

REGIMENTAL DOCUMENTS

NAME **BURNS JAMES BRUCE**

REGT. NO. **3310042**

UNIT **2<sup>nd</sup> DB. 2<sup>nd</sup> CDR.**

H. Q. FILE NO.

**CONTENTS**

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

52

*9m 15/3/19*

**DEATH**

1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)

1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

1 TRAINING HISTORY SHEET (M.F.W. 113)

1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

1-1 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

1 DENTAL HISTORY SHEET (M.F.B. 465)

1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

2 MEDICAL EXAMINATION (M.F.W. 129)

1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

1 PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

1 DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

1 LAST PAY CERTIFICATE (M.F.W. 44)

1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

1 PARTICULARS OF CHARACTER (A.F.W. 3226)

1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

1 A.F.W. 3997

1 S.C. 132

1 M.F.W. 192

1 C.A.D.C. 5009

1 *Handwritten*

1 *Handwritten*

1 *Handwritten*

Category

**52678**

**DISCHARGE**

Category

*Demob'm.*

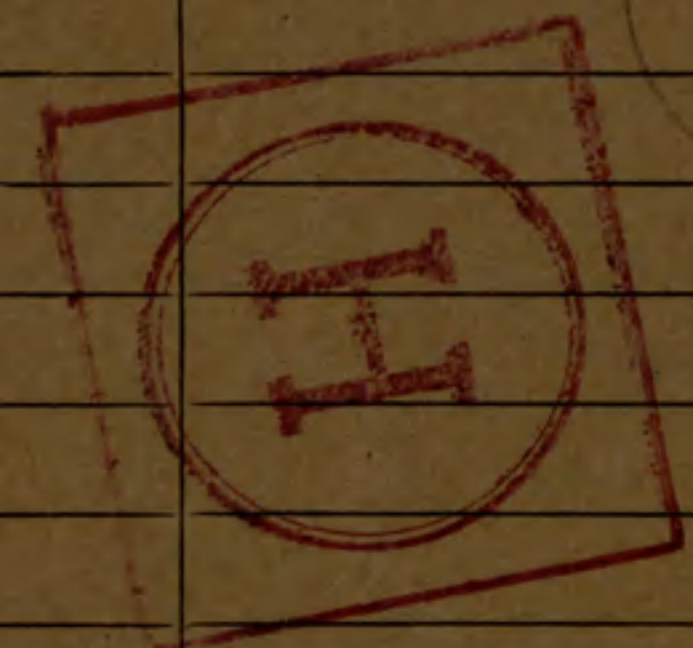
**DESERTION**

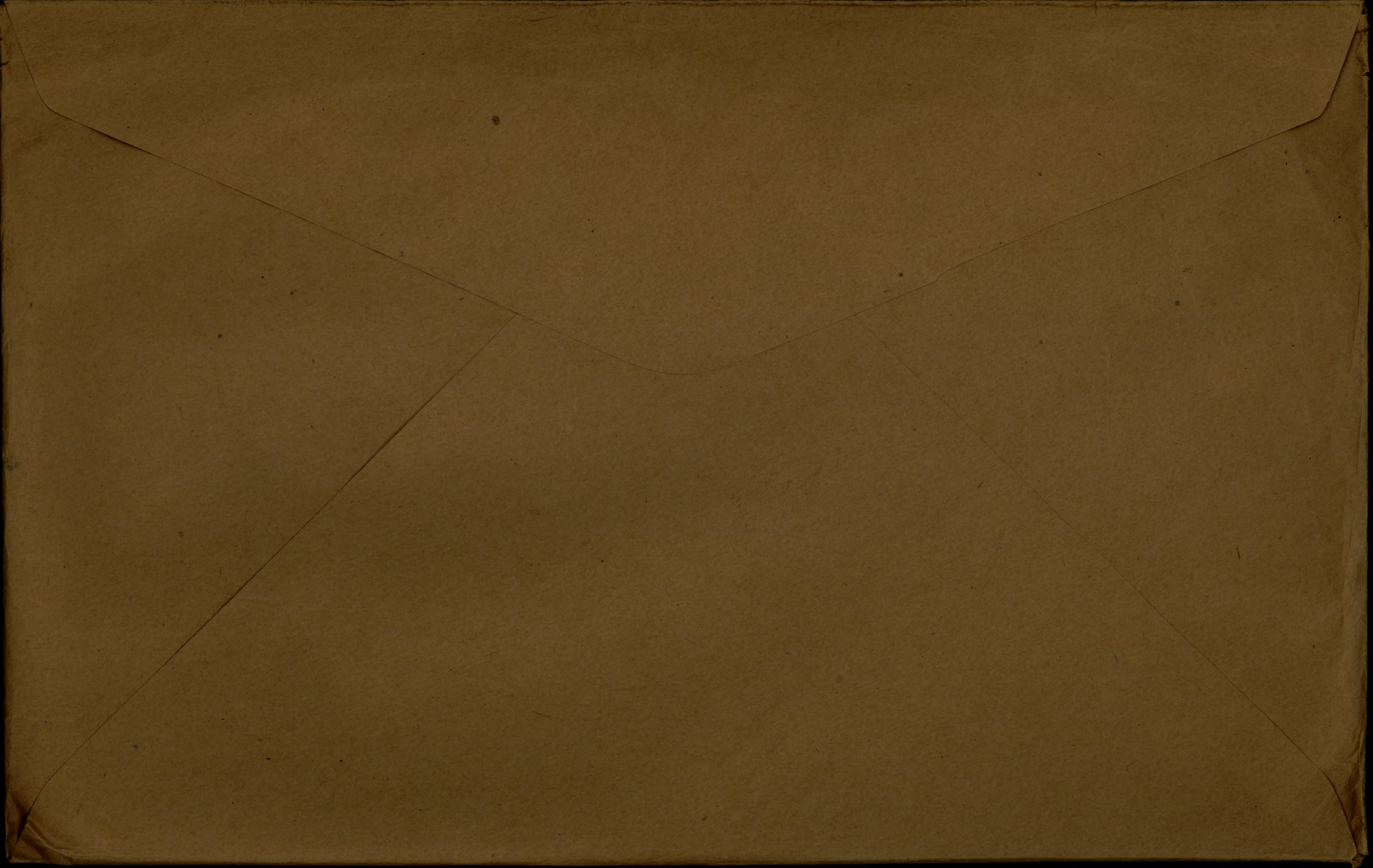
*42 - 10*

*8 - 10*

*6 - 10*

*1.*





ORIGINAL

2nd. DEPOT BN. 2nd. C. O. R.

#2 M. D. Depot Battalion Regiment

Regtl. No. 3310042

M.S.A.

PARTICULARS OF RECRUIT  
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One.)

1. Surname..... BURNS

2. Christian name..... James Bruce

3. Present address..... Waterford Ont. Canada.

4. Military Service Act letter and number..... Waterford Ont. Jan 5th 1918 (481001

5. Date of birth..... Feby 8th 1897

6. Place of birth..... Hamilton Ont. Canada.  
(town, township or county and country)

7. Married, widower or single..... Single.

8. Religion..... Anglican

9. Trade or calling..... Printer

10. Name of next-of-kin..... Mrs Caroline Burns.

11. Relationship of next-of-kin..... Mother.

12. Address of next-of-kin..... Waterford Ont. Canada.

13. Whether at present a member of the Active Militia..... No.

14. Particulars of previous military or naval service, if any..... No.

15. Medical Examination under Military Service Act:—  
(a) Place..... Simcoe Ont (b) Date..... 19th oct 1917 Category..... A2

DECLARATION OF RECRUIT

I, James Bruce Burns, do solemnly declare that the above particulars refer to me, and are true.

*James Bruce Burns* (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... 21 yrs..... mths.

Height..... 5 ft 3 1/2 ins.

Chest measurement } fully expanded..... 34 ins. nil  
range of expansion..... 2 1/2 ins.

Complexion..... Dark

Eyes..... Brown

Hair..... Brown

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

*[Signature]*  
2nd. DEPOT BN. 2nd. C. O. R.

O. C. Depot Btl. Regt.

Place Brantford Ont Date Jan 5th 1918

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

Class

1. Name

2. Position name

3. Position address

4. Military service number

5. Date of birth

6. Place of birth

7. Physical condition

8. Religion

9. Trade or calling

10. Nature of work

11. Relationship of next of kin

12. Address of next of kin

13. Whether or present a member of the Active Militia

14. Particulars of previous military or naval service

15. Medical examination under Military Service Act

Date: 1917

DECLARATION OF RECRUIT

I, the undersigned, do hereby declare that the above particulars are true and correct.

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Height

Weight

Complexion

Build

Complexion

Build

Complexion

Build

Complexion

Build

2nd DEPOT BN 2nd C.O.R.

Date

Place

Signature

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 3310042. (Rank) Pte.

Name (in full) BURNS, JAMES BRUCE. enlisted in  
 the 2nd. D. Bn. 2nd. C.O.R.

CANADIAN EXPEDITIONARY FORCE at Brantford, Ont. on the 5th  
 day of Jan. 1919.

HE served in England and France.

and is now discharged from the service by reason of "DEMOBILIZATION."

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

|  |  |
|--|--|
| <p>Age <u>21.</u></p> <p>Height <u>5'3½"</u></p> <p>Complexion <u>Dark.</u></p> <p>Eyes <u>Brown.</u></p> <p>Hair <u>Brown.</u></p> <p><i>J. B. Burns</i><br/>Signature of Soldier</p> <p>Date of Discharge <u>Feb. 14th, 1919.</u></p> <p>Signed at <u>Toronto, Ont.</u> this <u>14th</u> day of <u>Feb.</u> 19<u>19.</u></p> <p>in Military District No. <u>No. 2</u></p> <p>File Reference No. <u>FEB 14 1919</u><br/><u>DISTRICT DEPOT</u></p> | <p>Marks or Scars <u>Vacc. Scars on left arm.</u></p> <p>Issuing Officer <u>[Signature]</u><br/>For <u>[Signature]</u></p> <p>O.C. No. 2 District Depot. Rank <u>Rank</u></p> <p style="text-align: center;">Appointment</p> <p style="text-align: right;"><u>KVC.</u></p> |
|--|--|

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

Uniform is not to be worn after expiration of one month from date of discharge, except by special permission of G. O. C. district.

Name of Officer

Rank

Appointment

On demobilization the  
to be placed on this cer-  
tificate will not be com-  
pleted.

Regt. No.

5510042

Rank

PTE

Name

BURNS

Initials

J B

I hereby certify that I desire to be discharged at

[Town] TORONTO

[Province] ONT

In Military District No. 2

I understand that my decision to be discharged, as above, cannot be altered.

Signed *J. B. Burns*

Initials

Name

Rank

Regt. No.

I hereby certify that I desire to be discharged at

[Town]

[Province]

In Military District No.

I understand that my decision to be discharged, as above, cannot be altered.

Signed.....



P. 878

Extract from Sailing List No 3

Unit.-

~~C M G~~

*Canada Section*

Reg. No.

Rank

Name

Sailed for Canada,

Military District No. 2

3310042

Pvt

BURNS

J. B.

9. 1. 19

Acted on

Ledger Ck.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) BURNS J.B. M.D.2  
REGIMENT M.G. RANK PTE No. 3310042

Date of Examination in England 30-12-18 Date of Examination 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.

PRESENT DENTAL REQUIREMENTS

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

2 it

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

KINMEL PARK,  
NORTH WALES.

Signature of Dental Officer W. Kennedy  
Liist

M.D.S.  
3310045

BORN 2 7 B  
PTE

M.D.

20-12-18

**Medical Examination upon leaving the Service  
of an Officer fit for general service or a Soldier fit for duty.**

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank Pte. Name Burns Surname J. B.  
 Unit or Corps 2nd C.D.R. - C.M.G. (If a soldier) Regtl. No. 3310042  
 Born at Hamilton - Ont. on date Feb. 8 - 96  
 Signature (for identification) J. B. Burns

The examination is to be made jointly by two Medical Officers.

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe. no

Weight  
140 lbs.  
 Height  
5 ft. 4 ins.

2. **NUTRITION AND DIATHESIS?**

normal

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. **NERVOUS SYSTEM?**

normal

4. **RESPIRATORY SYSTEM.**

normal

5. **HEART?**

Abnormal Sounds? no  
 Abnormal Size? no  
 Pulse Rate? 70 Intermittence or irregularity? no

6. **ARTERIES.**—Any hardening?

no

7. **DIGESTIVE SYSTEM?**

normal

8. **GENITO-URINARY SYSTEM?**

Urinalysis—s.g.? 1.020 Reaction? ac Albumen? no Sugar? no

9. **SKIN, MIDDLE EAR, EYE**  
or any other part?

normal

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

no

11. Opinion as to the health and physical condition of the one examined?

good

Examined at King's College Signed J. B. Burns M.O.  
 Date 28/12/18 Signed J. F. Liaborn M.O.

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

IN THE MATTER OF THE ELECTIONS TO THE SENATE OF THE STATE OF CALIFORNIA

AND IN THE MATTER OF THE ELECTIONS TO THE HOUSE OF REPRESENTATIVES OF THE STATE OF CALIFORNIA

1896

1. Name of Candidate

2. Party

3. Residence

4. Occupation

5. Education

6. References

7. Remarks

8. Remarks

9. Remarks

10. Remarks

11. Remarks

12. Remarks

13. Remarks

**MEDICAL CASE SHEET.\***

No. in  
Admission  
and  
Discharge  
Book.

Regimental No.

Rank.

Surname.

Christian Name.

3310042

Pte

Burns

J B.

Unit.

Age.

Service.

Year

4<sup>th</sup> Can MG Bn

22

10/12.

M.C. N. Graham

Station  
and Date.

Disease

I.C.T. Right foot.

30-10-18.

W. Lealed. no dx. H.H. local DT B.H. Haidman

FURLOUGH ADDRESS, IN FULL.

Banbury

T.A.B.  
7-2-18.

Oxford

13-8-18.

Eng.

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

Station  
and Date.

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

27

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. 3310048 Rank Pte Surname BURNS  
 (Give name in full) James Bruce  
 Unit or Corps 2 D D Birthplace Hamilton Ont

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

1. GENERAL DESCRIPTION:

Physique Good Weight 138 lbs. Height 5 ft. 4 in. Colour of Eyes Brown  
 Nutrition Good  
 Pulse 74  
 Condition of arteries Normal  
 Vision Rt. 20 Left 20  
 Hearing (conversational voice) Rt. 21 ft. Left 21 ft.

Identification marks, scars, or deformities.  
 (Give cause and date of origin.)  
scar inner side  
Rt ankle - Oct-1918  
1 vacc - L. arm

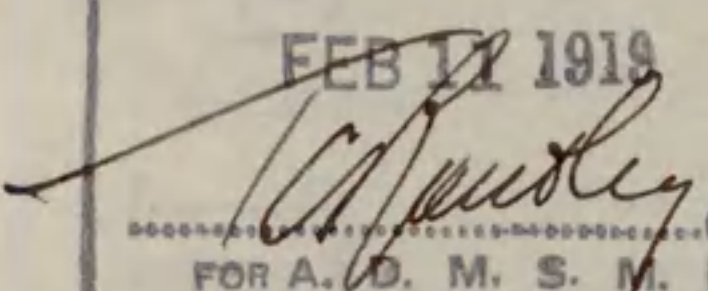
Opinion as to general health and physical condition Good

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.

No Hernia, Varicella, Varicose Vein  
Piles, Gout  
I.C.T. Rt. Foot Oct-1918 - Good Recovery

APPROVED  
 FEB 11 1919  
  
 CAPT.  
 FOR A. D. M. S. M. D. 2

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

[OVER]



# EXAMINATIONS.

## THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

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 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]

DUPLICATE

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Burns Christian name James Bruce  
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....  
3. Consecutive number on schedule of men reporting for service (if he appears on it).....  
4. Address (including street and number, if any)... Waterford Ont

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 19th day of October 1917, by the undersigned medical board sitting at Simcoe Ont.

5. Age as stated 21 Years \_\_\_\_\_ Months. 6. Apparent age 21 Years \_\_\_\_\_ Months  
7. Height 5 Feet 3 1/2 Inches. 8. Weight 129 Pounds.  
9. Chest measurement { Minimum 31 1/2 Ins. 10. Complexion Dark { Eyes Brown  
Maximum 34 Ins. { Hair Brown.  
11. Physical development Good. { Good Fair Poor 12. Smallpox marks none

13. Number of vaccination marks { Right arm \_\_\_\_\_  
Left arm \_\_\_\_\_ 14. When vaccinated last Never

15. Distinctive marks and marks indicating congenital peculiarities or previous disease  
3 Faint Scars Over Spine

16. Slight defects but not sufficient to cause rejection  
The man denies having had { Rheumatism We find no evidence of past { Rheumatism  
Tuberculosis Tuberculosis  
Syphilis Syphilis  
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2  
17. (a) Vision R. 15 L. 20  
(b) Hearing. R. \_\_\_\_\_ L. \_\_\_\_\_

G. W. Anderson President.

H. D. Stoms Member. S. A. Richardson Member.

| Date           | Result | VACCINATIONS | Date           | Result | ANTI-TYPHOID INOCULATIONS, ETC. |
|----------------|--------|--------------|----------------|--------|---------------------------------|
| <u>12/2/18</u> |        | <u>BRNB</u>  | <u>25/1/18</u> |        | <u>BRNB</u> M.O.                |
|                |        |              | <u>1/2/18</u>  |        | <u>BRNB</u> M.O.                |
|                |        |              | <u>7/2/18</u>  |        | <u>BRNB</u> M.O.                |

Joined 5th day of July 1918 at Brantford. Ont.

|                      | CORPS                              | REG'TL NUMBER  | HABITS | DATE          |
|----------------------|------------------------------------|----------------|--------|---------------|
| Joined on enlistment | <u>2nd DEPOT BN. 2nd. C. O. R.</u> | <u>9310042</u> |        | <u>5-1-18</u> |
| Transferred to.....  |                                    |                |        |               |

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

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

N. B.—This sheet is 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.

Signature of Man James Bruce Burns



# DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 2

NAME OF SOLDIER

*Burns James Bruce*

REGIMENT

RANK *Pte*

No. *8310042*



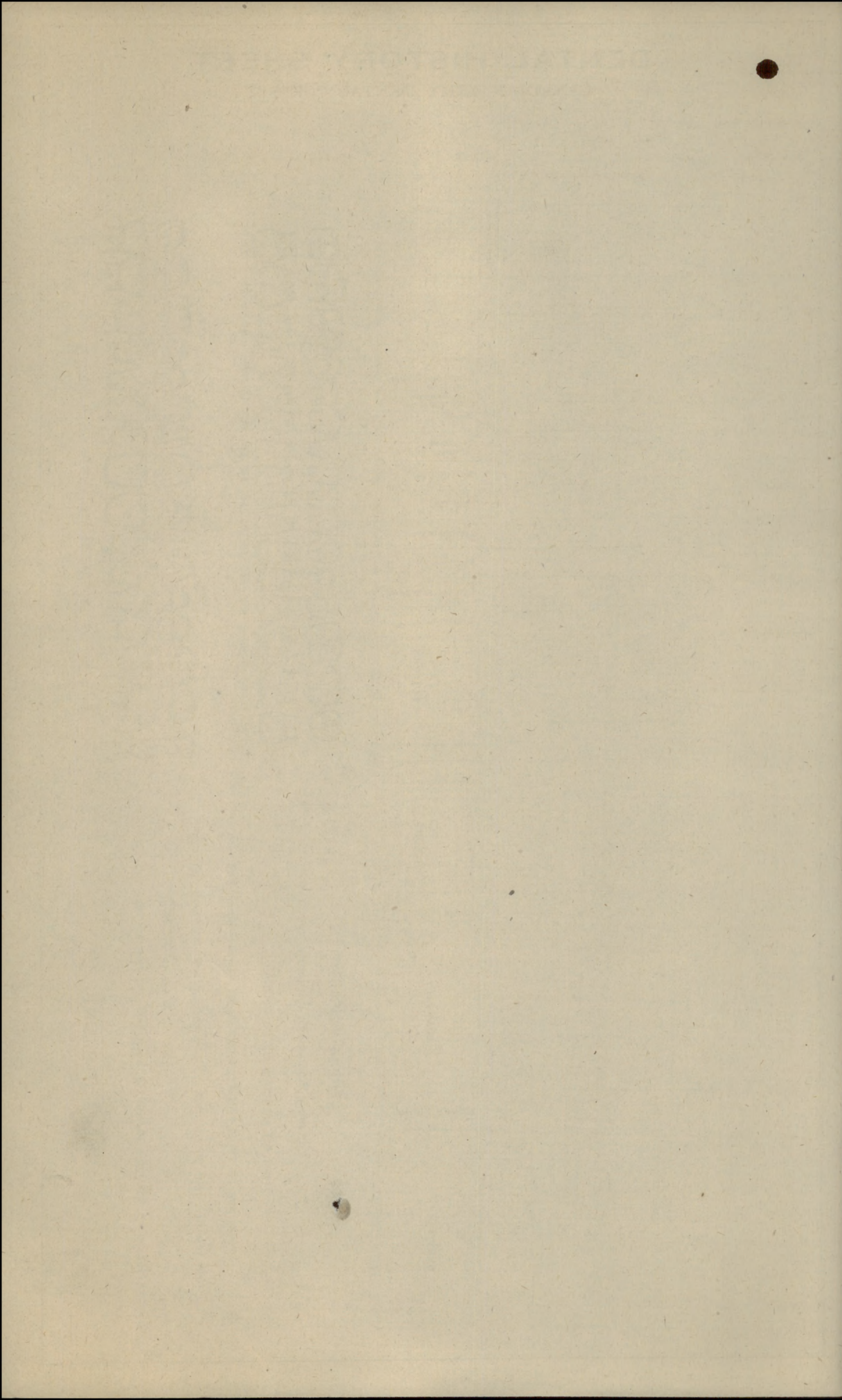
## INSTRUCTIONS

- On examination the condition of patient's mouth to be marked on diagram in red ink.
- 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:

- Condition on examination (in red).
- Condition on leaving Canada.
- Condition on discharge.

| Date  | Amalgam | Temporary Filling<br>(a) G. P.<br>(b) Cement | Cement | Treatment<br>Putrescent Pulp | Root Filling | Pulp Cap | Devitalization | Pyrrhica | Synthetic Porcelain | Extracting | DENTURES |   |   | Gold Clasp | Gold Filling | CROWNS |           | Bridge Work | OPERATOR | Military District | REMARKS  |
|---|---------|--|--------|------------------------------|--------------|----------|----------------|----------|---------------------|------------|----------|---|---|------------|--------------|--------|-----------|-------------|----------|-------------------|--|
|   |         |  |        |                              |              |          |                |          |                     |            | U        | L | P |            |              | Gold   | Porcelain |             |          |                   |  |
| Condition on first Examination                                      |         |  |        |                              |              |          |                |          |                     |            |          |   |   |            |              |        |           |             |          |                   |  |
| <i>Discharge Exam.<br/>At Exhibition Camp<br/>Date: FEB 10 1919</i> |         |  |        |                              |              |          |                |          |                     |            |          |   |   |            |              |        |           |             |          |                   | <i>Certificate issued for<br/>DENTALLY FIT</i> |
|   |         |  |        |                              |              |          |                |          |                     |            |          |   |   |            |              |        |           |             |          |                   | <i>Assemble major</i>                          |



CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.  
1188 (D.P.) 250M.-12-18.  
1772-89-908.

LAST PAY CERTIFICATE

Regimental No. 3310042 Rank Plt Name Burns (Surname first)  
 Unit No. 2 District Depot. who was\* DISCHARGED  
 On FEB 4 1919 191... to...  
 \*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Feb 1 to FEB 4 1919 191... the inclusive date of transfer or discharge.

|  | Dr.    | Cr.           |
|--|--------|---------------|
| Bal. Dr. or Cr. from prev. month                             |        | 16.98         |
| Regimental Pay <u>14</u> days at \$ <u>1</u> c. <u>10</u>    |        | 14.00         |
| Field Allowance <u>14</u> days at \$ <u>1</u> c. <u>10</u>   |        | 14.00         |
| Separation Allowance   |        | 35.00         |
| Clothing Allowance   |        | 70.00         |
| Post-Discharge Pay <u>10.00</u>                              |        |               |
| *Other Credits   |        |               |
| Advances <u>20.25</u>  | 15.00  |               |
| Separation Allowance and Assigned Pay Cheque No.             |        |               |
| *Other Charges   |        |               |
| Balance on transfer or on discharge, cheque No. <u>21134</u> | 122.58 |               |
| Total  |        | <u>137.38</u> |

\*Give particulars.

A monthly stoppage of \$ 15.00 (†) has... (‡) been paid on account of  
 Assigned Pay for the month of January 1919 } (to) Assignee Mrs J J Burns  
 and Separation Allowance for month of 1919 } Waterford Ont  
 (Address) .....  
 (†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

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

REMARKS:—

State (1) date of enlistment ..... married or single.....  
 (2) Separation Allowance, entitled or not no (3) Reason for discharge.....  
 (4) Authority for discharge or transfer DO # 43

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

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

Date FEB 3 1919  
 Place TORONTO, ONT.

Macouny  
 Paymaster. CAPT.  
 DISTRICT DEPOT

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

EXHIBITION

**CREDITS, ADVANCES, Etc.**

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

| Date  | Place | Cheque No. A.R. No.<br>or Other Particulars. | AMOUNT |       | Signature of Officer<br>Making Payment. |
|-------|-------|--|--------|-------|---|
|       |       |  | Dr.    | Cr.   |   |
| ..... | ..... | .....  | .....  | ..... | .....                                   |
| ..... | ..... | .....  | .....  | ..... | .....                                   |
| ..... | ..... | .....  | .....  | ..... | .....                                   |
| ..... | ..... | .....  | .....  | ..... | .....                                   |
| ..... | ..... | .....  | .....  | ..... | .....                                   |
| ..... | ..... | .....  | .....  | ..... | .....                                   |
| ..... | ..... | .....  | .....  | ..... | .....                                   |
| ..... | ..... | .....  | .....  | ..... | .....                                   |
| ..... | ..... | .....  | .....  | ..... | .....                                   |
| ..... | ..... | .....  | .....  | ..... | .....                                   |
| ..... | ..... | .....  | .....  | ..... | .....                                   |
| ..... | ..... | .....  | .....  | ..... | .....                                   |
| ..... | ..... | .....  | .....  | ..... | .....                                   |
| ..... | ..... | .....  | .....  | ..... | .....                                   |
| ..... | ..... | .....  | .....  | ..... | .....                                   |
| ..... | ..... | .....  | .....  | ..... | .....                                   |
| ..... | ..... | .....  | .....  | ..... | .....                                   |
| ..... | ..... | .....  | .....  | ..... | .....                                   |
| ..... | ..... | .....  | .....  | ..... | .....                                   |
| ..... | ..... | .....  | .....  | ..... | .....                                   |
| ..... | ..... | .....  | .....  | ..... | .....                                   |
| ..... | ..... | .....  | .....  | ..... | .....                                   |

*[Faint red stamp or signature]*

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

M.S.A.

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..... **A COMPANY**  
 ..... **2nd. DEPOT BN. 2nd. C. O. R.**

(2) Regimental Number ..... **33/0042**

(3) Full Name of Soldier: **Burns James Bruce**

(4) Place of Birth..... **Hamilton**  
 ..... **Ont**

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

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

(b) Present Postal Address..... **←**

(7) Are you a widower? ..... **←**

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

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

Also their names and ages..... **←**

.....

.....

.....



(9) Is your Father alive? *yes* *J. G. Burns*  
If so, state name and address *Waterford, Ont*

(10) Is your Mother alive? *yes*  
If so, state name and address *Mrs. Caroline Burns*  
*Waterford, Ont*

(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.  
*✓*

15) Are you insured? *yes*  
If so, in what Company? *Crown 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.

*W. J. Bleakley Capt*  
Officer Commanding.

Date **FEB 6 1918**

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

- 1. Christian names *James Bruce*..... 2. Surname *Burns*.....
- 3. Rank *Pte*..... 4. Original Unit *2-C-O-R*..... 5. Reg. No. *3310042*
- 6. Address, in full, to which future payments of gratuity are to be forwarded .....  
*Waterford P.O. Box 546*  
*Ont*
- 7. Date of enlistment in the C.E.F. *Jan-5-1918*.....
- 8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge .....
- 9. Relationship of such dependent .....
- 10. Address, in full, of such dependent ..... *not applicable*
- 11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? ... *no*.....
- 12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—  
*Yes... 2-C-O-R... Jan. 5... 1918... till Apr. 25... 1918*
- 13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? ..... *no*.....
- 14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service ..... *no*.....
- 15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served ..... *2-C-O-R & 8th Res...  
4-C-M-G... From Jan. 5... 1918 till date  
5-1-18 to 14-2-19 - 1 year 40 days*
- 16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department ..... *no*.....
- 17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? ... *no*.....

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *no*
19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid *no*
20. Have you been issued with a War Service Badge? If so, what class? *no*
21. Have you, during the present war, served in the Imperial Forces? *no*
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled *no*
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *no*  
 (b) If so, was such reversion in consequence of misconduct or inefficiency?
24. Are you now serving in the C.E.F.? *yes no* If not, give:—(a) Date of discharge *14-2-19* (b) Reason for discharge *Demobilization*
25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit *M.D. 2*
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit *yes*  
*4. M. G. B. from Aug 15<sup>th</sup> 1918 till Oct 2-1918*  
*in France*
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?  
 (b) If so, are you in receipt of full pay and allowances from that Department?

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: *J. Bruce Burns - Waterford - Ont.*

Place of Residence:

Declared before me at: *St. Catharines - Ontario*

This *10<sup>th</sup>* day of *Feb* 19*19*,

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

**POST DISCHARGE PAY.**

| Date paid. | Paid Soldier | Paid Dependent | War Service Gratuity | Net amount due |
|------------|--------------|----------------|----------------------|----------------|
| .....      | .....        | .....          | .....                | .....          |
| .....      | .....        | .....          | .....                | .....          |
| .....      | .....        | .....          | .....                | .....          |

Certified Correct.

District Paymaster.

ORIGINAL

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Burns Christian name James Bruce

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule. 481001 40 OCT 1918

3. Consecutive number on schedule of men reporting for service (if he appears on it)

4. Address (including street and number, if any) Waterford, Ont.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 19th day of October 1917, by the undersigned medical board sitting at Simcoe, Ont.

5. Age as stated 21 Years 6. Apparent age 21 Years

7. Height 5 Feet 3 1/2 Inches 8. Weight 129 Pounds

9. Chest measurement { Minimum 31 1/2 Ins. Maximum 34 Ins. 10. Complexion Dark { Eyes Brown Hair Brown

11. Physical development Good { Good Fair Poor 12. Smallpox marks None

13. Number of vaccination marks { Right arm Left arm 14. When vaccinated last None

15. Distinctive marks and marks indicating congenital peculiarities or previous disease V. D 20 L. 15 R. 3 faint scars over spine.

16. Slight defects but not sufficient to cause rejection The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis (Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A 2.

J. W. Anderson, President.

W. D. Stoms, Member.

S. A. Richardson, Member.

Table with columns: Date, Result, VACCINATIONS, Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Includes handwritten entries for 12/2/18 and 7/2/18.

Joined 5th day of Jan 1918 at Brantford Ont.

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Includes handwritten entries: C. M. G Pool, 2nd C. O., 3310042, 5-1-18.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT. Includes handwritten entries: Seafood, 7-12-18, Fit for Duty. Dist., W. C. Watson Capt; in Camp, Feb 10/19, Int, as per report same.

N. B.—This sheet is 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.

Signature of Man J. Bruce Burns

DUPLICATE FROM MEDICAL BOARD

CANADIAN



Name **L. BURNS James Bruce** Rank **Pte.** Regtl. No. **3310042**

Original unit ..... Present unit **CMG** M. or S. Age **21** Religion **Ang.** Ref. H.Q. ....  
Fyle Depot.....

Port, ship and date of arrival ..... **Empress Britain Halifax 21-1-19** .....

Next of kin **Mother Mrs. Caroline Burns Waterford, Ont.** .....

Address on leave ..... **Same** .....

Address on discharge ..... **Box 546 Waterford, Ont.** .....

Transportation issued **No** <sup>Yes</sup> Date **14-2-19.** <sup>Character on</sup> discharge **Waterford, Ont.** .....

Previous occupation **Printer.** Date and place of enlistment **Brantford, Ont. Jan. 5th, 1918** .....


Diagnosis **Demobilization** Date of Medical Boards **11-2-19** .....

| Date.           | Remarks.  | Pt. 2 Order No. |
|-----------------|---|-----------------|
| <b>T.O.S.</b>   |   |                 |
| <b>13-1-19.</b> | <b>Posted to Cas. Co. (Ex. Camp) 22-1-19.</b>     |                 |
|                 | <b>Leave &amp; Subs. from 27-1-19 to 10-2-19.</b> | <b>28</b>       |
| <b>14-2-19</b>  | <b>SOS DISCHARGED "DEMOR'N" entitled to WSG</b>   | <b>43</b>       |

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

Date.

Remarks

Pt. 2 Of  No.

M. F. W. 192

150m.—5-18

1772-39-1243

Surname

Christian Name or Names

Reg. No.

Burns

J. B.

3310042.

Rank

Unit

Plt

M.G. & B.

Cas. List.

10.10.18 B/340-2.

4 Gen Baniers 3-10-18.

J. T. de Foot

14.10.18 B/340

Mr. Mrs. Colchester 10.10.18

1-11-18 B/356-2

Woodcote Epsom 30-10-18

14-11-18 B/367-3.

Disch:- 6-11-18.

A.M.D. 2 DEPT.

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





# M.S.A.

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

M. F. W. 54. (A. F. B. 103.

500M.—9-16  
H. Q. 1772-30-9:0.

## Casualty Form—Active Service.

~~C.M.G.D.~~

Unit, Regiment or Corps..... ~~2nd DEPOT BN. 2nd C. O. B.~~

Regimental No. 3310042 ✓ Rank pte ✓ Name James Bruce Burns

Enlisted (a) Jan 5th 18 ✓ Terms of Service (a) Not War ✓ C. E. F. Service reckons from (a) Jan 5th 1918 ✓

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 <u>7-3-18</u>   |               |                    |  |
|                |                    | Arrived England <u>17-3-18</u> ✓  |               |                    |  |
| <u>25-3-18</u> | 8th Res.           | T.O.S. from Canada  | E. Sandling ✓ | <u>8-3-18</u>      | Pt. 2 D.O. # 84  |
| <u>23-4-18</u> | 8th R. Bn          | S.O.S. on transfer to C.M.G.D., Seaford   | Witley ✓      | <u>23-4-18</u>     | D.O. #113.<br><i>Adjutant, 1st Canadian Trench Bn.</i>                                   |
| <u>1918</u>    | Com. C.M.G.D.      | Taken on Strength,  | SEAFORD.      | <u>24-4-18</u>     | Auth. Depot Order Pt. II No. 114   |
| <u>1918</u>    | Com. C.M.G.D.      | Transferred to <u>CMG Pool of Seas.</u>   | SEAFORD.      | <u>AUG 18 1918</u> | Depot Order Pt. II No. <u>227</u><br><i>Watson</i><br>A/Adjutant, C.M.G. Depot <u>II</u> |
| <u>19-8-18</u> | <u>CMG</u>         | Arrived in France and TOS, CMG Corps (CMGR Pool) ::   |               | <u>19/8/18</u>     | <u>900 80</u><br><u>R-R 730.</u>   |

CERTIFIED CORRECT.  
AUG 6 1918  
LONDON.  
CAN. RECORDS

(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.]

Casualty Form - Active Service

| 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<br>taken from Army Form B. 213, Army Form A. 36, or other official documents |
|----------|--------------------|---|---------------|----------|--|
| Date     | From whom received |   |               |          |  |
| 26/8/18. | b6R6               | POB. bmsR Pool on Posting to 4th Bn bms b.  | 3rd           | 25/8/18  | ROR 1486<br>P/O 83/198   |
| 26-8-18  | Do.                | J.O.S. 4th Bn bms b on trans from bmsR Pool   |               | 26-8-18  | ROR 1486<br>P/O 101 a/12-9-18  |
| 31-8-18  | O. Unit            | Joined Unit   | Field         | 28-8-18  | B313   |
| 3-10-18  | H Gene             | J.C.T. Foot   | H Gene        | 3-10-18  | W3024 K6080<br>W3083-206230  |
| 10-10-18 | H Davis            | Invalides (Bick) and posted to C.M.G. C. D. Seaford   |               | 10/10/18 | G/O 0121-19-10-18  |
| 18-10-18 | M. Corp Det.       | J.O.S. from 4th Bn. M. Corp.  | Seaford.      | 10-10-18 | P/O 236<br><br>LIEUT;<br>FOR LT: COL: I/C RECORDS, C.O.M.E. 7-11-18                  |
| 17-11-18 |                    |   |               |          | Adjutant<br>Canadian Command Depot<br>C.O. NO. 318 17-11-18                          |
| 12-12-18 |                    | DISCHARGED FROM 5th G.G.B. Seaford  | TO bms b. BN. |          | PART II D. O. NO. 893 12-12-18   |

*C. J. Smith*  
 Capt.  
 for Lt Col aas

**Casualty Form—Active Service.**

Regiment or Corps.....  
 Rank..... Surname Dunn Christian Name James Bruce  
 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.....

..... 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<br>Taken from Army Form B. 213, Army Form A. 36, or other official documents |
|------------------|--------------------------|---|-------------------|------------------|--|
| Date             | From whom received       |   |                   |                  |  |
|                  |                          |   | Embarked .....    |                  |  |
|                  |                          |   | Disembarked.....  |                  |  |
| <u>24-12-18.</u> | <u>Comd<br/>C.M.E.D.</u> | <u>Commandant Rhyl</u>  | <u>Seaford.</u>   | <u>22.12.18</u>  | <u>Adjutant, Canadian Machine Gun Dept.</u>  |
|                  |                          | <u>Attached C.C.C.K. P. 10 JAN 1919 Part 2 Orders pending transfer to C.E.F. Canada.</u>  |                   |                  |  |
|                  |                          | <u>Ceases to be attached on transfer to C.E.F. Canada. Part 2 Orders...</u>   |                   |                  |  |
|                  |                          | <u>Lieutenant for Officer Comd'g M.D.2 C.V. Kinnel Park Camp. Rhyl.</u>   |                   |                  |  |

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

| 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<br>Taken from Army Form B. 213, Army Form A. 36, or other official documents |
|-------------|--------------------|---|-------------------|---------------------------|--|
| Date        | From whom received |   |                   |                           |  |
| JAN 13 1919 | O. S.              | T. O. S., No. 2 DISTRICT DEPOT, TORONTO   |                   | 1919 PART II D. O. No. 25 |  |
|             |                    |   |                   |                           | Lieut.<br>For O. C. No. 2 District Dep.  |
|             |                    |   |                   |                           |  |
|             |                    |   |                   |                           |  |
| 14-2-19     |                    | S.O.S. (Discharged) No. 2 District Depot<br>Part II, D.O. No. 43  |                   |                           |  |
|             |                    | <i>Annie Harper</i>   |                   |                           |  |
|             |                    | <i>Lieut.</i>   |                   |                           |  |
|             |                    | <i>O. C. District Depot<br/>No. 2 District Depot</i>  |                   |                           |  |

JAN 13 1919

T. O. S., No. 2 DISTRICT DEPOT, TORONTO

1919 PART II D. O. No. 25

*W. H. Newman*

Lieut.  
For O. C. No. 2 District Dep.

14-2-19

S.O.S. (Discharged) No. 2 District Depot  
Part II, D.O. No. 43

*Annie Harper*

*Lieut.*

*O. C. District Depot  
No. 2 District Depot*

GDLH Rank Name BURNS, James Bruce Reg'l No 3310042  
 Dft 2<sup>d</sup> Unit R D, 10 8th Res If in perm. Corps, }  
 What Unit? } Married or Single Single

Place and Date of Enlistment Brantford, Ont. Jany. 5th. 1918 Place of Birth Hamilton, Ont. Can

Name and Address, Next-of-Kin Mrs Caroline Burns

Waterford, Ont. Canada

Relationship Mother

Assigned Pay Monthly \$

Payable to

N/E. R. B. NO 3372

Relationship

Separation Allowance \$

Payable to

Category OR CAN

Relationship

Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—9546-16.

| Report.   |                     | Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case. | Place.   | Date.    | REMARKS<br>Taken from Official Documents.               |
|-----------|---------------------|--|----------|----------|---|
| Date.     | From whom received. |  |          |          |   |
|           |                     | Arrived in England   |          | 18-3-18  | S/S TIEEA   |
| 25.3.18   | 8 Res               | T.O.S. from leave  |          | 8.3.18   | Dft   |
| 23-4-18   | —                   | S.O.S on trans to 6 MG D   | Ditby    | 23-4-18  | DO 113 & 114 of 24-4-18                                 |
| 21.5.18   | C.M.G.D.            | S.O.S. to MGR Pool, Okeas  | Seafood  | 18.5.18  | Pt. II DO #227 & #80/3.9.18. MGR Pool                   |
| 11.9.18   | MGR Pool.           | S.O.S. to 4 <sup>th</sup> Bn. C.M.G.D.   | Field.   | 25.8.18. | Pt. II DO #83 & #101/12.9.18. 4 <sup>th</sup> MGR Bn.   |
| 18.10.18  | C.M.G.D.            | Sick; S.O.S. from 4 <sup>th</sup> MGR Bn.  | Seafood. | 10.10.18 | Pt. II DO #236 & #122/19.10.18. 4 <sup>th</sup> MGR Bn. |
| 11.11.18  | C.M.G.D.            | Disch. hosp; on com. 1 <sup>st</sup> C.B.D., Willey  | Seafood. | 6.11.18  | Pt. II DO #256 & #310/9.11.18. 1 <sup>st</sup> C.B.D.   |
| 22.11.18. | C.M.G.D.            | ceases att. 1 <sup>st</sup> C.B.D., and is att. 3 <sup>rd</sup> C.B.D.   | Seafood. | 16.11.18 | Pt. II DO #266 & #225/2.12.18. 3 <sup>rd</sup> C.B.D.   |
| 17.12.18  | C.M.G.D.            | ceases att. 3 <sup>rd</sup> C.B.D., S.O.S. to C.M.G.D.   | Seafood. | 12.12.18 | Pt. II DO #286 & #226/12.12.18. C.M.G.D.                |
| 25.1.19   | C.M.G.D.            | S.O.S. to C.E.F. in Canada   | Seafood. | 12.1.19  | Pt. II DO #21. & #566/293/12.4.19                       |

*M.S.*

*2nd Bn.*

A.F.B. 103 CHECKED  
23 AUG 1918

*1/5*



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

5-1-18

# Separation and Assigned Pay Branch

15902

Feb. 1/18

OVERSEAS CONTINGENTS

Enlisted

RATE OF SEPARATION ALLOWANCE

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

AUTHORITY FOR NEW ACC'T.

M.R.

B

5/18

RATE OF ASSIGNMENT

|       |  |  |  |
|-------|--|--|--|
| 15.00 |  |  |  |
|-------|--|--|--|

## PARTICULARS OF SEPARATION ALLOWANCE

## PARTICULARS OF ASSIGNMENT

No. 3310042

Rank *Pte.* Promoted Reverted Discharge

Soldier's Name

*J. B. Burns*

Battalion *2<sup>nd</sup> Depot Bn. 2<sup>nd</sup> C.O.R. Coy.*

Beneficiary

Relationship

Address

Name *Mrs. J. G. Burns*

Address *Waterford, Ont.*

Change of Address

- 1
- 2
- 3
- 4

| Date            | Cheque No.     | Amount S/A | Amount A/P | Total      | REMARKS    |
|-----------------|----------------|------------|------------|------------|------------|
| <i>Mar 1918</i> | <i>M 77499</i> |            | <i>30</i>  | <i>30</i>  | <i>R</i>   |
| <i>April</i>    | <i>A 3495</i>  |            | <i>15</i>  | <i>15</i>  | <i>B ✓</i> |
| <i>May</i>      | <i>H 18210</i> |            | <i>15</i>  | <i>15</i>  | <i>✓</i>   |
| <i>June</i>     | <i>E 17171</i> |            | <i>15</i>  | <i>15</i>  |            |
| <i>July</i>     | <i>V 32786</i> |            | <i>15</i>  | <i>15</i>  | <i>✓</i>   |
| <i>Aug</i>      | <i>E 29613</i> |            | <i>15</i>  | <i>15</i>  |            |
| <i>Sept</i>     | <i>H 43873</i> |            | <i>15</i>  | <i>15</i>  |            |
| <i>Oct</i>      | <i>F 47404</i> |            | <i>15</i>  | <i>15</i>  | <i>✓</i>   |
| <i>Nov</i>      | <i>B 58926</i> |            | <i>15</i>  | <i>15</i>  |            |
| <i>Dec</i>      | <i>M 63208</i> |            | <i>15</i>  | <i>15</i>  | <i>✓</i>   |
| <i>1919 JAN</i> | <i>F 74483</i> |            | <i>15</i>  | <i>15</i>  | <i>✓</i>   |
| <i>FEB</i>      |                |            | <i>180</i> | <i>180</i> |            |

*C. Kimball*

M. F. W. 128.  
400M-6-17-1772 30-1141  
L. L. 22320-M. & D. 1963.

*ch. 5 3/78  
R Amstrong*

..... A/c Closed *31-1-19*  
 Ret'd per *Emp of Britain*  
 Date *22-1-19* F.X. *29-1-19*  
 Clerk *E. A. Bradley* M.R. *66124*

*M. R. O. 1a*





mt6

PCN

RR

PKK

Number 3310042 Rank

Surname BURNS

Christian Name James Bruce

Units Co. 4th G. Bde Theatre of War France

Date of Service 25.8.18

Remarks

P

Latest Address Box 546 Waterford, Dist

Roll no. 2 Page 19604



| LIST No. | HOSPITAL             | DATE OF<br>ADMISSION | REMARKS         |
|----------|----------------------|----------------------|-----------------|
| A 340 ②  | No 4 Gen, carriers   | 3-10-18              | J.C.F. Foot Rt, |
| B 340 ①  | Gen. Mil. Colchester | 10-10-18             | " " " "         |
| Q 355    | Mil. Unit W. of Epom | 30.10.18             | . . . .         |
| B 365    | Discharged           | 6-11-18              | " " " "         |

NAME

Burns, J. B.

REGT. No. 3310042

RANK AND UNIT

Pte, 4th. Bn,

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY

Convalescent Hospital,  
No. ....  
Date .....  
Woodcote Park, Epsom.

HOSPITAL.

A. & D.  
CARD

AT  
A. & D. No. 21653

PL. OF ACTION

IV

RANK 3310042 Pte UNIT H. C. M. S. B. W.

SICK OR  
WOUNDED

NAME Burns J. B. AGE 22 RELIGION C.E.

PLACE IN HOSPITAL

DIAGNOSIS I.B.S. Right foot

ADMITTED 29/10/18 FROM Colchester mil.

DISCHARGED D1 6/11/18 TO 1st Bde Willey

TRANSFERRED

SERVICE AT HOME 10/12 IN FIELD 3/12

RESULTS

REMARKS.

30-10-18. Wounds healed no disability as result  
Heart & lungs normal D 1.

B. C. Hardiman  
Capt.

M. S. A.

SURNAME.

Burns

CARD NO.

✓

CHRISTIAN NAMES

James Bruce

REGL. NO.

3310042

RANK

Pte.

UNIT

2<sup>nd</sup> Cen. Ont. Regt. 2<sup>nd</sup> Dep. Bn.

FORMER CORPS

nil.

Soldier's Memo 14-2-19  
FOLL.  
NO 43 of 12-2-19  
200

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Burns, Mrs. Caroline

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

Waterford, Ont.

COUNTRY OF BIRTH

Canada Hamilton, Ont.

DATE

Feb. 8<sup>th</sup> 1897.

PLACE OF ATTESTATION

Brantford, Ont.

DATE

Jan. 5<sup>th</sup> 1918

1/8 8-3-18 1168  
2

1/8 25-1-19 256  
23 Pte



MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

JAMES BRUCE

Name BURNS.

Rank PTE

Reg. No. 3310042

Unit 4<sup>th</sup> Bn C.M.G.B.

Next of Kin CANADA.

| Date   | Movement      | Place       | Casualty | List No. | Notified N/K O. | W.O. List |
|--|---------------|-------------|----------|----------|-----------------|-----------|
| 1918   |               |             |          |          |                 |           |
| 3 10   | G.A. Burns    | 267 Fort RR |          | A340     |                 | 4633.8    |
| 10 10  | Genl. Bolcher |             | "        | B340     |                 | 28775     |
| 30 10  | Capt. Hippen  |             | "        | B336     |                 | 30484     |
| 6 11   | Dis           |             | "        | B367     |                 | 9915      |
| <p>App - B-3882 no leave 6-11 1000</p> <p>date 24.11.18 3rd B.C.B.</p> |               |             |          |          |                 |           |



deb

|  |                    |   |                           |                                    |                |              |        |
|--|--------------------|---|---------------------------|------------------------------------|----------------|--------------|--------|
| ASSIGNED PAY.  | ENGLAND or CANADA. | SEPARATION ALLOWANCE.   | ENGLAND or CANADA.        | NAME:- BURNS James Bruce           |                |              |        |
| EFFECTIVE DATE:- 1-2-18                                |                    | EFFECTIVE DATE:-  |                           | NUMBER:- 3310042                   |                |              |        |
| AMOUNT:- 15 <sup>00</sup>                              |                    | AMOUNT:-  |                           | PARTICULARS OF RANK OR APPOINTMENT |                |              |        |
| NAME, ADDRESS, RELATIONSHIP & AUTHORITY                |                    | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE. |                           | AUTHORITY                          |                |              |        |
| Caroline Burns<br>Waterford Ont<br>(mother)            |                    | 1/2   |                           | DATE EFFECTIVE                     |                |              |        |
|  |                    |   |                           | RANK OR APPOINTMENT                |                |              |        |
|  |                    |   |                           | P.L.B. team                        |                |              |        |
|  |                    |   |                           | Pte                                |                |              |        |
| UNIT AND TRANSFERS                                     |                    |   |                           |                                    |                |              |        |
| ORIGINAL UNIT: Brantford Dist. 2nd Dep Bn - 2nd C.O.R. |                    |   |                           |                                    |                |              |        |
| DATE ACCOUNT FIRST OPENED:- 1-3-18                     |                    |   |                           |                                    |                |              |        |
| AUTHORITY  |                    | DATE EFFECTIVE  | DATE LEDGER SHEET T'S F O | UNIT TRANSFERRED TO                |                |              |        |
| 114  |                    | 21/4/18   | 1/5/18                    | 21/5/18 8th Res Bn C.M.G.D.        |                |              |        |
| EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS                 |                    |   |                           |                                    |                |              |        |
| DATE OF PAYMENT  | NUMBER OF A.R.     | UNIT PAID BY  | AMOUNT                    | DATE OF PAYMENT                    | NUMBER OF A.R. | UNIT PAID BY | AMOUNT |
| 17/12/18   | 6494               | C.M.S.D.  | 19.47                     |                                    |                |              |        |
| DAILY RATES OF PAY AND ALLOWANCES                      |                    |   |                           |                                    |                |              |        |
| AUTHORITY  |                    | PAY   | F.A.                      | P.F.A.                             | SUBS'CE ALL'CE |              |        |
| P.L.B. team  |                    | 1   | -                         | -                                  | 10             |              |        |

PARTICULARS OF RENDERING NON-EFFECTIVE: *Transf. to Canada 1/19. By HR 169. C.M.S.D. 9/12/18 By Bal 4/25/18*

| 1918 MONTH | PARTICULARS     | CR. 1 | CR. 2 | PARTICULARS                | DR. 1 | DR. 2 | DR. 3 | DR. 4 | BALANCE | DEFERRED | SEPARATION |
|------------|-----------------|-------|-------|----------------------------|-------|-------|-------|-------|---------|----------|------------|
| March 31   | Balance forward |       |       |                            |       |       |       |       | 26.13   |          |            |
| April      | Ptes Pay        | 33.00 |       | ap                         |       |       |       | 15-   |         |          |            |
|            |                 |       |       | a.R. 180 12/4/18 8 Res ✓   | 4.87  |       |       |       |         |          |            |
|            |                 |       |       | a.R. 1 1/3/18 ✓            | 5.00  |       |       |       |         |          |            |
|            |                 | 33.00 |       |                            | 9.87  |       |       | 15    | 34.26   |          |            |
| May        | P.P.            | 34.10 |       | C.A.P.                     |       |       |       | 15-   |         |          |            |
|            |                 |       |       | a.R. 483 29.4.18. C.M.G.D. | 4.87  |       |       |       |         |          |            |
|            |                 |       |       | " 604 11.5.18 "            | 9.73  |       |       |       |         |          |            |
|            |                 |       |       | " 1102 28.5.18 "           | 4.87  |       |       |       | 33.89   |          |            |
|            |                 | 34.10 |       |                            | 19.47 |       |       | 15-   |         |          |            |
| June       | P.P.            | 33-   |       | C.A.P.                     |       |       |       | 15-   |         |          |            |
|            |                 |       |       | " 1634 13.6.18 "           | 4.87  |       |       |       |         |          |            |
|            |                 |       |       | " 1870 25.6.18 "           | 29.20 |       |       |       | 17.82   |          |            |
|            |                 | 33-   |       |                            | 34.07 |       |       | 15-   |         |          |            |
| July       | P.P.            | 34.10 |       | C.A.P.                     |       |       |       | 15-   |         |          |            |
|            |                 |       |       | " 2264 11.7.18 "           | 9.73  |       |       |       |         |          |            |
|            |                 |       |       | " 2689 26.7.18 "           | 4.87  |       |       |       | 22.32   |          |            |
|            |                 | 34.10 |       |                            | 4.60  |       |       | 15-   |         |          |            |
| Aug        | "               | 34.10 |       | b.d.P.                     |       |       |       | 15    |         |          |            |
|            |                 |       |       | " 3139 13.8.18 "           | 9.13  |       |       |       |         |          |            |
|            |                 |       |       | " 3493 11.8.18 "           | 4.87  |       |       |       | 26.82   |          |            |
|            |                 | 34.10 |       |                            | 14.60 |       |       | 15    |         |          |            |
| Sept       | "               | 33    |       | b.d.P.                     |       |       |       | 15    |         |          |            |
|            |                 |       |       | " 894 3.9.18 4 July B      | 3.57  |       |       |       |         |          |            |
|            |                 |       |       | " 1058 15.9.18 "           | 3.57  |       |       |       | 37.68   |          |            |
|            |                 | 33    |       |                            | 11.14 |       |       | 15    |         |          |            |

NUMBER 3310042

RANK

Pte

NAME

BURNS J. B.

| MONTH   | PARTICULARS  | CR. 1. | CR. 2. | PARTICULARS              | DR. 1 | DR. 2 | DR. 3 | DR. 4. | BALANCE | DEFERRED | SEPARATION                      |
|---------|--|--------|--------|--------------------------|-------|-------|-------|--------|---------|----------|---------------------------------|
| Sept 30 | Balance forward  |        |        |                          |       |       |       |        | 37 68   |          |                                 |
| Oct.    | P.P.   | 34 10  |        | bill                     |       |       |       | 15     |         |          |                                 |
|         |  |        |        | Shop Rem 43099 17.10-18  | 9 13  |       |       |        |         |          |                                 |
|         |  |        |        | AP 8516 30-10-18 Epsom   | 4 87  |       |       |        | 42 18   | P 8 17   | 10 <sup>1</sup> / <sub>18</sub> |
|         |  | 34 10  |        |                          | 14 60 |       |       | 15     |         |          |                                 |
| Nov     |  |        |        | " 1852 19-11-18 3rd B.D. | 9 13  |       |       |        |         |          |                                 |
| Dec     | P.P.   | 67 10  |        | " 8118 29-11-18 "        | 24 33 |       |       |        |         |          |                                 |
|         | Sick furlough 26 <sup>1</sup> / <sub>18</sub> to 5 <sup>12</sup> / <sub>18</sub> |        |        | C.A.P. Nov Dec           |       |       |       | 30     | 45 22   |          |                                 |
|         | auth. letter 1st B.B.D.  | 67 10  |        | " 6494 21.12-18 3rd B.D. | 19 47 |       |       |        |         |          |                                 |
|         | D.O 284 2.12.18 3rd B.D.   | 17 30  |        |                          |       |       |       |        | 33 05   |          |                                 |
|         | Retirement advised   | 74 40  |        |                          | 53 53 |       |       | 30     |         |          |                                 |

45.22  
17.47  
25.75



**"EMPERESS OF BRITAIN"**  
 PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING  
 DAILY RATE OF PAY AND ALLOWANCES

22-1-19  
~~13-1-19~~

S.P.C. = B1657

AUDITOR *ONE* PAYMASTER *ONE*

**14**

M. OR S. REGT. No. **3310042** RANK Pte. NAME (IN FULL) **BURNS, J.B.** (BLOCK LETTERS, SURNAME FIRST)

|                               |                |             |                |           |  |   |
|-------------------------------|----------------|-------------|----------------|-----------|--|---|
| NEXT OF KIN                   | RELATIONSHIP   | PARTICULARS | EFFECTIVE DATE | AUTHORITY | ORIGINAL UNIT C.E.F. <i>Com G. H.</i>              | IF IN P.F. WHAT UNIT?   |
| ADDRESS                       |                |             |                |           | PLACE OF ATTESTATION                               | TRANSFERRED TO DATE AUTHORITY   |
| IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE |             |                |           | DATE OF ATTESTATION <i>Jan 5<sup>th</sup> 1918</i> | TRANSFERRED TO DATE AUTHORITY   |
| TO WHOM PAID                  | RELATIONSHIP   |             |                |           | ASSIGNED PAY, \$ <i>15.00</i>                      | DATE EFFECTIVE <i>1-2-19</i> ✓  |
| ADDRESS                       |                |             |                |           | PAYABLE TO <i>Mrs J. G. Burns</i>                  | RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS  |
|                               |                |             |                |           | ADDRESS <i>Waterford, Ontario</i>                  |   |
|                               |                |             |                |           | STOP PAYMENT FORM RENDERED, DATE                   | EFFECTIVE   |
|                               |                |             |                |           | DISCHARGED <i>Toronto</i>                          | DATE <i>14/2/19</i> ✓ REASON <i>Demob</i> AUTHORITY <i>D.O. 43</i> IF ENTITLED TO POST DISCHARGE PAY <i>Yes</i> |

| 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 |   |
| Balance from previous account |              |             |               |              |               |              |                   |              |                    |                             |               |            |              |                    |  |               |              |               |               |        |   |
| 31-12-18                      | ✓            | <i>1.10</i> |               |              | <i>25.75</i>  |              |                   |              |                    |                             |               |            |              |                    |  |               |              |               |               |        |   |
|                               |              |             |               |              | <i>25.75</i>  |              |                   |              | <i>3-1-19 Boat</i> | <i>4.87</i>                 |               |            |              |                    |  |               |              |               |               |        | <i>OK</i>                                 |
|                               |              |             |               |              |               |              |                   |              | <i>30-1-19</i>     | <i>30.00</i>                |               |            |              |                    |  |               |              |               |               |        |   |
|                               |              |             |               |              |               |              |                   |              | <i>31-1-19</i>     | <i>5.00</i>                 |               |            |              |                    |  |               |              |               |               |        |   |
|                               |              |             |               |              |               |              |                   |              |                    |                             |               |            | <i>15.00</i> |                    |  |               |              |               |               |        | <i>a.p. Jan 19</i>                        |
| 1-1-19                        | ✓            | <i>1.10</i> | <i>34.10</i>  | <i>12.00</i> | <i>46.10</i>  |              |                   |              |                    |                             |               |            |              |                    |  |               | <i>29.12</i> | <i>34.87</i>  | <i>29.12</i>  |        | <i>16.98</i>                              |
| Jan 31                        |              |             |               |              |               |              |                   |              |                    |                             |               |            |              |                    |  |               |              |               |               |        | <i>D.O. 28 m R</i>                        |
| Feb. 1-14                     | ✓            | <i>1.10</i> | <i>15.40</i>  | <i>35.00</i> | <i>50.40</i>  | <i>70.00</i> | <i>137.38</i>     | <i>02.12</i> | <i>21.35</i>       | <i>15.00</i>                | <i>122.38</i> |            |              |                    |  |               |              | <i>137.38</i> |               |        | <i>16.98</i>                              |
| 4 mths                        |              |             |               |              | <i>280.00</i> |              |                   |              |                    |                             |               |            |              |                    |  |               |              | <i>70.00</i>  | <i>140.00</i> |        |   |
|                               |              |             |               |              |               |              |                   |              |                    | <i>26.14</i>                | <i>70.00</i>  |            |              |                    |  |               |              | <i>70.00</i>  |               |        | <i>181 p. no 2 150</i>                    |
|                               |              |             |               |              |               |              |                   |              |                    | <i>26.14</i>                | <i>70.00</i>  |            |              |                    |  |               |              | <i>140.00</i> |               |        |   |
|                               |              |             |               |              |               |              |                   |              |                    | <i>Apr 11 342903</i>        | <i>70.00</i>  |            |              |                    |  |               |              | <i>210</i>    |               |        | <i>cr. mailed 14/4/19.</i>                |
|                               |              |             |               |              |               |              |                   |              |                    | <i>MAY 9 342303</i>         | <i>70.00</i>  |            |              |                    |  |               |              | <i>280</i>    |               |        |   |
|                               |              |             |               |              |               |              | <i>730.287.30</i> |              |                    |                             |               |            |              |                    |  |               |              | <i>1730</i>   |               |        | <i>1926/11/18</i>                         |
|                               |              |             |               |              |               |              |                   |              |                    | <i>ART 2 June 25 665583</i> | <i>7.30</i>   |            |              |                    |  |               |              | <i>287.30</i> |               |        | <i>W.S.G. PAID IN FULL</i>                |
|                               |              |             |               |              |               |              |                   |              |                    |                             |               |            |              |                    |  |               |              | <i>287.30</i> |               |        | <i>FOR PAYMASTER WAR SERVICE GRATUITY</i> |

## List of Discharge Documents.

|  |                          |   |                                   |
|--|--------------------------|---|-----------------------------------|
| Reg. Conduct Sheet,                    | Militia form B. 263      | Attestation Paper   | Militia Form W. 23                |
| Squadron<br>Battery }<br>Company }     | Conduct Sheet, " B. 263a | or  | Particulars of Recruit " W. 133   |
| or                                     |                          | Field Conduct Sheet " W. 178  | Proceedings on Discharge " B. 218 |
| Copies of Convictions, by C. P. in MS. |                          | In the case of recruits who are rejected on final approval, the discharge documents will consist of<br><br>(a) Proceedings on Discharge<br><br>(b) Attestation.<br><br>(c) Medical History Sheet. |                                   |
| Med. Hist. Sheet,                      | Militia form B. 313      |   |                                   |
| Casualty Form                          | " W. 54                  |   |                                   |
| Medical Report for Invalid§            | " B. 227                 |   |                                   |
| Dental History Sheet                   | " B. 465                 |   |                                   |
| Last Pay Certificate                   | " W. 44                  |   |                                   |
| Duplicate Discharge Certificate        | " W. 39A                 |   |                                   |
| ‡Form of Will                          | " W. 82                  |   |                                   |
| §Only if discharged "Medically unfit." |                          |   |                                   |
| ‡Only if man has not been overseas.    |                          |   |                                   |

Documents not accompanying this form should be crossed out.

*I hereby certify that the following documents are unobtainable.*

*Officer Commanding.*

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

This space to be for numbers.

## Proceedings on Discharge.

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

**EVC.**

|   |  |
|---|--|
| No. <b>3310042.</b>   |  |
| Rank <b>Pte.</b>  |  |
| Surname <b>BURNS.</b>   |  |
| Christian name <b>JAMES BRUCE.</b><br><small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>  |  |
| Corps (Squadron, Battery or Company) <b>2nd. D.Bn. 2nd. C.O.R. (#2 D.D.)</b>  |  |
| Date of discharge <b>Feb.14th,1919.</b>   |  |
| Place of discharge <b>TORONTO, ONT</b>  |  |
| <b>1. DESCRIPTION AT THE TIME OF DISCHARGE.</b>   |  |
| Age <b>21.</b> years.....months.<br>Height <b>5</b> feet..... <b>3½</b> inches.<br>Complexion <b>Dark.</b><br>Eyes <b>Brown.</b><br>Hair <b>Brown.</b><br>Trade <b>Printer.</b><br>Intended place of residence <b>Box 546, Waterford, Ont.</b><br><small>(To be given as fully as practicable.)</small> | Descriptive marks<br><b>Vaccs. Scars on left arm.</b><br><br><div style="text-align: center; border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; margin: 0 auto; line-height: 40px; font-size: 24px; font-weight: bold;">M</div> |
| 2. The above-named man is discharged in consequence of<br><div style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">ON GENERAL DEMOBILIZATION</div> Authority for discharge <b>#2 D.D. D.O.P.T.II. #43.</b>  |  |
| <small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>  |  |
| 3. Conduct and character while in the service have been, according to the records, etc.   |  |
| <small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.</small>   |  |
| 4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)   |  |

M. F. B. 218.  
200M—5-18.  
H. C. 1772-39-113.

(OVER)



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

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

6. Medals and Decorations

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

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

(Place)..... (Date)..... Commanding.....

8. Certificate to be signed by the Soldier on Discharge

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

(Place) Toronto, Ont. James Bruce Burns (Signature of Soldier.)

(Date) Feb. 14th, 1919. Bruce Thompson (Signature of Witness.)

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

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

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

(Signature of Soldier.)

10. Statement of Service.

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

Total.....years.....days.

11. Confirmation of Discharge.

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

(Place) Toronto, Ont.

(Date) Feb. 14th, 1919.

(Signature) [Signature] . Fox O.C. No. 2 District Depot

Reservations referred to at Para. 8.

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

Table with columns for document type and number. Includes items like 'Rep. Conduct Sheet', 'Medical History Sheet', 'Duplicate Discharge Certificate', etc.

I hereby certify that the following documents are unobtainable. [Signature] Officer Commanding