

Unit 109th Batt. C.E.F. Rank Lieut. - Name N.A. Fairbairn.

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

ORIGINAL

QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

1. (a) What is your Surname? Fairbairn.
- (b) What are your Christian Names? Howard Noel.
2. (a) Where were you born? (State place and country) Bobcaygeon Ont. Can.
- (b) What is your present address? Bobcaygeon Ontario.
3. What is the date of your birth? July 26th 1896.
4. What is (a) the name of your next-of-kin? Thomas G. Fairbairn.
- (b) the address of your next-of-kin? Bobcaygeon Ont.
- (c) the relationship of your next-of-kin? Father.
5. What is your profession or occupation? Farmer.
6. What is your religion? Presbyterian.
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes.
8. To what Unit of the Active Militia do you belong? 40th Vic. Reg't.
9. State particulars of any former Military Service.....
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.

N.A. Fairbairn Lieut. (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 April 27 1916

Place Bobcaygeon

*Insert here "fit" or "unfit"

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

9
4
1
3
2

C.E.F.

FAIRBAIRN

HOWARD AROL LIEUT

109TH. BN.

00380

DEMOB.

PUBLIC ARCHIVES
RECORDS CENTRE



464905



SURNAME.

*Fairbairn**J. 2*

CHRISTIAN NAMES

Howard Arol.

FOLL.

MPB

REGL. NO.

RANK

*Lieut.**505.4779 Dando*

UNIT

*109th**RO2072. 107th**2 DO*

FORMER CORPS

45th Vic. Regt.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Fairbairn Thomas A.

RELATIONSHIP TO SOLDIER

Father

ADDRESS

Bobcaygeon, Ont.

COUNTRY OF BIRTH

Canada, Bobcaygeon, Ont.

DATE

July 26th 1896

PLACE OF ATTESTATION

DATE

*Sailed from Halifax 23**7/16 per S.S. "Olympic"*

L. L. 94504. M. & E. 6512

*488**1*

M. F. W. 22. 250M.-2-16. H. Q. 1772-39-338.

*R/C.**1-7-19**3**Lieut*

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

Bobcaygeon, Ont.

DATE

Apr. 29th 1916

Present address: Bobcaygeon, Ont.

NAME

Fairbairn Howard Arol

REGT'L No.

H. Q. FILE No. 649.

RANK AND CORPS

Recit 39th Bn

form

FOLLOWS

NO.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

Wife. Fairbairn Thomas. A. (Father)

Bobcaygeon, Ont

O 1235
" - 1

10-9-18

Adm. Ind. Westn. Gen. H. Manchester

Sept. 4th 1918, GSW. shoulder

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
1081 ⁴	2nd West Gen. Manchester	4-9-18	GSW. Shldr., Sgt.
1122 ¹²¹	b. c. Officers Mallock	1-10-18	GSW Shldr.
1148 ¹³¹	D. Sch. Bath	7-10-18	" "

No.

RANK

Lieut.

NAME

Fairbairn J. S. A.

T. O. S. 29-11-15.

UNIT

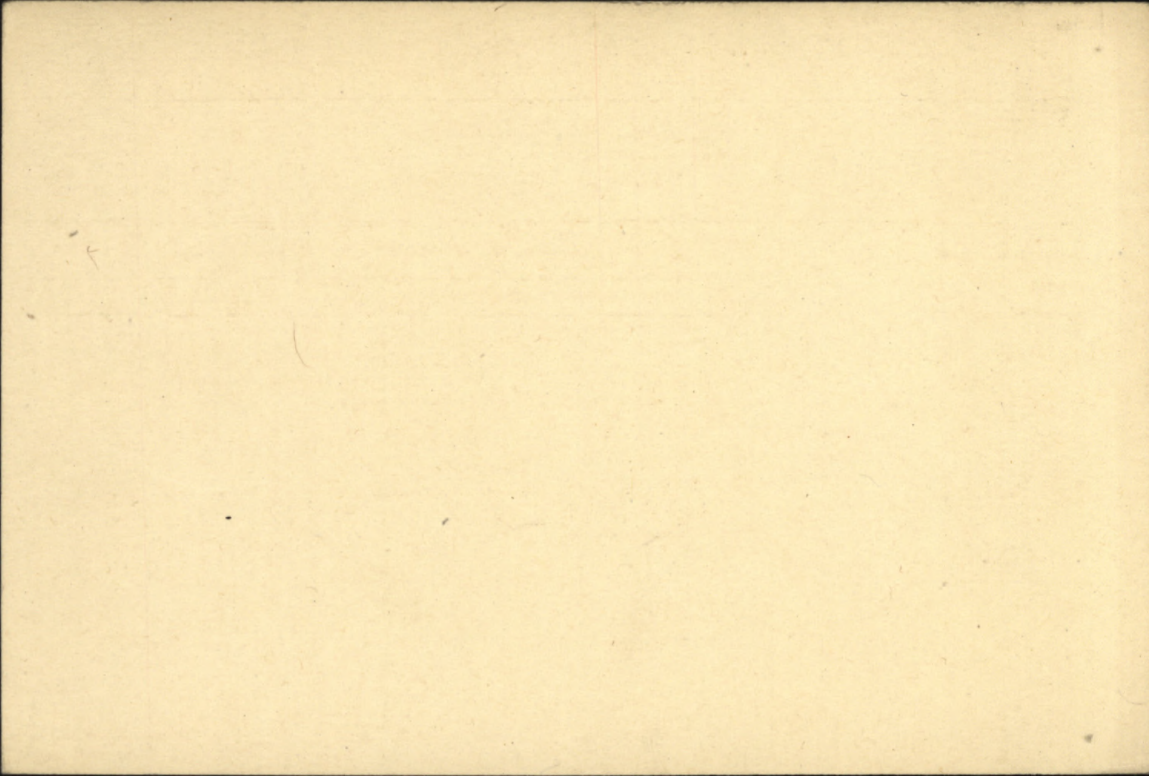
109th Battalion.

D. O. S. 29-11-15.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Nov 29	1915. Nov. 30	✓		
	Dec.	✓		
1916. Jan.	1916	✓		
	Feb.	✓		
	Mar.	✓		
	April	✓		
	May	✓		
	June	✓		
	July	✓		
			Proc. app. as supernumerary. Officer.	D.O. 171 of 4-6-16

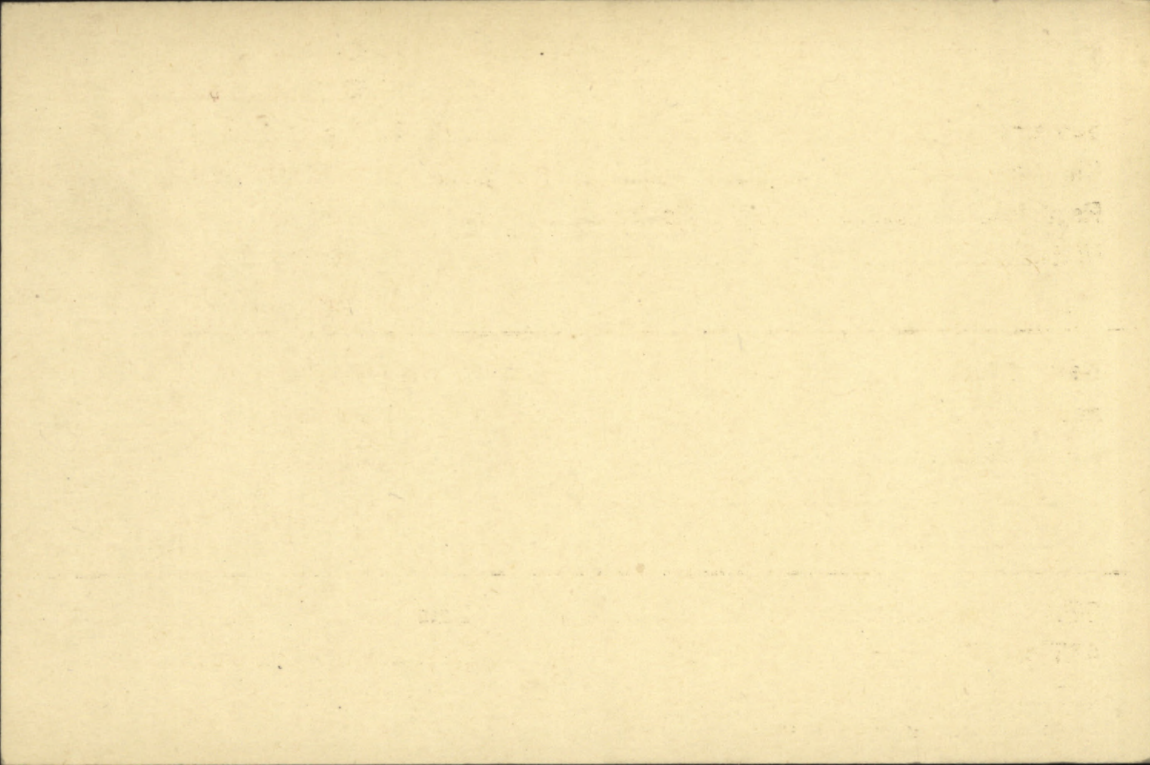
UNIT SAILED
JUL 23 1916



Surname *Fairbairn*
Christian names *Howard Arol*
Regtl. No. Rank *Lieut*
Unit *~~109th Bn~~ 2. D. D.*
H. Q.
M. D. No.
T. O. S. 19
D. O. Pt. II of
S. O. S. *July 4* 19 *19*
Reason *Demol*
Auth. *A.O. 219 of 7-8-19* *2. D. D.*

Next of kin *Fairbairn Thomas A* Relationship *Father*
Address *Bobcaygeon, Ont*
Also notify:

BORN—Place *Canada, Bobcaygeon* Date *July 26th 1896*
ATTESTED—Place *Bobcaygeon* Date *April 27th 1916*
O/S R/C *F-7-19*
Belgic



NAME

Fairbairn H. W.

REGT. NO.

RANK AND UNIT

Lieut

6th Res Bn.

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

1119³

Connaught Alders 14-10-18

N. H. 226
~~Not stated~~1144⁵

13 ban. Gen. Hastings 19-11-18

20

1194

Dijich 21-1-19

20

1216

Dijich Connaught
addressed 12-11-18

20

NAME

Fairbairn H

a

REGT'L No

RANK AND CORPS

Lieut

156th Bn

H. Q. FILE No. 649-

FOLLOWS

No.

CABLE

No.

DATE

NATURE OF CASUALTY

FOLLOWS

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
636 ⁽²⁾	Cambridge Aldenhot	24-3-17	Loneillitis
691 ⁽¹⁾	" "	2-4-17	" Disch
947	2 nd East-Gen Brighton	30-3-18	"
1007-3	" " " Disch	3-4-18	1

No. 13 CANADIAN GENERAL HOSPITAL. HOSPITAL.
 HASTINGS, SUSSEX.

A. & D.
 CARD

AT.....

A. & D. No. 411. PL. OF ACTION.....

RANK Lieut. REG. NO. --- UNIT 6th Can. Res. Bn. SICK OR WOUNDED

NAME Fairbairn H.A. AGE 22 RELIGION Pres.

PLACE IN HOSPITAL F.2.

DIAGNOSIS V.D.G. (20).

ADMITTED 18-11-18. FROM 6th Can. Res.

DISCHARGED 21-1-19 To Duty

TRANSFERRED

SERVICE AT HOME 34/12. IN FIELD 6/12.

RESULTS

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

Name **FAIRBAIRN**
 H *oward* A *Rank*
 Unit **6th Res Bn** ✓
 Next of Kin *Canada*

LIEUT

Reg. No. *9F607*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
14-10	Connaught Hos.	Aldershot (ltr)				
			N.S.	1119		
12-11-18	Diagnosis (29330)	V. D. G.		1193		
19-11	13 Ben En No Streets	7001	20	1216		
21-1-19	Discharged	7003		1144		
				1194		

Number Rank, *LIEUT.*

Surname, *FAIRBAIRN*

Christian Name, *HOWARD AROL*

Unit, *38th Bn* Theatre of War, *FRANCE*

Date of Service, *23.7.16* *8.4.18* *23.6.19*

Remarks, *Mansfield St.* 1

Latest Address, *Bobcaygeon*

Ont.

Roll No. *B Page 3347*

185-44

Exp

MAY 10 1920

Surname

Christian Name

Reg. No.

FAIRBAIRN

Unit

H. A.

DMS.22-2-K-F.

Lieut.

6th Res. Battn. 38th. Bn.

MEDICAL BOARD held at

Date

Serial No.

Seaford Area. 8-4-18.

(1)

Buxton Area 1-10-18.

Other Medical Boards at

Date

Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

Tonsillitis. GSW.lt.Shldr.

Disposition Recommended

(1) Fit General Service.

Fit for General service.

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at

Date.....

Disposition

Remarks

Fairbairn.

H.

A.

Lieut.

156th. Bn.
38th. Batt'n.

6th Res. Battn.

Cambridge Hosp. Aldershot. 24-3-17.

2nd Eastern Gen. Hospital, Brighton. 30-3-18.

HS. to 2nd. West. Gen. Hosp. Manchester 4-9-18.

Connaught Hospital, Aldershot 14-10-18.

Canadian Conval. Offs. Hosp. Matlock 1-10-18.

No. 13 Canadian Gen. Hosp. Hastings 19-11-18

Tonsillitis.

Tonsillitis.

G.S.W. Shldr. ^{R.}slit.

~~Not stated (G).~~

V. D. G. ^{av.}

Disch.: -2-4-17

Discharged: -3-4-18.

do. 7-10-18.

do. 21-1-19.

C.L. 29-3-17. 636-2. do 12-11-19.

4-6-17 691-2.

4-4-18. 947-5.

13-6-18 1007-5.

9-9-18 1081-4.

23-10-18 1119-3.

26-10-18 1122-3. & 6 note.

21-11-18 1144-5.

26-11-18 1148-3.

22-1-19 1194-3.

17-2-19 1216-4

A.M.D. 2 DEPT.

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

R

CERTIFIED CORRECT

APR 1918
CANADIAN RECORD OFFICE

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

M. F. W. 54. 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. _____ Rank Lieut Name Edinburgh Howard Arol
C. E. F.

Enlisted (a) 27.4.16 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. }

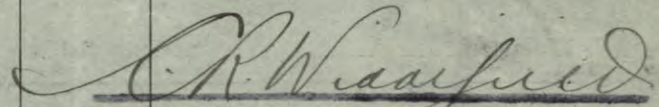
Extended _____ Re-engaged _____ Qualification (b) _____

Report	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 33, 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. 33, or other official documents.
Embarked Canada		Halifax	23.7.16.	
Disembarked England		Liverpool	31.7.16.	
20-2-17 O.C. 109th.	Transferred to the 156th. Battalion Can. Inf.	Witley	20-2-17 18.	Routine Order # 748 dated 20-2-17. <i>Adjutant</i> ADJUTANT 109th Overseas Battalion, C. E. F.
20-2-17 RO# 748	Taken on strength 156th Can Inf	Witley	18-2-17	Paid II D.O # 748.
23.16 O.C. 156th Bu	Transferred to 6th., Can. Reserve Battalion	Witley	2.3.18	Pt. II D.O. 44 For Adj. 156 th., Can. Inf. Battalion
4.3.18 O.C. 6th Res.	405.6th Res on transfer from 156th Res.	Seaford	2.3.18	Pt II D.O. 53.

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

Lieut.
FAIRBAIRN

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 38, 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. 38, or other official documents.
Date	From whom received				

10.4.18.	O.C. 6 th Reg.	S.O.S. 6 th Reg in proceeding overseas to 38 th Bn.	Seaford	8.4.18	PTLB 0-85
 OFFICER i/c RECORDS CAN CAN REG. BN.					
9.4.18	O.C.D.	J.O.S. 385 Bn	France.	9.4.18	2032-15.4.18
13.4.18	Cell	gained	Cell	13.4.18	WR
11.5.18	38 th	att. for training ex	Cell	5.5.18	B513
25.5.18	Cell	Left for (in exchange)	Unit	24.5.18	in Ragsby R.R. 80.
25 MAY 18	Unit	Joined Unit	FIELD	24.5.18	B513 "
6.9.18	1st Army HQ	Wounded in action		2.9.18.	List 1465 P.O. 881 10 SEP 18
5.9.18	38 th	co.			K.I. 17-1300 letter.
3.9.18	roger.	lowe slant.	roger.	3.9.18	W-2819.
4.9.18.	do	WOUNDED - roster	E. Ont. Reg. Dep. Seaford,	4.9.18.	W3083/5917.
PRINCESS ELIZABETH					D.O., 89- 16 SEP 18
					Lieut. for Lt Col. A. A. G.
					Canadian Section, G. H. Q. - 3 rd , Ech.
13-9-18.	666 R.D.	for 60 R.D. on list from service unit shown in Disp.	Seaford.	4-9-18.	PTLB D.O. 231.
14-10-18.	666 R.D.	for 60 R.D. on list to 6 th Reg Bn	Seaford.	7-10-18.	PTLB D.O. 257.
11.10.18	O.C. 6 th Reg	S.O.S. 6 th Reg Bn in reporting	Seaford	7.10.18.	PTLB 0-241
		found red			

Regiment or Corps _____
 Rank Lieut Surname Gairbairn Christian Name Howard Cecil

Religion _____ Age on Enlistment _____ years _____ months.

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 _____

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

Signature of Officer i/c Records.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
			Embarked ... Disembarked ...		
<u>6.12.18</u>	<u>O.C. 6th Res Bn</u>	<u>S.O.S. 6th Res on posting to COAD.</u>	<u>Witley</u>	<u>6.12.18</u>	<u>PHEB.D. 287</u> <i>[Signature]</i>
					OFFICER i/c RECORDS 8th CAN. RES. BN.
<u>12.12.18</u>	<u>O.C. COAD</u>	<u>transport from 6th Res Bn & placed in No. 1</u>	<u>Seaford</u>	<u>6.12.18</u>	<u>PHEB.D. 307</u>
<u>31.1.19</u>	<u>O.C. COAD</u>	<u>transport to 6th Res Bn</u>	<u>Seaford</u>	<u>22.1.19</u>	<u>PHEB.D. 126</u> <i>[Signature]</i> Lieut. for Officer Commanding, Regt. Depot.

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

Date	From whom received	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
23/1/19	Ole. 6th Res.	I.O.S. on posting from 60th	Witley	22/1/19	A. D. 19
14.6.19 23/6/19	O.C. 6th Res.	S.O.S. on transfer to C. Coy. 4. pie Canada S. Aquitaine	Lezard	14.6.19 23/6/19	PT D B.D. 134 141
<p>Embarked Liverpool SS BELGIC 23/6/19 Disembarked HALIFAX 1-7-19 LT FOR Capt & Adj. ☆</p>					
7-7-19	M.H.Q. Ottawa	I.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 2	C.E.F. R.O. No. 2063-19	
9-7-19	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 4-7-19	C.E.F. R.O. No. 2071-19	
<p><i>W. Hunter</i> for Director Personal Services</p>					

DEPARTMENT OF VETERANS AFFAIRS

To
Attention of

COPY FOR H.O. FILE

OTTAWA 4, ONTARIO
Date NOV 12, 1968

NAME FAIRBAIRN HOWARD AROL

SERVICE LIBUT WW1
NUMBER

C.P.C. No. 212584
W.V.A. No.

NAVY
ARMY X
R.C.A.F.

The DEPARTMENT has received information from

DVA 93 WINNIPEG MANITOBA SEPT 17, 1968

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death August 3, 1968
Cause of Death
Place of Death WINNIPEG MANITOBA

Name and Address of next of kin (if known)

Copies to: W.S.R.
V. I.
~~PAYX~~
D.O.
H.O.

} Destroy form if advice of death already received.

E.C. Richards
for
Chief, Central Registry

DEPARTMENT OF VETERANS AFFAIRS



UNITED STATES DEPARTMENT OF VETERANS AFFAIRS
WASHINGTON, D. C. 20330

THE SECRETARY OF VETERANS AFFAIRS

PLEASE PRINT NAME AND ADDRESS OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

COPIES TO: W-1
V-1
T-1
D-1
S-1

NAME AND ADDRESS OF NEXT OF KIN

UNITED STATES DEPARTMENT OF VETERANS AFFAIRS

ET.

Rank and Name **FAIRBAIRN, Howard Arol** / **Lieut.** ✓ 25-8-16 ✓
 Regimental No. _____ Name and Address of Next-of-Kin **Father.**
 Unit **109th Battn.** **Thomas A. Fairbairn.**
 Date of enlistment _____ **Bobcaygeon. Ontario. Canada.**
 Place of birth **Bobcaygeon. Ontario. Canada.** NR. 156 Bn. 25-3-17
 Married (Yes or No) **No.** ✓ Date and place of discharge " 28-4-17
 If in Permanent Force _____ Reason for discharge _____
 Character on discharge _____
 Promotions or appointments **LEFT CANADA 23-7-16**

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
20-2-17	5 th Div.	Posted to 156 th Batta		18-2-17	RO 748 P100-57. 156 th Bn. P100 64-156
1-3-17	do	Graded Certificate on completing course 23	C.M.S.		RO. 859 (RO. 630 Hqs C.E.F.)
29.3.17	C.R.O.	adm. Cambridge & Aldershot.		24.3.17	2.4.17 C269 OZ 636. Tourvilleis
2.3.18.	156 Bn	S.O.S. to 6 th R. Bn.		2.3.18.	Photodup. T.O.S. 6 th R. Bn. 1-11-18
4.4 18	ABMS	Adm 2 nd E. G. Hosp Brighton		30.3.18	C L 947
10-4-18	6 th Res	S.O.S. to 38 Bn Overseas		3-4-18	C L 1007
15-4-18	38 th Bn	Arrived from Eng is T O S		8-4-18	PT 85
16 9 18	38 Bn	Wounded & detached to E ORD		4 9 18	PT 89
13 9 18	E ORD	Job on posting from 38 Batt		4-9-18	PT 231
9 9 18	BAMS	Adm 2 Western General Hosp Manchester		4-9-18	Cts 1080 espn shoulder slt
11 10 18	6 th Res	Job on posting from E ORD		7 10 18	PT 241 505 E ORD 257
23 10 18	Amr	adm Connaught Hosp Aldershot		14 10 18	BL 1119 VRG
		Discharged		12 11 18	Ob 12 16

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
26 10 18	Amb	adm con Concl Officers Hosp of allock T Barb.		1-10-18	Ch 1122 GSW Shoulder
		<i>Discharged</i>		7 10 18	Ch 1148
21. 11. 18	do	adm. 13, Caughley Hospital Harburg		19. 11. 18	C/1101. 20.
		<i>Discharged</i>		24 10 19	
6.12.18	6 Res	S.O.S. to C.O.R.D.		6.12.18	P/na 287 T/REORD P/307
23.1.19	do	T.O.S. on posting from E.O.R.D.		22.1.19	P/11.0.19303EORD P/26
28.1.19	38 th Bn	S.O.S. & Establishment		2.1.19	P/11.6
		<i>Sailed from Canada</i>		23.6.19	S/ist 71
23.6.19	6 Res	<i>S/O on trans to C.E.F. in Canada</i>		23.6.19	P/II/141

29072

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 LIEUT Surname FAIRBAIN
(Given name in full)

..... HOWARD AROL
Unit or Corps 6th Res. Bn. Birthplace Balsaygon, Ont. Can.

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

1. GENERAL DESCRIPTION:

Physique good Weight 160 lbs. Height 6 ft. $\frac{1}{2}$ in. Colour of Eyes hazel
Nutrition good
Pulse 76
Condition of arteries normal
Vision Rt. 6 Left 6
Hearing (conversational voice) Rt. no ft.
Left no ft.

Identification marks, scars, or deformities.
(Give cause and date of origin).
Small wound of chin
civil life.
Scar left shoulder.
Sept. 1918 - shelled.

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 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.

Tonsillitis 20-3-18 - April 1918.
good recovery.
C.S.W. left shoulder Sept. 1918 - no
disability
U.D.C. 18-11-18
3/ Spec. report 29-5-19
apparently cured.
Sig. O.F. Enlistment Cert.

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Seaford.....(Overseas)

Date 29-5-19..... Signed J.W. MacNeil..... M.O.
Capt.

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. L. Arbain *St.*

(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 a Medical Board.)

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

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—6-16.
H. Q. 1772-39-819.

To Whom

Address

Rate

Miss A. Turbain
Loheaygeon
Out

By Whom Assigned

Regtl. No.

Rank

Corps

Turbain A.
Lieut
109th Bn

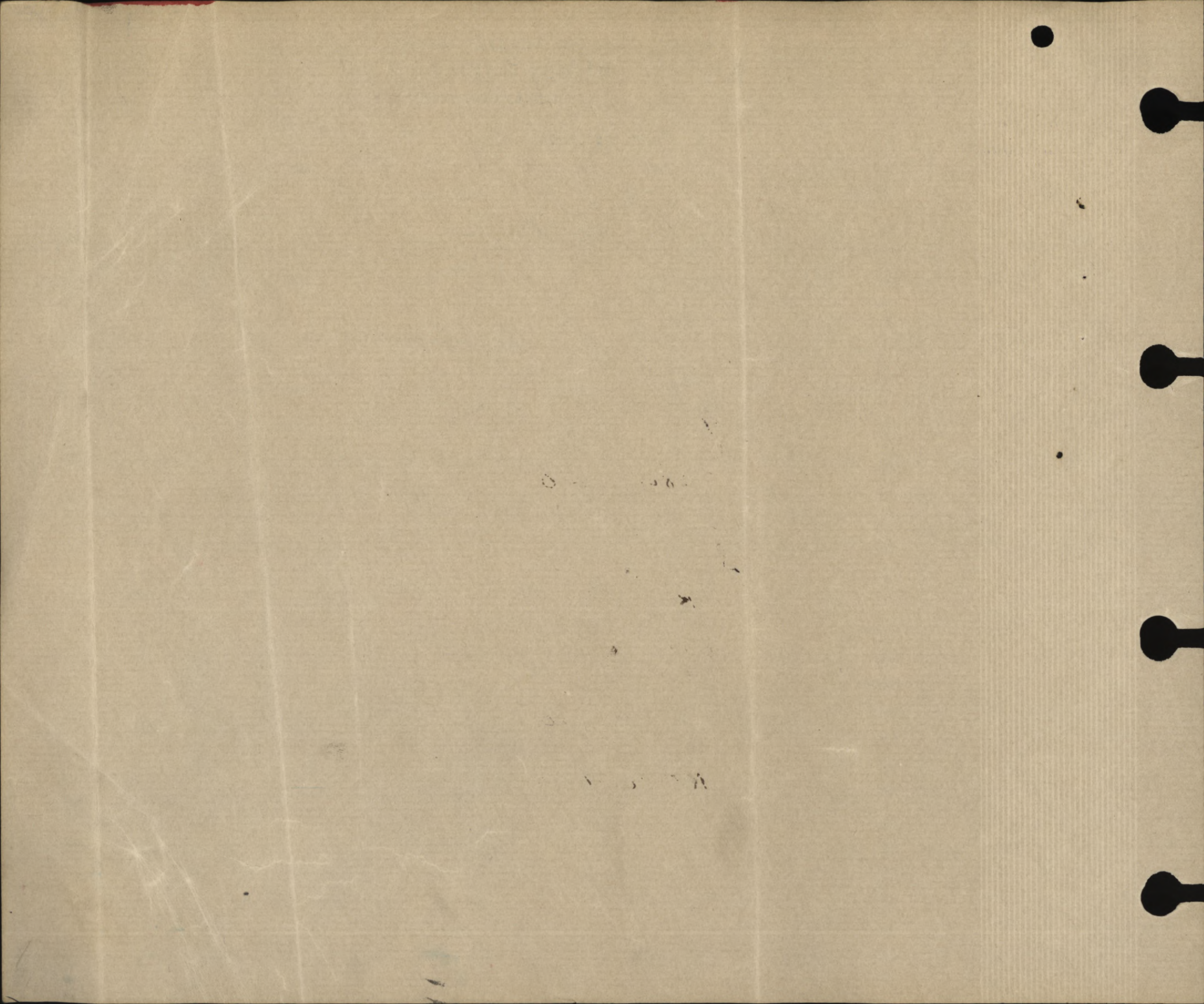
20⁰⁰ Oct 1/16

2m 25⁰⁰ WB 27⁰⁰ 1/16

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				





MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
		Lieut	Fairbairn	Howard A.
Year	Unit.		Age.	Service.
1918.	6th Can. Res. Bn		22	40/12
Station and Date.	Disease			
18-11-18.	V.D.G. (20)			
	admitted Aldershot 14/10/18. V.D.G. discharged 11/11/18.			
	on evening same day pains in lower abdomen.			
	no discharge.			
	on admission no urethral discharge			
	Treatment Posterior Irrigations P.P. 1/4			
	Protargol 1/4			
	Prostatic Massage			
21-11-18	P.M. Prostate enlarged + tender			
25-11-18	Irrigation stopped. U.S.M.P.D. 1st Hazy shds. 2nd Hazy shds			
28-11-18	Dry (3 hrs) 1st clear shds 2nd clear			
30-11-18	P.M. P.F. G.C. neg. Pus +++			
2-12-18	U.S.M.P.D. 1st cl shds 2nd cl			
5-12-18	P.M. P.F. G.C. - Pus ++			
9-12-18	P.P. irrigations 1-4000 U.S.M.P.D. G.C. + Pus ++			
17-12-18	P.M. Meatus stuck in morning			
20-12-18	P.M. Argent-Nit Instillation			
25-12-18	P.M. Dry 1st cl few spks 2nd clear			
30-12-18	P.M. Dry			
2-1-19	P.M. Dry Prostate Normal P.F. G.C. - Pus ++			
6-1-19	P.M. Dry 1st cl spks 2nd clear			
13-1-19	P.M. Dry P.F. G.C. - Pus +			
20-1-19	Dry urine clear			
21-1-19	Dry			
	Discharged apparently cured			
	Dis to Duty 20/1/19 Woodhouse Capt			

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

Station
and Date.

ASSIGNED PAY

Sheet No. 2.

Mrs J. A. Fairbairn

OVERSEAS CONTINGENTS

Name of Soldier

Fairbairn H.A.
109/BW Lieut

PAYMENTS.

L. L. Job 4503. -Req. 6832.

Month.	Year.	Cheque No.	Amt.	Remarks.
				20 ⁰⁰ Oct 1/16
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		P 22406	40	}
Dec.		R 35405	20	
Jan.	1917	0 38027	20	
Feb.		0 44020	20	
March		R 47760	20	20 (W)
April		S 1601	20	20 B. S 1601 Cancelled 29/6/17
May		a 1650 K 7758	20	
June		I 14888	20	20. Ann
July		Q 21536	20	B.
Aug.		W 30548	20	B
Sept.		V 34551	20	J
Oct.		L 41652	20	
Nov.		V 47136	20	
Dec.		N 57031	20	305 WDC
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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

Forms
I. 1237
12

Whether U.K. or Expeditionary Force: *Majr Bayen*
(If latter, state which)

MATLOCK BATH. MEDICAL CASE SHEET.*

Ward: *B-5*

No. in Admission and Discharge Book.
360-113
Year
19.18

Regimental No. *C1-* Rank. Surname. Christian Name.
Fairbairn Howard G.
Unit. Age. Service.
38 Canadian 22. 3.9.18 ^{2 months} 5 2/3



Disease *Bullet wound - shoulder (L)*
Date of Onset *2.9.18 - Corras.*
T&T. Entering ant axillary fold
Exit. Post x int. border of arm in its upper part
No injury to bone vessels or nerves
Wounds clean.

Transfer Class.

24/9/18

Fit for Conv Depot:
Blk head cap

28.9.18

In papers applied for all.

30.9.18

Transferred to the
Canada Conv Hospital
Matlock Bath.

Next of kin :

Mother
Bob-caygeon
Ontario

Antitetanus Inoc ⁿ	
Units.	Date.
<i>750</i>	<i>2-9-18</i>
<i>500</i>	<i>9.9.18</i>
<i>500</i>	<i>19.9.18</i>

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

Station
and Date.

CANADIAN EXPEDITIONARY FORCE

H.J.A.-2-35.

Certificate of Service

H.C.

ISSUED TO OFFICERS AND NURSING SISTERS

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

(Name in full)..... Howard Arol FAIRBAIN

Enlisted in..... 109th Battalion

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

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

in..... 109th Battalion

CANADIAN EXPEDITIONARY FORCE on the..... Twenty-Seventh day

of..... April 191..... 6

He SERVED in CANADA, England and France with the 109th Battalion., 156th Battalion., 6th Res. Battalion., 88th Battalion and Eastern Ontario Reg'tal Depot.

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

of..... July 191..... by reason of..... General Demobilization

Dated at Ottawa, this..... Nineteenth day

of..... December 191..... 9


Wounded-2-9-18.

H. J. Carroll

Lieut.

for Director of Personal Services.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. <i>T1071</i>	Regimental No.	Rank.	Surname.	Christian Name.
	<i>36th</i>			
Year <i>1918</i>	Unit.	Age.	Service.	
	<i>36th</i>	<i>22</i>	CANADA <i>12</i>	
			FRANCE <i>6</i>	
			TOTAL <i>38</i>	
Station and Date.	Disease <i>G.S.W. Shoulder l. T-T</i>			
	ONSET.	<i>2.9.18</i>	WHERE.	<i>France.</i>
	HISTORY OF DISABILITY. <i>T+T bullet wd Entrance</i>			
	<i>Ant. axillary fold. End Post & Sul border of arm in its upper part. No injury to bone vessels or nerves. To 2nd W. Gen. P 5.9.18</i>			
PERSONAL AND FAMILY HISTORY.				
<i>Good.</i>				
PRESENT CONDITION. <i>Limit for</i>				
DIGESTIVE SYSTEM. <i>OK.</i>				
CIRCULATORY SYSTEM. <i>}</i>				
RESPIRATORY SYSTEM. <i>}</i>				
NERVOUS SYSTEM. <i>}</i>				
G.U. SYSTEM. <i>}</i>				
LOCAL CONDITION. <i>OK. no appreciable disability now.</i>				
<i>T-10-18</i>	<i>Boarded A to</i>			
	<i>of medical officer.</i>			

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

Station
and Date.

and H. G.
Brighton.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
		Dr.	Lawson	Ed.
Year	Unit.	Age.	Service.	
30. 5. 18.	6 Res Co. G. S.	21.	5 yrs 9/2	
Station and Date.	Disease			
March 31	Dysentery In transit 10 days in bed 8 days Both tonsils swollen Right leg pits with some secretion Microbes no fever T normal R Transferred to unit 1 April 1918 W. H. 18. To unit. Seaford.			
April 3	Dysentery better To unit W. H. 18. To unit. Seaford.			

W. H. 18. To unit. Seaford.

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

Station
and Date.

DUPLICATE

H.Q. 51-21-23-53

To be made out in duplicate.

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins..... *10945 Batt. C.C.F.*

(2) Regimental Number..... *nil*

(3) Full Name of Soldier..... *Howard Arol Fairbairn*

(4) Place of Birth..... *Bobcaygeon, Ont. Canada*

(5) Are you married, or not?..... *nil*

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

(b) Present Postal Address..... *nil*

(7) Are you a widower?..... *nil*

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

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

Also their names and ages..... *nil*

(9) Is your Father alive? *yes*

If so, state name and address *Mr. Chas. A. Fairbairn*

Bobcaygeon Ont.

(10) Is your Mother alive? *yes*

If so, state name and address *Mrs J.A. Fairbairn*

Bobcaygeon Ont.

(11) If your Mother is a widow *nil*

Are you her sole support, or not?

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

nil

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

nil

(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.

nil yes

(15) Are you insured?

If so, in what Company? *Sun 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.

R.H. Anderson
for Officer Commanding.

Date *July 20/7/16*

MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.)

Station Seaford Date 8-4-18

- 1. Rank and Name Lt Fairbairn Howard AROL
- 2. Unit 6th Res Bu - E.O.R.D.
- 3. Age 21 4. Total Service 3²/₁₂ War Service { (a) at home 6/12 (b) abroad 3²/₁₂
- 5. Address 6th Res Bu Seaford.

STATEMENT OF CASE.

NOTE.—In answering the following questions the Board will carefully discriminate between the officer's statements and evidence recorded in his medical documents. When possible, a statement by his medical attendant should be attached.

- 6. Disability Tonsillitis
- 7. Date of origin of disability 21-3-18
- 8. Place of origin of disability England.
- 9. Give concisely the essential facts bearing on the history of the disability (personal and family history, etc.) :—

NOTE.—Boards subsequent to the first should record here the progress of the case since the officer's last appearance.

This officer contracted tonsillitis in England on Mar 21st for which he was sent to hospital on 29th March. In hospital till Apr 3rd when he was discharged cured.

I concur in the findings of the Board of Medical Officers here recorded.
W. J. [Signature]
Captain, D.A.D.M.S.
for D.M.S.

OPINION OF THE MEDICAL BOARD.

- NOTES.—(i.) The Board will on no account inform the officer of its opinion on any of the following questions.
- (ii.) Clear and decisive answers should be filled in by the Board to enable the Ministry of Pensions to come to a reliable decision on the officer's claim to pension, etc.
- (iii.) Expressions such as "may," "might," "probably," should be avoided, if possible.
- (iv.) When there is more than one disability the replies will distinguish between them.

- 10. Was the disability contracted (a) before entering the service? No
- (b) in the service? Yes
- 11. Was it attributable to military service? Yes
- If so, to what specific military conditions is it attributed? Infection

[Enteric Fever, Dysentery, Malaria, &c., contracted on service in countries where there is a special liability to the disease are to be regarded as attributable to military service.]

- 12. If not attributable to, was it aggravated by, military service? Not applicable
- If so, by what specific military conditions? —

- 13. Is it attributable to, or aggravated by, the officer's own negligence or misconduct? If so, in what way, and to what extent? No

14. What is the officer's present condition?

Throat now healed and the officer is feeling quite fit. Pulse 72 regular and of good quality. General condition good.

15. To what degree is the officer disabled at the present time?

Nil

(Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 20, under 20, or nil.)

16. Is the disability permanent?

17. If not permanent, how soon is re-examination recommended?

_____ months.

18. Is it necessary that the officer should be re-examined by the same Board?

No

19. What treatment is the officer receiving, and where, and from whom?

None

20. Is the officer in need of special medical treatment of any kind, and, if so, of what nature?

No

21. Does the officer require the constant attendance of another person?

No

22. Officers will be classified by the Medical Board under one of the following categories, the probable period of unfitness for the higher categories being stated. Explanation of these categories is in para. 5 of A.C.I. 1677/1917. In case of nurses, omit B. and (i) and (ii) of E.

- A.—Fit for general service. *Yes*
- B.—Fit for service in a garrison or labour unit abroad.
- C.—Fit for home service :—
 - (i) Active duty with troops.
 - (ii) Sedentary employment only.
- D.—For admission to a command depot.
- E.—Requiring indoor hospital treatment :—
 - (i) In an officers' military or auxiliary convalescent hospital.
 - (ii) In an officers' hospital.
- F.—Permanently unfit for any further military service.

23. In the case of officers suffering from neurasthenia found permanently unfit, has A.C.I. 1289 of 1917 been complied with?

J. M. C. M. C. President.
J. G. Gillies Capt
J. W. Mackail Capt } Members.

MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.)

Station C.C. H. Macpherson Perth Derby

Date 1-10-18

- 1. Rank and Name Lt. FAIRBAIRN HOWARD AROL
2. Unit 38th Bn. E.O.R. No. 2290
3. Age 22 4. Total Service 38 War Service (a) at home 12 (b) abroad 7 June 6
5. Address 6th Reserve Bn. Seaforth.

STATEMENT OF CASE.

NOTE.—In answering the following questions the Board will carefully discriminate between the officer's statements and evidence recorded in his medical documents. When possible, a statement by his medical attendant should be attached.

- 6. Disability S.S.W. SHOULDER L. PERF. FLESH
7. Date of origin of disability 2-9-18
8. Place of origin of disability France.
9. Give concisely the essential facts bearing on the history of the disability (personal and family history, etc.) :—

NOTE.—Boards subsequent to the first should record here the progress of the case since the officer's last appearance.

T. & T. bullet wound. Entrance anterior axillary fold left - just superior arm l. upper 3rd. wd clean no bone or nerve injury. Wound to mid. wrist. Gen. Manchester 5-9-18. To C.C. H. 30-9-18. No appreciable disability now.

I concur in the findings of the Board of Medical Officers. OPINION OF THE MEDICAL BOARD.

- NOTES.—(i) The Board will on no account inform the officer of its opinion on any of the following questions. (ii) Clear and decisive answers should be filled in by the Board to enable the Minister of Pensions to come to a reliable decision on the officer's claim to pension, etc. (iii) Expressions such as "may," "might," "probably" should be avoided, if possible. (iv) When there is more than one disability the replies will distinguish between them.

- 10. Was the disability contracted (a) before entering the service? No (b) in the service? Yes
11. Was it attributable to military service? Yes. If so, to what specific military conditions is it attributed? Bullet wound.

[Enteric Fever, Dysentery, Malaria, &c., contracted on service in countries where there is a special liability to the disease are to be regarded as attributable to military service.]

- 12. If not attributable to, was it aggravated by, military service? N.A. If so, by what specific military conditions? N.A.

- 13. Is it attributable to, or aggravated by, the officer's own negligence or misconduct? If so, in what way, and to what extent? No.

14. What is the officer's present condition? Generally good.
Heart & lungs sound. Eating & sleeping
well. Wds. healed & now no disability.
Fit again for general service.

15. To what degree is the officer disabled at the present time? ---
 (Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50,
 40, 30, 20, under 20, or nil.)

16. Is the disability permanent? No

17. If not permanent, how soon is re-examination recommended? --- months.

18. Is it necessary that the officer should be re-examined by the same Board? No

19. What treatment is the officer receiving, and where, and from whom? None given.
Booth C. G. H.

20. Is the officer in need of special medical treatment of any kind, and, if so, of what nature? No

21. Does the officer require the constant attendance of another person? No

22. Officers will be classified by the Medical Board under one of the following categories, the probable period of unfitness for the higher categories being stated. Explanation of these categories is in para. 5 of A.C.I. 158/1918. In case of nurses, omit B. and (i) and (ii) of E.

- A.—Fit for general service yes
- B.—Fit for service in a garrison or labour unit abroad yes
- C.—Fit for home service:—
 - (i) Active duty with troops yes
 - (ii) Sedentary employment only yes
- D.—For admission to a command depot yes
- E.—Requiring indoor hospital treatment:—
 - (i) In an officers' military or auxiliary convalescent hospital n.a.
 - (ii) In an officers' hospital n.a.
- F.—Permanently unfit for any further military service yes

23. In the case of officers suffering from neurasthenia found permanently unfit, has A.C.I. 307 of 1918 been complied with? ---

A. Rawlin Lt. Col. C.M.C. President.
H. Mitchell Capt. } Members.
H. Mitchell Capt. }

Unit... *C. Th. Res.*
29.....*6*.....1919.

Dr Fairbairn H.A.

Officer i/c Clinic,
Ravenscroft Military Hospital,
Seaford, Sussex.

The marginally noted accompanied by his
Medical Documents, is reporting to you for special
report on

.....*V.A.G.*..... $\frac{1}{2}$ $\frac{1}{2}$

Please return this report to the above
Unit on completion.

Capt. C.A.M.C

SPECIALISTS REPORT ON ABOVE.

Apparently cured,

J. Gardner

Seaford.
Date

29.0-19.

1919.

Capt. C.A.M.C.
Officer i/c Clinic, Ravenscroft.

Unit.....
1919.....

Officer W. G. Ginn,
Savannah Military Hospital,
Savannah, Georgia.

The report is noted accompanied by this
Medical Department is willing to report on
report on
Please return this report to the above
Unit on completion.

Capt. G. A. M. C.

PROCESSED REPORT ON ABOVE

Report will be made

Officer W. G. Ginn,
Savannah Military Hospital,
Savannah, Georgia.
1919

Report
Date

7-2-19

W. G. Ginn

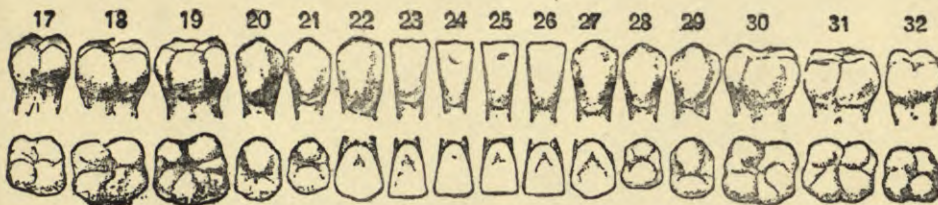
CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) Fairbairn. H.A.
 REGIMENT 6th Res Btn RANK Lieut No. _____

Date of Examination in England 29-5-19 Date of Examination in France _____



PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

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

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

Signature of Dental Officer C. M. Joyce
C. M. Joyce
 D. O. P.

INVESTIGATION REPORT FOR DEPARTMENT OF JUSTICE

DIRECTIONS TO AGENTS

1. This form will be filled out by the agent who conducted the investigation.

1. Name of subject: [Faint text]

2. Date of investigation: [Faint text]

- (1) Name of subject
- (2) Date of investigation
- (3) Name of agent
- (4) Title of agent
- (5) Office of agent

C. R. [Signature]

ASSIGNED PAY.

UNIT.

NAME OF

RATE OF P.

Beneficiary

6th Res Bn

Pay 2

Address

F.A. 1

Amount

\$ 20.00

Messing 1

Separation Allowance Issued. Yes or No.....

Add. Benefit A

DATE

1919

PARTICULARS

Contd.

CK. NO.

June 6th

Adv. June & July P&A.
Pay R.
A.P. 6 au.

Balford:
Bant.

July 24th

July Pay R.
at bar

UNIT. NAME OF	RATE OF P. AND A.	RANK.	DATE	AUTHORITY	NAME.
6 th Res Bn	Pay 2 F.A. 1 Messing 1 \$14 ⁰⁰	Serjeant			Name Fairbairn Initials H.A. Bank of Montreal Trafalgar Sq.

Add. Outfit Allow: 1-8-18.

PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES TO BE INITIALED BY P.M. IN EVERY CASE	INITIALS
Contd. Balford. Bank.		-	-		nil.		
July P&A. R.		120	204			Ret'd to ban. L.P. to 31-7-19.	
ban.				20.	42 104		
July Pay R. R ban		124		20		to 12 July August '19	

ASSIGNED PAY.

UNIT.

RANK.

NA

NAME OF

RATE OF P. AND A.

DATE

AUTHORITY

Beneficiary

Pay

Na

Address

F.A.

Init

Messing

Bar

Amount \$

Separation Allowance Issued. Yes or No.....

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPEC
TO BE INIT

ASSIGNED PAY.

UNIT.

NAME OF

DATE

AUTHORITY

Beneficiary

156 Br.

Pay #2.
F.A. 60
mess. 1.
#3.60

Address

Amount. \$ 20- Canada 17/6

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

Add Outfit Allowance

DATE

PARTICULARS

CK. NO.

CR.

1918

Apr. 11

A.P. Can.
PayR.

108

23

Bank 0959

May

A.P. Can.
PayR.

111 60

22

Bank 2474

June

A.P. Can.
PayR.

108

19

Bank 4063

24

July 12 A.P. Can.
PayR.

111 60

23

Bank 5515

Aug. A.P. Can.

PayR.

111 60

24

Bank 6953

Sept

A.P. Can.
PayR.

108

22

Bank 8930

Oct.

A.P. Can.
PayR.

111 60

21

Bank 10667

31 Add. Outfit Allow

100 -

Bank 10931

Nov 21

A.P. Can.
PayR.
Add. Allowance

170

20

9 1/2
- 31 7/8

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

156 Bn.

Pay #2.
F.A. 60
Miss. 1
#3.60

Lieut

31/16.1225.C.T.D. 7/16
fr. Can.
P.R.O.

Name Fairbairn

Initials N.A

Bank of Montreal
Trsf. Sq. Br.

Add Outfit Allow. 1/18 - \$100-

RS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
			20				
	Bank 0959	108	88	20			
	Bank 2474	111 60	91 60	20			
	Bank 4063	108	88	20			
	Bank 5515	111 60	91 60	20			
	Bank 6983	111 60	91 60	20			
	Bank 8930	108	88	20			
	Bank 10667	111 60	91 60				
	Bank 10931	100 -	100	20			
		170					
		20					
					6120		

Admitted Hoopl V.D.G.
Hold # pd. 1/14/16
fr 14 1/16 0084239

ASSIGNED PAY.

UNIT.

RANK.

NAME

Beneficiary

Address

Amount, \$

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

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Name

Initial

Bank

6 Res

Pay 2
F.A. 60
mess 1.60

Serjeant

Can

20

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL To be initialed
700	Balance Forward		120			C 120 -	Admitted Hold #
95	Bank	12623		24		C 96 -	Discharge 621194
Dec	Pay R At Can		124				
	Bank			20			
14	Bank	13485		42		C 158	
Jan	Alban Pay R. 1		124			20	
	Bank	15499		42		C 220	Release
Feb 12	Balance Jan P.A. Alban	Bank 16270		20		C 200	Discharge 621194
14	Adv P.A. £ 10	Bank 16378		4867			
15	Dec. 9c L.D. 14 ¹⁰ / ₈ - 21 ¹⁰ / ₉	So 1468		200		D 6867	Sup. Dr. 10
	Pay R.		112			C 43 33	Admitted
21	Bank	17027		4333			Discharge Admitted
Mar 17	6 ⁵ / ₈ - 13 ¹⁰ / ₈ - 18 ¹⁰ / ₈ incl. Chgd. Hope Stopp. Uo 265	Bank 18051		12			er. Disch.
	Alban Pay R.		124			20	
22	Bank			184			
apr.	Pay R. at can		120				
				20			
23	Bank			100			
May 14	May Pay (R.) at can		124			20	
16							
24	Bank	2566		104			

RETURN
L.P.C. TO
TRANSF

prod:

IT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Res

1 day
F.A. 60
mess 1/3.60

Lieut

Name Fairbairn

Initials H.A.

Bank Montreal

Troop 9 on 25

CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
ward	120			C 120 -	Admitted Hoopl V.D.	
unt	12623	24		C 96 -	Hold #, pdt F.A. 60 Jr. 14-10-18 V014239	
	124				Discharged Hoopl 21/19 C.L. 1194 22-1-19 V022119	
		20				
ant	13485	42		C 158		
		20				
	124					
Bank	15499	42		C 220	Release Pa fr. 22/19	
Bank	16270	20		C 200	Dischd Hoopl 21/19 C.L. 1144	
		20			Dr. slip to come	
Bank	16378	4867				
8		200		D 6867	Sup. Dr. Slip	
	112			C 4333	Admitted Hoopl 14/8 C.L. 1119	
Bank	17027	4333			Discharged 21/5 C.L. 1216	
					Admitted 19/8 Disch. 31/19 V024262	
el Stopp. V0265	12				Dr. slip to come	
Bank	18051	12				
		20				
	124					
Bank		184				
	120					
		20				
Bank		100				
	124					
		20				
Bank	2566	104				

RETURNED TO CANADA
L.P.C. TO 31/7/19 Sanford
TRANSFER TO N.E. LEDGER
5/5/19

prod:

ASSIGNED PAY.

1917-18

UNIT.

RAN

Beneficiary

Address

Amount.

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

NAME OF

DATE

AUTHORITY

156th Bn.

Pay 2.60
F.A. 1.-
mess. 1.-
\$ 3.60.

he

Canada.

\$20.⁰⁰ 1¹⁰/₁₆

DATE

PARTICULARS

CK. NO.

CR.

1917

April 17	A.P. Canada.			20
23	Pay April (R)		108	
26		Bank 3017		80
May 17	A.P. Can.			
21	May Pay (R)		11160	
23		Bank 6049		90
June 15	A.P. Can.			
19	Pay R.		108	
21		Bank 9004		80
July 20	A.P. Can.			
23	Pay R.		11160	
		Bank 13082		90
Aug 13	A.P. Can.			
	Pay R.		11160	
23		Bank 17994		90
Sep 17	A.P. Can			
18	Pay R.		108	
25		Bank 21921		80
Oct.	Pay R.		11160	
11	A.P. Can.			
19		Bank 26118		90
Nov. 14	Pay R.		108	
	A.P. Can.			
21		Bank 30681		80
Dec 7	Rations 17 days ⁶ / ₁₇		7418	

7-18

UNIT.

RANK.

NAME.

NAME OF UNIT: 156th Bn.
 DATE:
 AUTHORITY:
 Pay F. d. mess. 2.60
 1.-
 \$3.60.

RANK: Lieut.
 DATE: 31^{7/16}
 AUTHORITY: fa. lean. D.R.O.
 1275 C.T. 7/16

NAME: Fairbairn.
 INITIALS: H. A.

Canada.
 1¹⁰/₁₆

Bank of Montreal
 Traj. L. Pch 1/18

Issued. Yes or No.....

PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
Canada.			20				
April (R)		108					
Bank	3017		88				
Pay (R)		11160		20			
Bank	1082		9160				
Pay (R)		108		20			
Bank	9004		88				
Pay (R)		11160		20			
Bank	13082		9160				
Pay (R)		11160		20			
Bank	17394		9160				
A.P. Pay (R)		108		20			
Bank	21921		88				
Pay (R)		11160					
A.P. Pay (R)				20			
Bank	26118		9160				
Pay (R)		108					
A.P. Pay (R)				20			
Bank	30681		88				

17 days 6/17

7418

£1.2.8.
 Forward

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Amount. \$ *20 Can. 1/16.*

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

156 Bn.

*Part 2.60
F. d. 1.00
mess. 3.60*

Lieut.

31 7/16

*f. Can
S. 20 122507
7/16*

Name

Initials

Bank

Trapp

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL A To be initialled by
<i>1917 Dec 10</i>	<i>A. P. Can Payr.</i>		<i>111 60</i>		<i>20</i>		
<i>1918 Jan 9</i>	<i>A. P. Can. Payr.</i>	<i>Bank 35096</i>		<i>91 60</i>	<i>20</i>		
<i>14</i>	<i>Payr.</i>		<i>111 60</i>				
<i>21</i>	<i>A. P. Can.</i>	<i>Bank 39272</i>		<i>91 60</i>	<i>20</i>		
<i>Feb 11</i>	<i>Payr.</i>		<i>100 80</i>				
<i>16</i>	<i>A. P. Can.</i>	<i>Bank 40800</i>		<i>80 80</i>	<i>20</i>		
<i>20</i>	<i>Payr.</i>		<i>111 60</i>				
<i>Mar 9</i>	<i>A. P. Can. Payr.</i>			<i>91 60</i>			
<i>21</i>	<i>Bank</i>						

OF	DATE	AUTHORITY	RANK.	DATE	AUTHORITY	NAME.
Bn.		Pay 2.60 7.00 mess. 1.60 + 3.60	Lieut.	31 7/16	fr. Can 20.20.122507 7/16	Name Fairbairn Initials H.A. Bank of Montreal Tr. La Roch 1 1/8 R

CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
			20			
ank 35096	11160	9160		 		
			20			
ank 39272	11160	9160		 		
			20			
ank 40800	10080	8080		 		
			20			
ank	11160	9160		 		

ASSIGNED PAY.

UNIT.

RANK.

Beneficiary

109th Bn.

DATE

AUTHORITY

Lieut.

Address

Canada

Amount.

\$ 200 ¹⁰/₁₆

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

11916-17

DATE 1916	PARTICULARS	CK. NO.	CR.	DR.	ASSIGN PAY PAID CANAD
Aug 6	Ord Bal 31 ⁴ / ₁₆ Bank			38 93	
18	Pay Aug R) mess 31/7/16		112 60		
			38 93		
28	Bank	1462		112 60	
Sept 22	Pay Sept. (R)		108		
26	Bank			108	
Oct 19	Pay Oct. R.		111 60		
24	A.P. ban				20
28	Bank			91 60	
Nov. 18	Pay Nov. (R)		108		
21	A.P. ban.				20
27	Bank			88	
Dec 13	A.P. ban				20
	Pay Dec. (R)		111 60		
19	Bank			91 60	
1917	Jan 17				20
	A.P. ban				
20	Pay Jan (R)		111 60		
23	Bank	19288		91 60	
Feb 18	Pay Feb (R)		100 80		
16	A.P. ban.				20
21	Bank.	21931		80 80	
1917	Mch 13				20
	A.P. ban.				
21	Pay March (R)		111 60		
23	Bank.	24831		91 60	

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

mess. DATE

AUTHORITY

Name

Initials

Bank

109th Bn.

Lieut.

31-7-16

From Canada

D.R.O. #1225 C.J.D.

d/7-8-16.

Fairbairn

H.A.

of Montreal.

\$1.20.

9 f 326

or No.....

6-17

CULARS

CK. NO.

CR.

DR.

ASSIGNED PAY PAID IN CANADA

BALANCE

SPECIAL AUTHORITIES To be initialled by P.M. in every case.

INITIALS.

Bank

38 93

112 60

38 93

1462

112 60

108

108

111 60

20

91 60

108

20

88

20

111 60

91 60

20

111 60

19288

91 60

100 80

20

21931

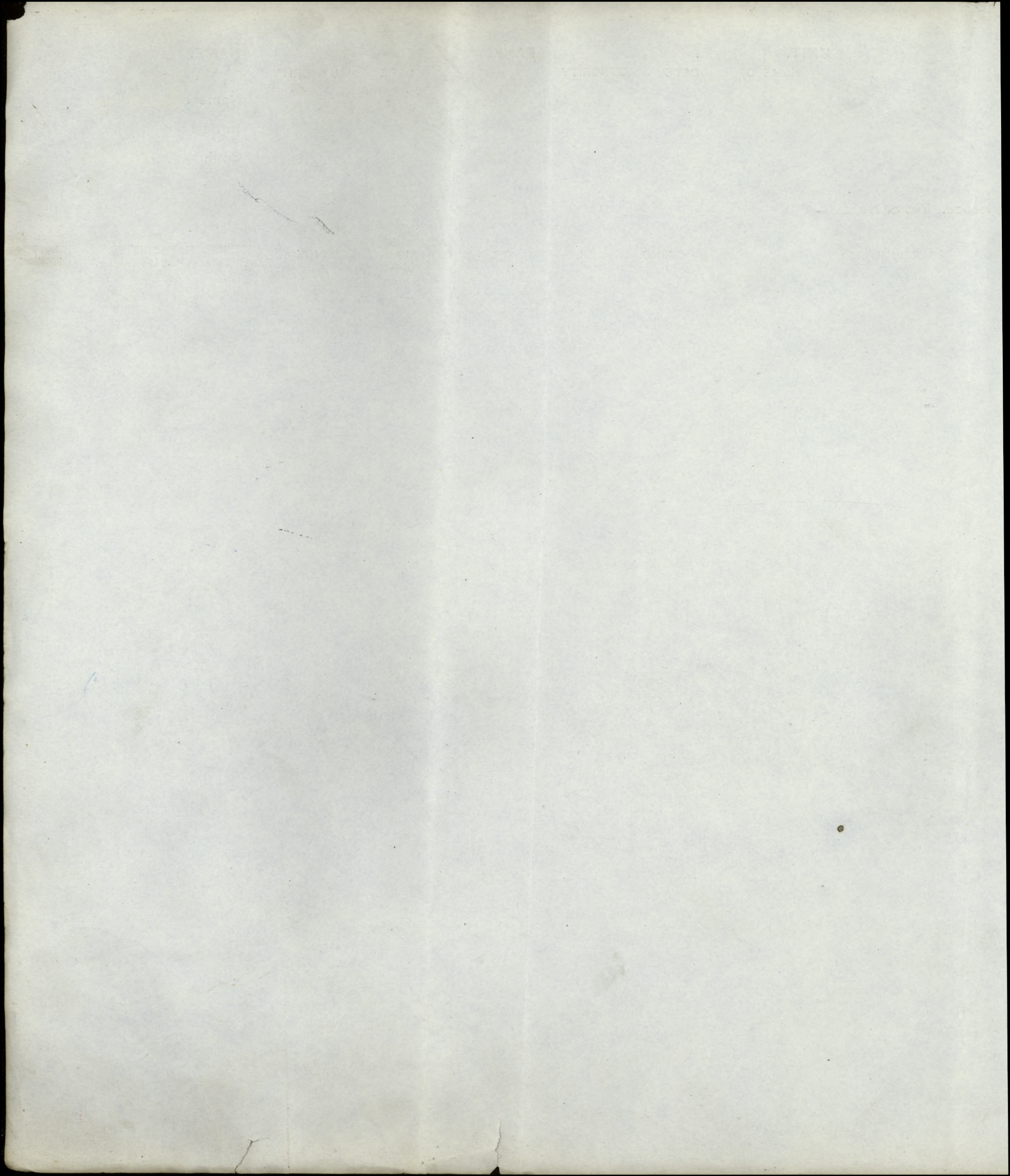
80 80

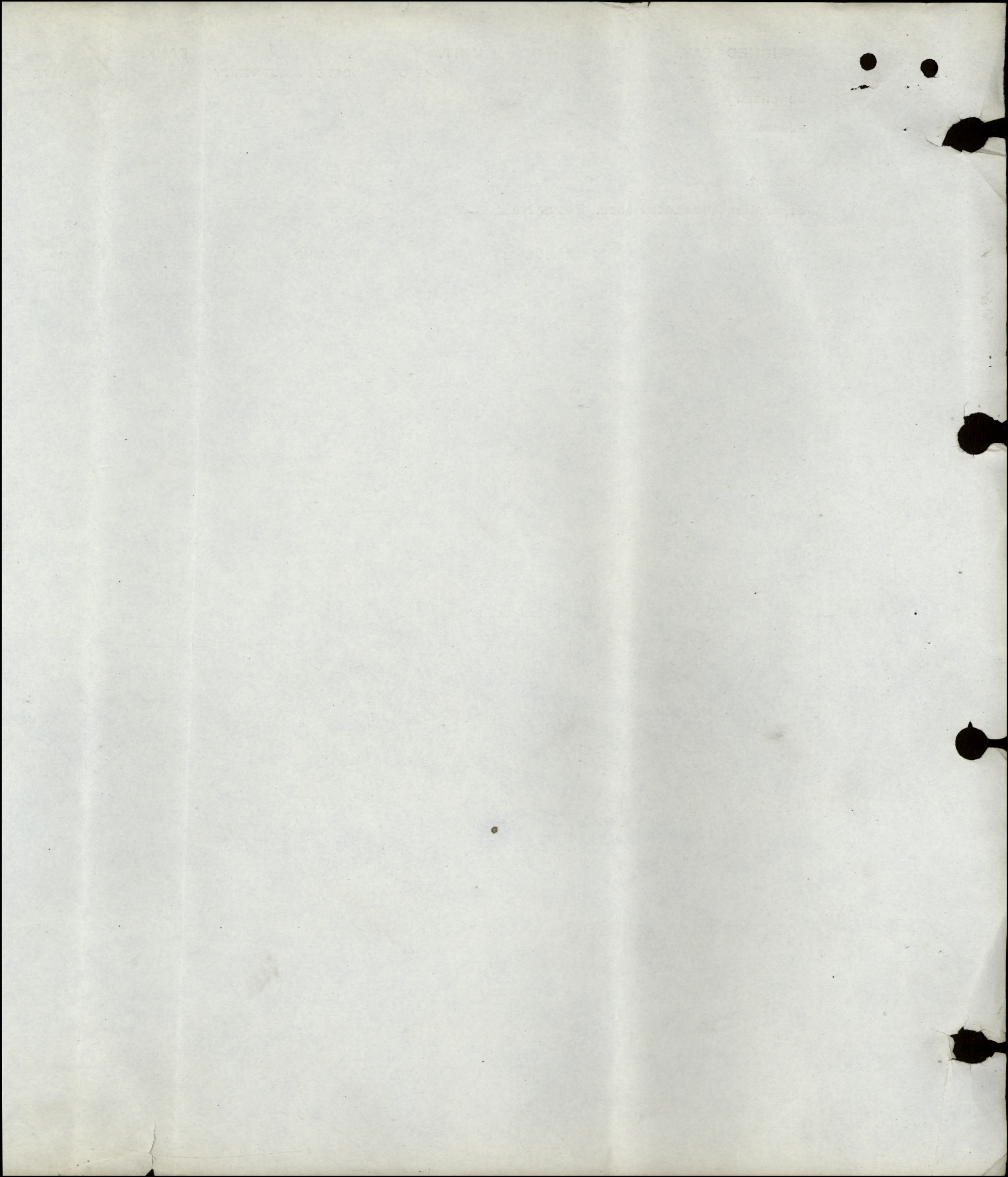
20

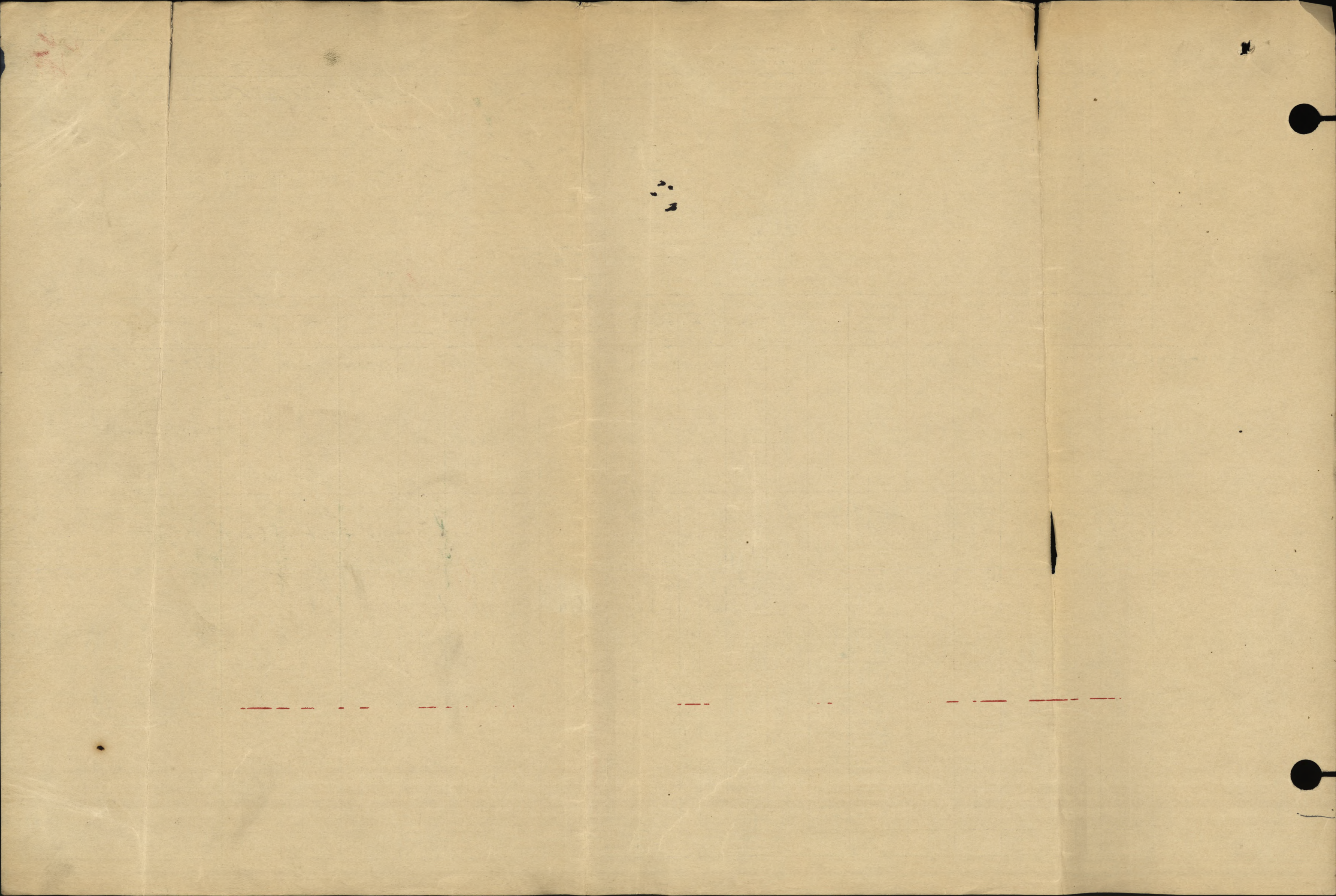
111 60

24831

91 60







Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

F

99 Oct 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

20			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. _____
 Rank *Serjeant* - Promoted _____ Reverted _____ Discharge _____
 Soldier's Name *H. A Fairbairn*
 Battalion *109 Bw.*
 Beneficiary _____
 Relationship _____
 Address _____

PARTICULARS OF ASSIGNMENT

Name *Mr T. A Fairbairn*
 Address *Bobcaygeon Ont.*
 Change of Address _____
 1 _____
 2 _____
 3 _____
 4 _____

11703 1/16
11201 1/16

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					
Dec			300	300	
Jan	F 63040		20	20	L
Feb	F 91982		20	20	
March	A 131867		20	20	
Apr	G 9246		20	20	PM
May	Q 15649		20	20	PM
June	K 26419		20	20	P
July	O 32402		20	20	P
Aug	K 41179		20	20	P
Sept	R 45201		20	20	P
Oct	Q 55464		20	20	P
Nov	L 58068		20	20	P
Dec	V 63681		20	20	P
Jan	Q 71467		20	20	P
Feb	W 78699		20	20	P
Mar	J 91659		20	20	P
Apr	O 2257		20	20	P
May	L 7640		20	20	
June	K 11229		20	20	
July	L 12901		20	20	
			680		

5695 H 30

A/c Closed 31-7-19
 Ret'd per. *Belgic*
 Date *7-19* M.F.W. 187 *MD 2*
 Clerk *M.F.W.* 8-7-19
 Destroy 90242 Ren 8-7-19
 AUDITED. *None*

M. F. W. 128
 400M-6-17-1772-38-1141
 L. L. 22320-M. & D. 7533.



Name

Fairbairn Ed 27/4/16

Date of Embarkation for England

23/7/16

Proceeded to France.

9-4-18

Returned to England.

4-9-18 undel

Date returned to Canada.

23/6/19

one

P.R.2855.

"checked"
11-10-22

leaf sheet 3/9/18 New Sheld. l.

8/13/18
No 29

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

Hospital, at _____

Period from _____

21 JUL 1917

to _____

Regtl. No.*	RANK AND NAME (Surname first)	Corps	Squadron, Troop, Company, or Battery	Age	Service	DISEASE
119164	Plt Howick CW R W K.	11	B	24	11 12	Injury to foot.

Ward Number	Number in Admission and Discharge Book Tug0	Admitted into hospital 21.7.17.19	Discharged from hospital 26-7-17 19	Religious denomination } W.C.
-------------	---	--------------------------------------	--	----------------------------------

Re Lt. Fairbairn

Negative

Depth

"

Vincent's Argentina

W. G.
S. J.

From Cen. Lab.

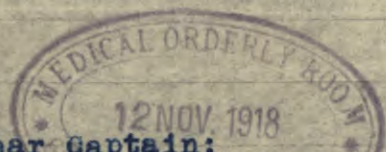
31/3/18

To Admitting Officer
Can Spec Hosp.
Written

Lt Fairbairn I.A.

Mfr officer has recently been discharged from Connaught Hosp. Aldersholt. He reported to me this morning complaining of pains in lower part of abdomen and burning sensations on passing water etc and appeared quite alarmed. Am recommending him for your attention please. May I have a report on your findings.

John M. Gregg Lt.
CAPT, G.A.S.
U.S. 6th RES. BATTN.



Dear Captain:

This officer is suffering from chronic posterior urethritis and should receive further treatment. There is considerable perivesicular inflammation on the right side. Urine is loaded with shreds and pus.

J.H. Spence
Capt. Registrar.

22

Fairbairn

THE UNIVERSITY OF MICHIGAN LIBRARY

22

Handwritten notes, mostly illegible due to bleed-through from the reverse side of the page.

5th Street

1871

Michigan

Michigan

ORIGINAL MEDICAL HISTORY SHEET.

Original
20.3.18
H. Home

Surname Fairbairn Christian Name Howard Noel

Examined { on 27 day of April 1916
at Nobaygon
Birthplace { City or Town Nobaygon
County Ontario
Apparent age 19 years
Trade or occupation Farmer
Height 5 Feet 10 Inches.

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

FOR YOUR INFORMATION

Please dispose of this M.H.S. in accordance to Army Council Instruction No 479 of 1918 para 19.

155 Lbs.
33 inches.
Expansion 3 3/4 inches.

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

Vaccination Marks { Arm Right None Left Two
Number Two

Date.	Result.	VACCINATIONS.
<u>20.2.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

When Vaccinated last February 20th 1916
(a) Marks indicating congenital peculiarities or previous disease None

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

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>27.4.17</u>	<u>TAB 9.8.11.</u>	
<u>5.5.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>15.5.16</u>	<u>"</u>	<u>J. McCulloch</u> M.O.
<u>25.5.16</u>	<u>"</u>	<u>J. McCulloch</u> M.O.
<u>29.9.16</u>	<u>"</u>	<u>Noel</u> M.O.

Enlisted on 27 day of April 1916 at Nobaygon

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th EA Coy</u>	<u>Lieut.</u>		<u>27.4.16</u>
Transferred to	<u>156th Bn C.I.D.</u> <u>6th Res.</u>			<u>2.3.18.</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Seaford</u>	<u>8-4-18</u>	<u>Truncleis</u>	<u>Howard Noel</u>
<u>Waterloo Barr</u>	<u>1-10-18</u>	<u>A.S.W. shoulder h.</u>	<u>A. W. J. ...</u>

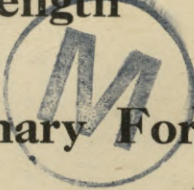
STANDING MEDICAL BOARD

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

CANADIAN

Surname *Lambert* Christian Name *Howard*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
<i>2 Eastern General Brighton</i>		<i>30</i>	<i>3</i>	<i>18</i>	<i>3</i>	<i>4</i>	<i>18</i>	<i>Tumors</i>	<i>5</i>	<i>Most cured under treatment - Iritis</i>	<i>T.S. Woods Captain</i>
		<i>4</i>	<i>9</i>	<i>18</i>	<i>30</i>	<i>9</i>	<i>18</i>	<i>Bl to Lt. Shldr</i>	<i>27</i>	<i>Ad. 2-9-18. Embroidery and acillary fold. Excised Post end border of arm. No injury to bone - vessels or nerves. Ad. gleim. Lt. for transfer.</i>	
<i>C.C.H. Maresfield Borth</i>		<i>30</i>	<i>9</i>	<i>18</i>	<i>7</i>	<i>10</i>	<i>18</i>	<i>do</i>	<i>7</i>	<i>715</i>	<i>W.S. Woods</i> <small>Officer Commanding, 2nd Western General Hospital, Manchester.</small>
<i>13th C.G.H. Hastings</i>	<i>18-11-18</i>	<i>18</i>	<i>11</i>	<i>18</i>	<i>20</i>	<i>1</i>	<i>19</i>	<i>V.O.G (20) Relapse</i>	<i>63</i>	<i>Genourthral urethritis (Plaque) + Prostatitis P.P. irrig. Argent Nit. Injections + Prosthetic Massage. Discharged apparently cured</i>	<i>W.S. Woods</i>

Officer or Nursing Sister
Struck off Strength
OF THE 
Canadian Expeditionary Force.

Lieut.
Fairbairn, Howard Lee, AMO
10th. Edu. Res. Batta.

STRUCK OFF STRENGTH

PLACE

On Demobilization

LOS 4-7-19 RO 2071-19



RESIDENCE

Bobcaygeon, Ontario,

Should contain the following documents:—

Identification Paper, M. F. W. 51, or Attestation Paper, M. F. W. 23.

Form, A. F. B. 103 or M. F. W. 54.

History Sheet, M. F. B. 313 or A. F. B. 178.

Reports of Medical Boards, A. F. A. 179 or M. F. B. 227.

Report, M. F. W. 129.

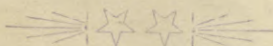
History Sheet, M. F. B. 465.

Medical Certificate, M. F. W. 44.

State as to Missing Documents.

Embarked Liverpool SS BELGIC

23/6/19



Disembarked HALIFAX 1-7-19

LT FOR Capt & Adj. ☆

1.

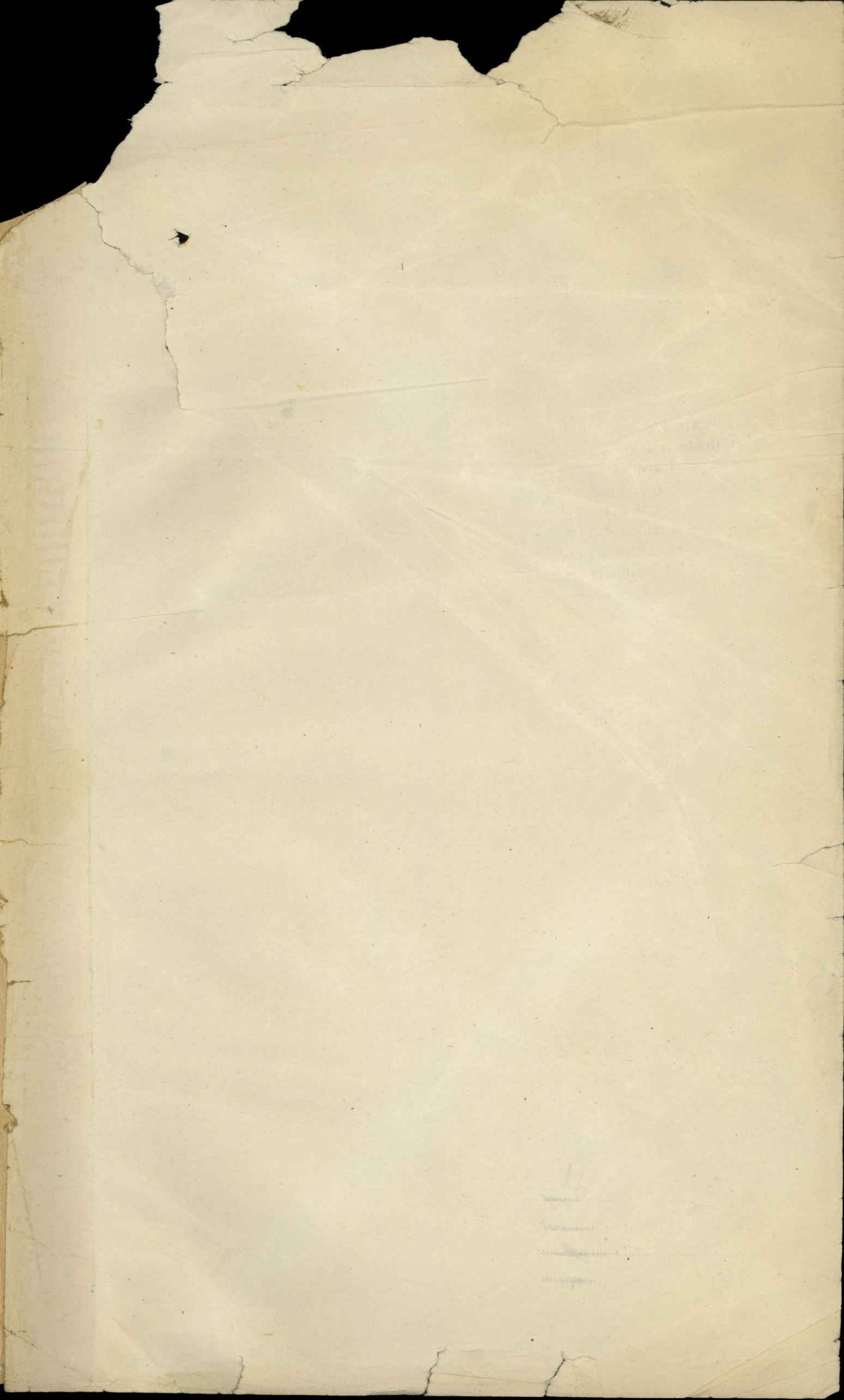
1/45P 3/19 15M D.St.

E. R. J.

Office of Naval Affairs
Department of the Navy
Washington, D. C.
Circular Expeditionary Force

[Faint, illegible text, likely bleed-through from the reverse side of the page]





1. Triplicate Declaration Paper (M.F.W. 51), or
Triplicate Attestation Paper (M.I.W. 23).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.E. 178)
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 123)
5. Dental Certificate (C.A.D.C. 5002a).
6. Proceedings on Striking off Strength (M.F.W. 2597)
7. Last Pay Certificate (P. 41)
8. War Service Gratuity Form (M.F.W. 2595).
9. Sundry Documents.

Group..... *911*
Checked by No. *26*
[Signature]
Date.....

11 JUN 1948