORITY

Name

Initials

Bank

C.O.O.
Liphook
Canada,

Capt.

31st 7/16, fr. Canada
D.R.O. 1225.
C.S.D.
dj. 7-8-16,

Boyd, H.O.
of Montreal,

| DATE 1917 | PARTICULARS | CK. NO. | CR. | DR. | ASSIGNED PAY PAID IN CANADA | BALANCE | SPECIAL AUTHORITIES To be initialed by P.M. in every case. | INITIALS |
|--------------|--------------|---------|-----|--------|-----------------------------------|---------|---|----------|
| Apr. 20 | Capt. Pay R. | | | 142.50 | | | | |
| " " | at Canada, | | | | | 40 - | | |
| " 26 | Bank | 3010 | | 107.50 | | | | |
| May 15 | May Pay R. | | | 147.25 | | | | |
| " " | at Canada, | | | | | 40 - | | |
| " 26 | Bank | 6029 | | 107.25 | | | | |
| June 14 | at Canada, | | | | | 40 - | | |
| " 18 | June Pay R. | | | 142.50 | | | | |
| " 22 | Bank | 9004 | | 102.50 | | | | |
| July 15 | July Pay R. | | | 147.25 | | | | |
| " 17 | at Canada | | | | | 40 - | | |
| " 24 | Bank, | 13071 | | 107.25 | | | | |
| Aug 13 | at Can, | | | | | 40 - | | |
| " 16 | Aug Pay R. | | | 147.25 | | | | |
| " 23 | Bank | 17361 | | 107.25 | | | | |
| Sep 14 | at ban. | | | | | 40 | | |
| " 18 | Sep Pay R. | | | 142.50 | | | | |
| " 20 | Bank | 21905 | | 102.50 | | | | |
| Oct 11 | at ban | | | | | 40 | | |
| " 15 | Oct Pay R. | | | 147.25 | | | | |
| " 19 | Bank | 26282 | | 107.25 | | | | |
| Nov 16 | at ban | | | | | 40 | | |
| " 19 | Nov Pay R. | | | 142.50 | | | | |
| " 21 | Bank | 30733 | | 102.50 | | | | |
| Dec 6 | at ban. | | | | | 40 | | |
| | Forward. | | | | | | | |

1917-8

40

ASSIGNED PAY.

UNIT.

RANK.

Mess.

NAME.

Beneficiary
Address
Amount. \$ 40⁰⁰ *Canada.*
Separation Allowance issued. Yes or No.....

NAME OF UNIT
606. hiphook.
DATE
Pay #3
AUTHORITY
Ha #75
Mess #1

RANK.
Capt.

DATE
31 7
AUTHORITY
Canada
OKO, 1225

Name
Boyd. Ho.
Initials
Bank of *Montreal*

| DATE | PARTICULARS | CK. NO. | CR. | DR. | ASSIGNED PAY PAID IN CANADA | BALANCE | SPECIAL AUTHORITIES To be initialled by P.M. in every case. | INITIALS |
|---------------|----------------------|-------------------|---------------|---------------|-----------------------------|--------------|--|----------|
| 1917 | <i>Brot Forward.</i> | | | | | <i>40</i> | | |
| <i>Dec 14</i> | <i>Dec Pay R.</i> | <i>Bank 35096</i> | <i>147 25</i> | <i>107 25</i> | | 0 | | |
| <i>1918</i> | <i>ad. Jan</i> | | | | <i>40</i> | | | |
| <i>Jan 19</i> | <i>Jan Pay R.</i> | <i>Bank 39459</i> | <i>147 25</i> | <i>107 25</i> | | 0 | | |
| <i>Feb 11</i> | <i>A.P. Can.</i> | | | | <i>40</i> | | | |
| <i>16</i> | <i>Pay Feb R.</i> | <i>Bank 41013</i> | <i>133 -</i> | <i>93 -</i> | | 0 | | |
| <i>Mar 18</i> | <i>A.P. Can.</i> | | | | <i>40</i> | | | |
| <i>18</i> | <i>Pay Mar R.</i> | <i>Bank 42637</i> | <i>147 25</i> | <i>107 25</i> | | 0 | | |

ASSIGNED PAY.

UNIT.

RANK. *Continued*

NAME. *N*

NAME OF DATE AUTHORITY

DATE AUTHORITY

Beneficiary

Address

Amount. \$ *40.⁰⁰*

Separation Allowance issued. Yes or No.

109. Sub

Capt. M.O.

Name *Dayd*

Initials *N.O.*

Bank *Montreal*

| DATE | PARTICULARS | CK. NO. | CR. | DR. | ASSIGNED PAY PAID IN CANADA | BALANCE | SPECIAL AUTHORITIES To be initialled by P.M. in every case | INITIALS |
|-----------------|----------------------|--------------|---------------|---------------|-----------------------------|---------|---|----------|
| <i>1917</i> | | | | | | | | |
| <i>Mich. 1.</i> | <i>Del. food.</i> | | | | | | | |
| <i>" 15</i> | <i>Pay. Mich. R.</i> | | <i>147.75</i> | | | | | |
| <i>" "</i> | <i>C.P. Canada,</i> | | | | <i>40.-</i> | | | |
| <i>" 26</i> | <i>Bank</i> | <i>24836</i> | | <i>107.75</i> | | | | |

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount.

Separation Allowance issued. Yes or No.....

NAME OF

DATE

AUTHORITY

MEAS. DATE

AUTHORITY

Name

Initials

Bank

Canada.

109th Bn.

Capt. & M.O.

31-7-16

From Canada

W.R.O. #1225 C.T.D.

d/ 7-8-16.

93-819
Boyd H.O.
of Montreal.

1916

| DATE | PARTICULARS | CK. NO. | CR. | DR. | ASSIGNED PAY PAID IN CANADA | BALANCE | SPECIAL AUTHORITIES To be initialed by P.M. in every case. | INITIALS. |
|-----------------|--|---------|---------|--------|-----------------------------|---------|---|-----------|
| Aug 16 | Bank Credit Bal. 31-7-16. | | | 93 75 | | 93 75 | | |
| 18 | Gen. Auth L.P.L. No #6565 | | 93 75. | | | | | |
| 18 | Per. Captorates Eff 1/16. Uniform #16. Auth L.P.C. No 6564 | | 148 25. | | | | | |
| 21 | A.P. Canada | | | | 40 | | | |
| 26 | Bank | 7459 | | 108 25 | | | | |
| Sept 19 | Pay Sept R. | | 142 50 | | | | | |
| 21 | A.P. Can | | | | 40 | | | |
| 26 | Bank | 9166 | | 102 50 | | | | |
| 28 | Bank up'd ch #270421 | | | 8 77 | | | | |
| 28 | " " " 290502 | | | 21 96 | | | | |
| 28 | " " " 270423 | | | 21 96 | | | | |
| 28 | " " " 270424 | | | 21 96 | | | | |
| Oct 19 | Pay Oct R | | 147 25 | | | | | |
| 20 | A.P. Can | | | | 40 | | | |
| 25 | Bank | | | 107 25 | | | | |
| Nov. 16 | A.P. Canada | | | | 40 | | | |
| " 20 | Pay Nov. R. | | 142 50 | | | | | |
| 28 | Bank | | | 102 50 | | | | |
| Dec 11 | A.P. | | | | 40 | | | |
| " | Pay Dec R. | | 147 25 | | | | | |
| " 18 | Bank | | | 107 25 | | | | |
| 1917 Jan. 16 | A.P. Canada | | | | 40 | | | |
| " 20 | Pay Jan. R. | | 147 25 | | | | | |
| " 26 | Bank | 19288 | | 107 25 | | | | |
| Feb. 15 | Pay Feb. R. | | 133 - | | | | | |
| " 19 | A.P. Canada | | | | 40 | | | |
| " 21 | Bank | 21436 | | 92 - | | | | |

See HB Boyd

74 85

Empress of Britain 5/6/19

AUDITOR *JA* PAYMASTER

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

M. OR S. _____ REGT. NO. _____ RANK _____ NAME (IN FULL) _____ (BLOCK LETTERS SURNAME FIRST)

ORIGINAL UNIT C.E.F. *Ca. m.b.* IF IN P.F. WHAT UNIT? _____

PLACE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____

DATE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____

ASSIGNED PAY \$ *40.00* ✓ DATE EFFECTIVE *1/7/19* ✓

PAYABLE TO *Same* RELATIONSHIP _____ ANY CHANGE IN ASSIGNEE OR ADDRESS _____

ADDRESS _____

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE _____ EFFECTIVE _____

DISCHARGED _____ PLACE _____ DATE _____ REASON _____ AUTHORITY _____ IF ENTITLED TO POST DISCHARGE PAY *Yes*

| MONTH | PAY AND F.A. | | OTHER CREDITS | TOTAL CREDITS | ACQUITTANCE ROLLS | | | CASH PAYMENTS | | | ASSIGNED PAY | REGIMENTAL CHARGES | OTHER CHARGES | TOTAL DEBITS | | BALANCE | | PARTICULARS OR REMARKS |
|-----------------|--------------|-------------|---------------|---------------|-------------------|------------|------------|---------------|------------|--------------|--------------|--------------------|---------------|---------------|---------------|---------|---------------|--|
| | NO. OF DAYS | RATE | | | AMOUNT | COL. NO. 1 | COL. NO. 2 | COL. NO. 3 | COL. NO. 1 | COL. NO. 2 | | | | COL. NO. 3 | DEBIT | CREDIT | DEBIT | |
| <i>30/6/19</i> | | | <i>N.I.L.</i> | | | | | <i>201.50</i> | | | | <i>17.00</i> | | <i>218.50</i> | <i>218.50</i> | | <i>0.00</i> | <i>Am Paid Boat 1st pay to self Res messg. 28/5 to 30/6/19</i> |
| <i>July 1-6</i> | <i>6</i> | <i>6/50</i> | <i>39</i> | <i>49</i> | | | | | | <i>90.00</i> | | <i>218.50</i> | | <i>308.50</i> | <i>261.50</i> | | <i>47.00</i> | |
| | | <i>39</i> | <i>10</i> | <i>49</i> | | | | <i>201.50</i> | | | <i>90.00</i> | <i>125.50</i> | | <i>321.00</i> | <i>118.00</i> | | <i>203.00</i> | |

BALANCE FROM PREVIOUS ACCOUNT

ACCOUNT CLOSED, NOT SIGNED, RESPONSIBLE OFFICER'S SIGNATURE REQUIRED. H. O. CIRCULAR No. 122 (1910) 120. 1917, DIRECTOR PAY CERTIFIED, H. O. No.

Unit 108th O/S Bty. Rank Capt Name H. O. Boyd

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

Original

QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

1. (a) What is your Surname? Boyd.
- (b) What are your Christian Names? Henry Stanley.
2. (a) Where were you born? (State place and country) Bombay Pres. India.
- (b) What is your present address? Bombay.
3. What is the date of your birth? May 31st 1864.
4. What is (a) the name of your next-of-kin? Elijah H. P. Boyd
- (b) the address of your next-of-kin? Bombay.
- (c) the relationship of your next-of-kin? Wife.
5. What is your profession or occupation? Physician.
6. What is your religion? Ch. of England
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes.
8. To what Unit of the Active Militia do you belong? None.
9. State particulars of any former Military Service Transport. Can. Force. West. Rebellion 185
10. Are you willing to serve in the
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes.

The undersigned hereby declares that the above answers made by him to the above questions are true.

H. O. Boyd. (Signature of Officer.)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date 10-7-16 191.....

Place Kingston

Wm. P. [Signature]
Medical Officer.

*Insert here "fit" or "unfit"

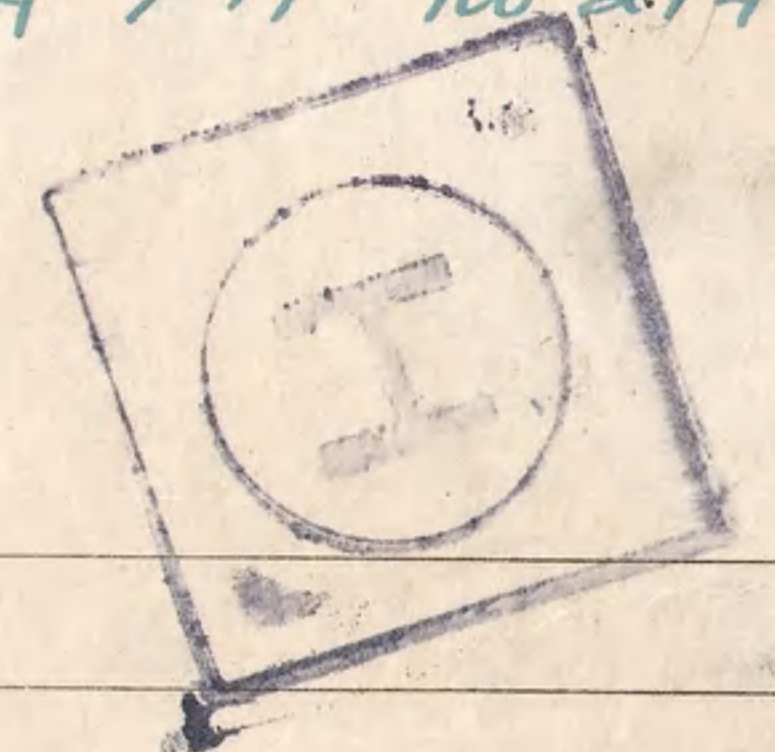
War Service Badge Class A No. 110.
Occupational Group 19
Dispersal Area 9

78
II.A I
O.G. 19
B 98

PROCEEDINGS OF AN OFFICER OR NURSING SISTER
STRUCK OFF STRENGTH
OF THE
CANADIAN EXPEDITIONARY FORCE

War Service Badge
Class "A" No.

| | | |
|-----------------------------|---------------------------------------|---------------|
| 1. RANK | Major | |
| 2. NAME | H. O. Boyd | |
| 3. UNIT | No 12. Can. Gen Hospital | |
| 4. DATE STRUCK OFF STRENGTH | | PLACE Toronto |
| 5. REASON | Demobilization 208 14-7-19 RO 2140-19 | |
| 6. AUTHORITY | | |
| 7. PROPOSED RESIDENCE | Bobcaygeon Ont Canada | |



This folder should contain the following documents:

1. Declaration Paper, M. F. W. 51, or Attestation Paper, M. F. W. 23.
2. Casualty Form, A. F. B. 103 or M. F. W. 54.
3. Medical History Sheet, M. F. B. 313 or A. F. B. 178.
4. Proceedings of Medical Boards, A. F. A. 179 or M. F. B. 227.
5. Medical Report M. F. W. 129.
6. Dental History Sheet, M. F. B. 465.
7. Last Pay Certificate, M. F. W. 44.
8. Certificate as to Missing Documents.

Major Boyd Henry

1. Triplicate Declaration Paper (M.F.W. 51), or Triplicate Attestation Paper (M.F.W. 23).
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. Proceedings on Striking off Strength (M.F.W. 2591).
7. Last Pay Certificate (P. 41)
8. War Service Groupy Form. (M.F.W. 2595)
9. Sundry Documents.

M. F. W. 2591.
2031-11-18.
1772-39-1380.

Group KA
Checked by No. 29
Date 22/5/19