

REGIMENTAL DOCUMENTS

NAME BURBANK. GUY. STUART. Pte REGT. NO. 748790 UNIT 117th Batta H. Q. FILE NO. _____

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3 ATTESTATION PAPER (M.F.W. 23, 133, or 51) 3		M	C.F.C.	50482	DEATH
1 CASUALTY FORM (M.I.W. 54 or A.F.B. 103) 3					Category
TRAINING HISTORY SHEET (M.F.W. 112)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1 REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120) 1					
1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
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1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268) 2					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1 cas card					
1 m 7 W 67					
1 R 149					
1 " 122					
m 7 W 39 1					
a 7 B. 122 1					
a 7 S. 1237 1					
a 8 S 1238 1					
P.C. 2					

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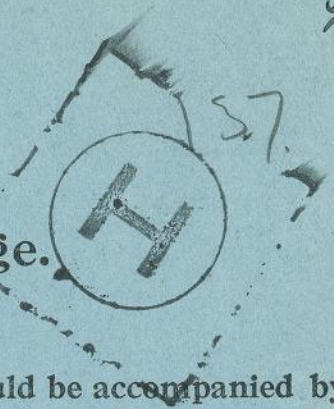
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14-10
11-10~~

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.)

No.	748790	
Rank	Private	
Name	Guy Stuart Burbach	
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company)	NORTH EASTERN TOWNSHIPS OVERSEAS BATT. C. E. F.	
Date of Discharge	JUL 14 1916	
Place of Discharge	VALCARTIER CAMP	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age.....	23 years.....	months.....
Height.....	5 feet 5 1/4	inches.....
Complexion	Light	None
Eyes	Grey	
Hair	Brown	
Trade	Farmer	
Intended place of residence	Quebec	
<small>(To be given as fully as practicable.)</small>		
2. The above-named man is discharged in consequence of		
K R O O para 322(2.) C Can Mil 1910		
<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.		
Good		
<small>N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier 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.)		
Farmer		

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

Carded
23-8-16
Bl

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

None

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

6. Medals and Decorations.....

None

To be copied by the Commanding Officer on to the parcelment 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).....**VALCARTIER CAMP**

(Date).....**JUL 14 1916**

P. J. Gilbert LT. COL.
O. C. 117th E. T. O/S BATT. C. E. F.
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.

(Place).....**VALCARTIER CAMP** *G. S. Burtank* (Signature of Soldier.)

(Date).....**JUL 14 1916** *Whitehead* (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.

G. S. Burtank (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years¹²³.....days.

Total.....years¹²³.....days.

11. Confirmation of Discharge.

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

(Place).....**VALCARTIER CAMP**

(Date).....**JUL 14 1916**

P. J. Gilbert LT. COL.
O. C. 117th E. T. O/S BATT. C. E. F.
(Signature)

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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps

~~25th OVERSEAS BATTALION, C.E.F.~~
SPECIAL SERVICE BATTALION

Regimental No. 2157484 Rank Plt Name Burbank G. S.
C. E. F.

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

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

T.O.S. SPECIAL SERVICE BATTALION

			<u>Montreal</u>	<u>12/7/18</u>	<u>Plt 250.102</u> <u>W. H. Richards</u> Captain, O. C. No. 4 Special Service Co. C. E. F.
--	--	--	-----------------	----------------	---

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

(b) e.g. Signaller, Shoening Smith, etc., etc., also special qualifications in technical Corps duties.

Character 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 taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

Sheet II

Casualty Form—Active Service.

Regiment or Corps: Canadian Forestry Corps.

Rank: Private Surname: Burbank Christian Name: Guy Stuart

Religion: 6 of 8 Age on Enlistment: 24 years... months

Enlisted (a) 24-3-1917 Terms of Service (a) 6 of War Service reckons from (a) 24-3-1917

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

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

Occupation: G.I. Farmer (M) Agribusiness Signature of Officer: Major

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
			Embarked ...		
			Disembarked...		
		<i>Occupation bands despatched on 21-11-17</i>			
MAR 18 1918		TAKEN ON STRENGTH No. 4 CASUALTY UNIT,		Adjutant,	
				No. 4 CASUALTY UNIT	
APR 6 1918		TRANSFERRED FROM No. 4 CASUALTY UNIT		Adjutant	
				No. 4 CASUALTY UNIT	

Next of Kin
 Wife: Mrs. M. Burbank
 Major Quebec
 Canadian Forestry Corps
 Base Dept
 Summer 1917

(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, Messing-Smith, &c.

copy

CANADIAN OVERSEAS EXPEDITIONARY FORCES

Discharge Certificate

This is to Certify that No. 2167484 (Rank) Private
 (Name in Full) BURMAN Roy Stuart enlisted in
Can Forestry Corps
 Canadian Overseas Expeditionary Force, on the 24th of March
 1917, and accompanied said unit to England
 was returned to Canada, and discharged from the service at Montreal Que
 on the 2nd of August 1918, in consequence of
Medically Unfit (Sickness)
Auth 449 ND4 22-B-2457 D/ July 30th 1918

DESCRIPTION ON DISCHARGE

Age 23 yrs 4 mos
 Height 5 ft 6 ins
 Complexion Fair
 Eyes Grey
 Hair Dark
 Trade Farmer

Marks or Scars
Scar under chin

Signature of Man

B. B. Burman

W. Schmechel Lt-Col

Officer in charge Discharge Depot.

Place and Date Montreal Aug 2nd 1918

O/C 4th Bn Can Garrison Regt CEF

SHOULD THIS DISCHARGE CERTIFICATE BE LOST, NO DUPLICATE OF IT CAN BE OBTAINED.

N. B.—Any person finding this Certificate is requested to forward it in an unstamped envelope to The Secretary, Militia Council, Ottawa, Canada.

CANADIAN OVERSEAS EXPEDITIONARY FORCES

Discharge Certificate

No. 2157401

Rank Private

Name ~~MURRAY~~ Guy Stuart

Unit Jan Forestry Corps

Address on Discharge

Magog

Que

His conduct and character while in the Service have been :

Good

Place Montreal Que

Date Aug 2nd 1918

Campaigns European War, Service in England

Medals and Decorations

W. H. Seaman

Commanding Lt-Col 4th Bn. Can Garrison Regt CEF

ATTESTATION PAPER.

No. 2154/484

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Burbank*
- 1a. What are your Christian names?..... *Guy Stuart*
- 1b. What is your present address?..... *Magog Que.*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Knowltons Landing Canada*
- 3. What is the name of your next-of-kin?..... *Mrs Beatrice Burbank*
- 4. What is the address of your next-of-kin?..... *Magog Que. Canada*
- 4a. What is the relationship of your next-of-kin?..... *wife*
- 5. What is the date of your birth?..... *March 31st 1895*
- 6. What is your Trade or Calling?..... *Farmer*
- 7. Are you married?..... *yes*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *yes*
- 9. Do you now belong to the Active Militia?..... *no*
- 10. Have you ever served in any Military Force?.. *no*
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... *yes*
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

G S Burbank (Signature of Recruit)

Date *March 24th* 1917 *G D Guden cast* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

G S Burbank (Signature of Recruit)

Date *March 24* 1917 *G D Guden cast* (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at *Kingston Ont Canada* this *23rd* day of *March* 1917.

J. R. Freeman (Signature of Justice)

Description of Guy Stuart Burbank on Enlistment.

Apparent Age 24 years months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

Height 5 ft. 6 ins.

Chest-measurement { Girth when fully expanded 34 ins.
 Range of expansion 4 ins.

Complexion Fair

Eyes Grey

Hair Dark

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

Scar on undersurface of chin.

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date March 24th 1917 Carr G. Gordon

Place Kingston Ont. Canada
 Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

Guy S. Burbank having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

W Van Allen (Signature of Officer)
Major

Date March 28th 1917.

Number 2157484.

Rank

Pte.

Com. WAC M
Surname BULLBANK.

Christian Name Guy Stuart.

Units C. 7. C.

Theatre of War

ENG.

Date of Service 14-5-17.

Remarks

Died 15¹²/₁₈

Latest Address Magog Ave

46143
Roll No.

A. Page 5105.

10m.-8-21.M.

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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

FORESTRY REINFORCEMENTS

Unit, Regiment or Corps.....

Regimental No. 2157484 Rank Pte Name Guy Stuart Burbank

C. E. F.

Enlisted (a) 24/3/17 Terms of Service (a) Duration of War Service reckons from (a) 24/3/17

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) farmer

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				
26-5-17	D. of T.O.	Embarked Disembarked T.O.S. Base Depot CFC	Halifax Liverpool	3.5.17 14.5.17	
			Sunningdale	14-5-17	P.11.O. 24. Lieut. A/ADJT. CFC.
29-12-17	O.C. No 52 Dist C.F.C.	S.O.S. No 52 Dist at No 113 Coy on posting to Base Depot	Carlisle	18-12-17	Rt II D.O. No 145 Lieut & Adjut for O.C. No 52 Dist C.F.C.
7-1-18	O.C. C.F.C.	S.O.S. Base Depot C.F.C.	Sunningdale	18-12-17	Rt. II. D.O. No. 6
8 FEB 1918		TAKEN ON STRENGTH C.D.D, BUXTON	Pt. 11 ORDER No. 344		Lieut.-Col. Commanding Canadian Discharge Depot.
23 FEB 1918		EMBARKED FOR CANADA FROM LIVERPOOL			Lieut.-Col. Commanding Canadian Discharge 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) e.g. Signaller, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

(P.T.O.)

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				
MAR 18 1918		TAKEN ON STRENGTH No. 4 CASUALTY UNIT			<i>[Signature]</i> Adjutant, No. 4 CASUALTY UNIT
APR 6 1918		TRANSFERRED FROM No. 4 CASUALTY UNIT			<i>[Signature]</i> Adjutant, No. 4 CASUALTY UNIT
F.O.S. 23.4.18	do	detailed to S.M.B. for duty	Montreal	12-4-18	PC 2 DO 102 <i>[Signature]</i> Captain, O. C. No. 4 Special Service Co. C. E. F.
	do		do	23.4.18	PT 2 DO 104 <i>[Signature]</i> Captain, O. C. No. 4 Special Service Co. C. E. F.
1.5.18	No. 4 S.S.	TAKEN ON STRENGTH 4TH BN. C, G, E, O. E. F. AUTH. PT. II D, O, 1.		1.5.18	<i>[Signature]</i> Lieut. Adjutant, 4th Bn, Canadian Garrison Regiment C, E, F.
10.6.18	4 C.G. N.	Forfeit 23 d.p. RW for absence from 9am. 6.5.18 to 8.50 am. 28.5.18	Montreal	10.6.18	PT. 50.41 <i>[Signature]</i> Adjutant, 4th Bn, Canadian Garrison Regiment C, E, F.
10.7.18	do.	Forfeit 6 d.p. RW for abs. from 9am. 3.7.18 to 9am. 8.7.18	do.	10.7.18	PT. 50.71 <i>[Signature]</i> Lieut. Adjutant, 4th Bn, Canadian Garrison Regiment C, E, F.
2.8.18	do.	STRUCK OFF STRENGTH 4TH BN. C, G, E, O. E. F. AUTH. PT. II D, O, 95. Discharged - Medically unfit - Sickness		2.8.18	<i>[Signature]</i> Lieut. Adjutant, 4th Bn, Canadian Garrison Regiment C, E, F.

see sheet II

LTR

Rank _____ Name **BURBANK, Guy Stuart** ✓
 Reg'l No. **2157484**
 Unit _____ If in perm. Corps, **What Unit?**
 Married or Single **Married.** ✓
 Place and Date of Enlistment **Kingston, March 24th, 1917.** Place of Birth **Knowtrons Landing, Canada.**
 Name and Address, Next-of-Kin **Mrs Beatrice Burbank,**
Magog, Quebec. Relationship **Wife.** ✓

Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____
 Separation Allowance \$ _____ Payable to _____ Relationship _____

N/E. R.B. No. **1391.**
 File R.L. _____
 Category **Can. O.A.**

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 Taken from Official Documents.
Date.	From whom received.				
⇒ARRIVED IN ENGLAND 14 5 17					
28.5.17 B.D.C.F.C T.O.S S'dale 14, 5.17 P.H.O 25					
7-7-17	Dist 2 CFC T.O.S from Base		Barbisle	1-7-17	Pt 2 D.O. 58. ^{CFC. B.D.} P.H. 58 of 4/4/17
30.11.17	CFC List. Admn. 2 nd W th Gen. Harp. Pt. Inanchester			15.8.17	Unit C.76. V.D.S.
30.11.17	" " Dis. from " " " Pt.		"	20.11.17	" C.76. V.D.S.
19.12.17	" B.D. Att'd on reporting from Wellington Banacks, for				
					B.D. P.H.O. pending advice. Pt. Sdale. 18.12.17 P.H. 50. 204.
29.12.17	CFC List 52 S.O.S to B.D. depol.		Pt. Barbisle.	18.12.17	" - 145.
7.1.18	" B.D. Ceases Att'd + is T.O.S. Pt.		Sdale.	18.12.17	" - 6.

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.				
11. 2. 18	B. D. C. F. C.	On Com. C. D. D. Buxton	St. John's	8. 2. 18	Page 436.
7. 3. 18	"	Leaves on Com. C. D. D. Buxton V.S.O. on embarkation to Canada for disposal by A.G.	"	23. 2. 18	" 57.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 2157884 Rank Pte. Name BURBANK G.S.

Corps 4th Battalion Canadian Garrison Regiment C.E.F. who was DISCHARGED

On August 2nd 1918 1918, to August 1st 1918

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from August 1st 1918 to August 2nd 1918, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month..... <u>July</u>		<u>40</u>
Advances by Cheques } No.....			Reg'tl Pay..... <u>2</u> days at \$..... <u>1 00</u>	<u>2</u>	<u>00</u>
} No.....			Field Allow. <u>2</u> days at \$..... <u>10</u>		<u>20</u>
Assigned Pay and Sep'n Allce. No.....		<u>60</u>	Separation Allowances* (Monthly)		
Other charges <u>C.E.F. 7 days pay</u>	<u>7</u>	<u>70</u>	Other Allowances*		
Payment on transfer or discharge No <u>11766</u>	<u>95</u>	<u>00</u>	Other Credits* <u>Civilian clothes</u>		<u>55 00</u>
Balance Cr. (to be paid by the new unit).....	-	-	<u>Post Discharge Pay</u>		<u>75 70</u>
			Bal. Dr. (to be deducted by new unit).....	-	-
Total.....	<u>105</u>	<u>30</u>	Total.....	<u>105</u>	<u>30</u>

* Give particulars.

A monthly stoppage of \$ 15.00 (†) has..... (‡) been paid on account of Assigned Pay for the month of July 1918 and Sep'n Allce. for month of July 1918 (to) Assignee Mrs Beatrice Burbank
(Address) HAGOG P.Q.

(†) 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 24-5-17
 (2) if married and if a Separation Allowance Card has been submitted YES
 (3) cause of discharge Medically unfit authority H.O. 4 22-3-2437
 (4) authority for transfer D/ 20-7-18

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date August 5th 1918

Place Montreal P.Q.

H. Colbourne Capt
Paymaster, 4th Bn. Canadian Garrison Regiment

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

MEDICAL HISTORY OF AN INVALID.

649 B-5063
DEPT. OF MILITIA & DEFENCE
AUG 16 1916
H.Q. CANADA

1. Station. *Wheatley Camp* 8. General remarks on his :—
 2. Regiment or Corps. *117th E.T. Battalion* (a) Conduct. *good*
 3. Regimental No. and Rank. *748790 Pl* (b) Habits. *Tobacco to excess*
 4. Name. *BURBANK* (c) Temperance. *abstains*
 5. Age last Birthday. *23* (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)
 6. Enlisted on *Mar 14/16*
 at *Wagoo*
 7. Former Trade or Occupation. *Farmer* Date. *July 2/16*

9. Service. _____ Years. *1/0* Days. _____

	PERIODS.	
	FROM.	TO.
<i>117th E.T. Battalion</i>	<i>Mar 14/16</i>	<i>July 2/16</i>

10. (a) Disease or disability. *Myocarditis*
 (b) Date of origin. *1915*
 (c) Place of origin. *Wagoo*
 (d) Cause. *Insomnia (Cigarettes to excess)*

11. Present Condition. (Most Important).
 (To include full description of present disabling condition or conditions.)
*Complains of weakness, dizziness, shortness of breath on exertion. Got 6 mos from same condition last year.
 Phys Ex. 1st. sounds rather weak with slight blowing at apex.*

12. (a) Is the disability the result of service or climate? *no*
 (b) Has it been aggravated by intemperance, vice or misconduct? *Tobacco to excess*

Added 19-8-16 B.S.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

None

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

None

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

None

14. Treatment

None

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

no

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

6 mos.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

15%

18. State if for discharge on account of unfitness for Service.

yes

E. E. Joda
Medical Officer by whom the case is brought forward.

C. H. Lane

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. Endocarditis

11. Soft blowing apical murmur diffuse apical impulse, no inv. of pulse. has never been able to complete p.T exercises, persistent cough.

12. yes.

15. yes.

16. Permanent.

17. 50%.

19. Is he unfit for Military Service. *yes.*

20. Recommendations: *That he be discharged from the Service as unfit.*

Signatures:—

W. M. ... President.

J. M. ...
J. H. ... Members.

Station. **Valcartier Camp,**
Date. **July 3rd, 1916.**

Date. *6 7/16*

Approved.

Date. *18/16*

F. ...
Assr. Director of Medical Services.

W. ...
Director-General of Medical Services.

Does the Board concur with the preceding report? If not, give differing opinion.

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

If admitted.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
Index No.	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

.....

.....

.....

.....

.....

.....

.....

.....

.....

Date of final Medical Board or decision. } Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.
100 m-2-16.
H. G. 1772-39-117.

Station	Corps	Regimental No.	Rank
Name	Disability	Date	Hospital or Station transferred to for final disposal.
			Date of final disposal
			How finally disposed of

The original Report is invariably to accompany the discharge documents of invalids.

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.

FORESTRY REINFORCEMENTS

(1) Name of Overseas Unit which Soldier joins.....

(2) Regimental Number 2157484

(3) Full Name of Soldier Guy Stuart Burlank

(4) Place of Birth.....

(5) Are you married, or not? yes

(6) If married, state,
(a) Full name of your wife Mrs Beatrice Burlank

(b) Present Postal Address Bagot P.Q.
Canada

(7) Are you a widower? no

(8) Have you any children? no

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

Also their names and ages.....

(9) Is your Father alive? *yes James Burbank.*
If so, state name and address *Knowltons Landing P.O.*

(10) Is your Mother alive? *yes Alice Burbank.*
If so, state name and address *72 Dufferin Ave.
Sherbrooke Que.*

(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.
for Applied.

(15) Are you insured? *yes Mutual Life Sherbrooke*
If so, in what Company?.....
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 Van Beurden
Officer Commanding.

Date *27/3/17*

2157484
Reg. No. *W.M.A.*

Guy Stuart
Rank *Pte.*

Name *BURBANK*

Unit *Sea For Corps. Airt 52.*

Next of Kin *C. small.*

1947	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
15-8	2 nd West Sea Hq	McLester	V.P.S.	C 76		1979
20-11	Discharged		-do-	C 76		1476
<i>Patrol</i>						
<i>26-11</i>						

No. 39514 Date 20. 11. 1917

(1) To the Officer i/c Records, Green Arrow House, Old Bailey,
London E.C. (Station).

(2) The Officer Commanding, Director's Carlisle Barracks,
 (Station).

(3) The Paymaster, 7 Millbank, London, SW.
 (Station).

Regimental No. 2157484

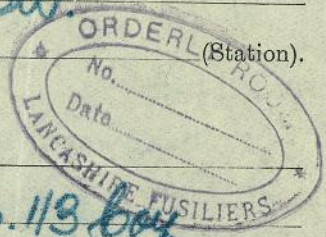
Rank and Name Plt J. Burbank.

Regiment or Corps Canadian. For: Corp. 113 Coy.

has been granted a furlough from 20. 11. to Bury Barracks
for hardening

His address while
on leave will be:

[Redacted]



I consider he is fit for* III Employment

- (a) Duty.
- (b) Light Duty, and likely to be fit for Service Overseas within three months.
- (c) Light Duty, and not likely to be fit for Service Overseas within three months or requiring special medical treatment.
- (d) Service at home, but unlikely ever to be fit for Service Overseas.

* Strike out that which is inapplicable.

Officer in charge C. P. Lapage Capt., R.A.M. Hospital,
For Secretary and Registrar,
2nd WESTERN GENERAL HOSPITAL (Station).

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office. In the case of men of the Royal Engineers two copies of A.F. W. 3016 will be sent to the Officer in charge R.E. Records and one to the Paymaster, instead of one copy to the Officer i/c Records, the Paymaster, and O.C. shown in the Schedule.

ORIGINAL

MEDICAL HISTORY SHEET.

748790

Surname Burbank Christian Name Guy Stuart

Examined { on 14th day of March 1916
 at Magoy, Que.
 Birthplace { City or Town Knowlton's Landing Rank _____ M.O.
 County P. Que Canada

Approved by John West MD

Apparent age 23
 Trade or occupation Farmer
 Height 5 Feet 5 1/4 Inches. M.O.
 Weight 118 Lbs. M.O.
 Chest measurement { Minimum 31 1/2 inches. M.O.
 Maximum expansion 34 inches. M.O.
 Physical development slight M.O.
 Small-Pox Marks none M.O.

Vaccination Marks { Arm Right Left
 Number none
 When Vaccinated last never M.O.
 (a) Marks indicating congenital peculiarities or previous disease M.O.

(b) Slight defects but not sufficient to cause rejection

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.	M.O.
<u>4/24/16</u>	<u>+ 1/2 B.</u>	<u>ESS</u>	M.O.
<u>5/31/16</u>	<u>+ 1 B.</u>	<u>ESS</u>	M.O.
<u>6/23/16</u>	<u>1 B.</u>	<u>ESS</u>	M.O.

Enlisted on 14 day of March 1916 at Magoy, Que.

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>117TH EASTERN TOWNSHIPS,</u> <u>O/S BATTALION C. E. F.</u>	<u>748790</u>		<u>14/3/16</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Valcartier</u>	<u>3 7/16</u>	<u>Valvular Heart Disease</u>	<u>Recommend Discharge</u>
		<u>J. Pate</u> Lt. Colonel, A. D. M. S. Valcartier Camp, P. Q.	

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.

NAME

Burbank, G. S.

RANK AND CORPS

Pte. 52nd. W.

REG'T'L No.

2157484

H. Q. FILE NO. 649.

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

C. 76.	2nd West. Gen. Manchester	15-8-17	V. D. S.
C. 76.	Discharged "	20-11-17	V. D. S.

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the soldier to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

STATION..... Montreal, Que...... DATE..... July 18/18.

1. 1 (a) Unit..... 4th. C. G. R...... (b) Regimental No..... 2157484..... (c) Rank..... Pte.
 (d) Surname..... Burbank..... (e) Christian name..... G.S.

2. Age last birthday..... 25..... Date of birth..... March 31st, 1893

3. Enlisted at..... Kingston, Ont...... on..... March 24th, 1917.

4. Personal description:—

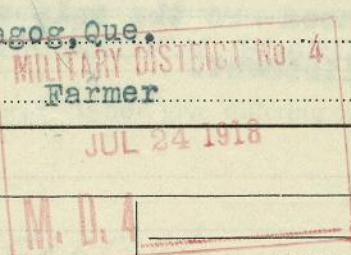
(a) Height 5ft. 6in...... (b) Weight..... 110..... (c) Complexion..... Fair
 (d) Colour of hair..... lt. Brown..... (e) Colour of eyes..... Blue..... (f) Identification marks.....
Scar on chin

5. Address after discharge (for the use of the Board of Pension Commissioners).....

Magog, Que.

6. Former trade or occupation..... Farmer

7. (a) Service	PERIODS	
	From	To
<u>C.F.C.</u> <u>4th. C.G.R.</u>	<u>March 24/17</u>	<u>date</u>



(b) Has he been overseas?..... Yes..... 8. Original disease or disability..... (1) Flat feet
(2) D.A.H.

(a) Date of origin..... (1) & (2) Prior to enl..... (b) Place of origin..... Canada

(c) Cause*..... (1) & (2) Unknown

(d) Present disease or disability..... as above.

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

Longitudinal arches of both feet flat. Chest flat. Lungs: breath sounds very distinct, resonant throughout, no rales. Heart heaving impulse seem in fifth space, inside nipple line. R.B.D. ^{two} tow CM. to the right

9. Present condition.—(Continued.)

of mid sternal line. Rate 92 standing, after 1.5. sounds of good quality, no murmur heard. Slight dyspnea and tremors of fingers after 1.5. Throat slightly reddened.

(b) Are the following systems normal? If not, briefly state abnormality.

Nervous... yes Digestive... yes Respiratory... see 10 Cardiac... see 10
Genito-Urinary... yes Skin, Middle Ear, Eye or any other part... see 10

10. History: (a) of Condition referred to in "a" section 9.

Has always had some dyspnea on exertion. Presently faints. No history of rheumatism or tonsillitis. English medical sheet shows diagnosis of D.A.M. At present slight degree of tachycardia and

(b) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

complaint of dyspnea are the only evidence of this. Feet flat since prior to enlistment.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service?

Yes

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?

No.

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

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

Permanent

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

OPINION OF THE MEDICAL BOARD

14. (Continued).

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration.)

No.

16. Can the former trade or occupation be resumed?
(If not, briefly state why.)

Yes

17. Recommendations

Category "C IIII"

Arthur F. G. Edgelow, Lieut.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier and either "satisfied" or "not satisfied" struck out.)

I, the undersigned, have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of nothing

H.A.

G.S. B...
Signature of soldier examinee.

OPINION OF THE MEDICAL BOARD

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

We concur.

19. Is the soldier fit for
(a) General service, (Category A) (Yes or No).
(b) Service abroad, not general service, (" B) (Yes or No).
(c) Home service, (Canada only), (" C) (Yes or No).
(d) Temporarily unfit, (" D) (Yes or No).
(e) Unfit for service in Categories A, B and C, (" E) (Yes or No).

20. It is certified that the soldier
(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration).

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

OPINION OF THE MEDICAL BOARD—(Continued).

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

Category C.3.

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

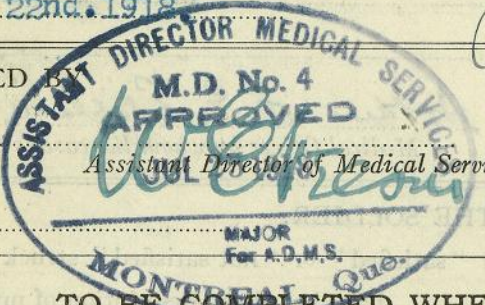
H. Aubrey May, President.

PLACE... Montreal, P.Q.

DATE... July 22nd, 1918

[Signature] Members.

APPROVED BY



APPROVED BY

Director-General of Medical Services.

DATE

DATE

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness

Signed

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

President.

PLACE

Members.

DATE

A.D.C. 5009-10M.
494-30-8-17.

2157484.

Burbank, G.D.

Otc.

G.A.C.

DENTAL CERTIFICATE.

The following Certificates will
be attached to the Medical History Sheets of all
Other Ranks being returned to Canada for disposal.

51

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
13. 2. 18.	Lemmes H. Lullings	None no treatment required	No no treatment required	at public Discharged 3/4/18 Capt Lemmes Co. D. 9 H. Lullings Capt-Cass

MEDICAL HISTORY SHEET

2157484

Surname Burbank Christian Name Isaac Stearns

Examined { on 24 day of March 1917 Approved by G. D. Gordon
 { at Kingston Ont. Canada
 Birthplace { City or Town Knowlton Landing Rank Capt M.O.
 { County Quebec Canada

Apparent age 24
 Trade or occupation Farming M.O.
 Height 5 feet 06 Inches M.O.
 Weight 110 lbs. M.O.
 Chest measurement { Minimum 30 inches M.O.
 { Maximum expansion 34 inches M.O.
 Physical development Good M.O.
 Small-pox Marks none M.O.

Vaccination Marks { Arm Right yes Left
 { Number 1
 When Vaccinated last 1916
 (a) Marks indicating congenital peculiarities or previous disease M.O.

(b) Slight defects but not sufficient to cause rejection
left foot a little flat
 APR 1 91917 10/4/17 OK W.R. Grant M.O.
 APR 1 91917 OK W.R. Grant M.O.

Enlisted on 24 day of March 1917 at Kingston Ont. Canada

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>Forestry Reinforcement</u>	<u>2157484</u> <u>2157484</u>	<u>Good</u>	<u>24/3/17</u>
Transferred to	TAKEN ON STRENGTH No. 4 CASUALTY UNIT MAR 18 1918			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
			<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> STANDING MEDICAL BOARD M. D. No. 4. MONTREAL. C3 JUL 23 1918 <u>H. Aubrey May</u> </div>

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.

13

PROCEEDINGS OF A MEDICAL BOARD.

Dated at C 76 Base 28/1/18 191 .

No. 2157484 Rank Pte Name BURBANK GUY S.

Local Unit C 76 Overseas Unit _____ Age 25

Examination held at Smith's Lawn Summerville

DISABILITY.
Overseas-Local
(scratch one out).

W. A. H.
Flat feet

PRESENT CONDITION.

Main under developed, flat chested and
poor muscular development. Heart sounds
rapid 120, no adventitious sounds. Woulegand
longitudinal arches both feet broken down
pain in feet on walking. Cannot walk
five miles.

BOARD RECOMMENDS:-

1. Fit for Duty
2. Fit for duty after weeks' physical training.
3. Fit for Temporary Base Duty P. III not likely weeks
4. Fit for Permanent Base Duty to be raised within six
5. Discharge months

Signatures:-

W. A. H. President

Members

APPROVED

Dated..... 191 . For A.D.M.S.

12

FOR ALL RANKS
PROCEEDINGS OF A MEDICAL BOARD.
(Short Form)

PLACE.....DATE.....

NUMBER.....RANK.....Montreal.....NAME.....2nd April 1918

CORPS.....2157434.....Pte.....AGE.....BORBANK.....GUY.....REHLSTON.....

(1) Disability.....(a) Casualty with (C.F.A.G.).....25.....C of E

(1) Dis.M. (2) Flat foot (3) Non-rigid.....

(2) Incurred.....
(Cancel one) Canada }
Overseas }

(3) Category.....1 & 2

(4) Recommendations.....

(a) Treatment (specify nature of).....
.....

(b) Return to duty.....None

(a) General.....

(b) Special (specify nature of).....

Duty in Canada.....

(c) Special.....

W. J. ... President
... Members

Place.....Date.....

Approved.....April 2nd, 1918.....ADMS. MD.....

or Camp.....

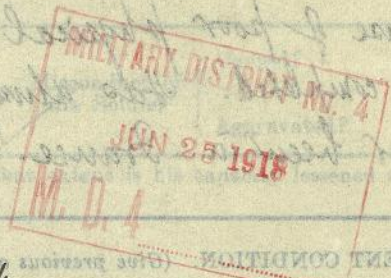
Place.....Date.....

(CANCEL WHERE NOT APPLICABLE. IF NECESSARY, MAKE SPECIAL RECOMMENDATION UNDER (c).)

Reserved for M.H.C.

Canada 23/11/18 B-2437

Regt. No. 2157484 Rank Pte Surname Burbank Christian Name Guy Stuart
 Unit or Corps—(a) Overseas from United Kingdom C.F.C. (b) In United Kingdom
 Born at—Town Knowles Landing County or Province Quebec Country Canada
 Date of Birth—Day 31st Month March Year 1893 Age 24 yrs. 10 months.
 Joined at Kingston Ontario Date 24th March 1917
 Former Trade or Occupation Farmer
 Permanent marks or peculiarities that will serve for future identification:—
 Height—feet 5 inches 6 Colour of eyes Blue
 Signature of Soldier (for identification purposes) (Sgd) G. S. Burbank



Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. **DISABILITY** (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted).
 (Follow the official nomenclature as far as possible.)

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

Disabilities Group (a).

Dyspnoea and Weakness

Disabilities Group (b).

Flat Feet

Disabilities Group (c).

2. **CAUSE OF DISABILITY.** (Follow the official nomenclature in stating the disease or injury.)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i.) As to Group (a) above.	D. A. H.	Canada	As a boy.
(ii.) As to Group (b) above.	Congenital	Canada	As a boy.
(iii.) As to Group (c) above.	not applicable		

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

3. Is the disability due to disease contracted or injuries received prior to Active Service?

(i.) As to Group (a) above? *yes* If yes, has Active Service aggravated it? *yes*

(ii.) As to Group (b) above? *yes* If yes, has Active Service aggravated it? *no*

(iii.) As to Group (c) above? *not applicable* If yes, has Active Service aggravated it?

4. Is the disability due to disease contracted or injuries received while on Active Service—

(i.) As to Group (a) above? *no*

(ii.) As to Group (b) above? *no*

(iii.) As to Group (c) above? *not applicable*

10

5. If a cause of disability was an injury received on Active Service, was it received—

(i.) While on duty?

(ii.) While off duty?

(iii.) Was a Court of Inquiry held?

(iv.) Where?

(v.) When?

(vi.) Opinion of the Court?

not applicable

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records.)

Has always had heart trouble and flat feet (occupation farmer). Never been strong. No history of heart disease. Jaundice the only serious disease. Has been treated for syphilis for 98 days, then refused treatment because of poor physical condition. afterwards the syphilitic treatment was completed. Has always complained of pain from flat feet and never been in France.

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

Physical condition poor. There is some slight cough and nervousness. The chief symptoms are shortness of breath and weakness. There is some digginess. Examination of heart shows no enlargement. Heart sounds normal. There is a tachycardia. The chest development is poor. Arches of both feet have collapsed.

OPERATION. (i.) Was one performed?

(ii.) If so, state what.

(iii.) Was one advised and declined?

No

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

9. (i.) Is there loss or decay of teeth attributable to Active Service?

no

(ii.) If so, describe.

10. DO YOU RECOMMEND:—

(a) Fit for duty?

(b) Fit for base duty?

(c) Invalid to Canada?

(d) Discharge from the Service as permanently unfit?

B iii Not likely to be raised within six months.

Date of Report Jan. 29 1918

Station C.F.C. Base Depot

Signed (Sgd) L. H. Roberts Capt. C.A.M.C.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein except

(Sgd) J. M. Ross Capt. C.A.M.C.

Officer i/c Hospital } Strike out one S.M.O. Brigade } of these.

Dated at C.F.C. Base Depot, Lunningdale

Station, on 29 1 1918

* Delete if inapplicable.

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

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)?

If not, indicate it.

Yes

12. Is the cause of the disability, fully indicated in Part I. (2)?

If not, indicate it.

Yes

13. Was the disability caused or aggravated by— (a) Negligence of the Soldier { Caused? Aggravated? } (b) Misconduct of the Soldier { Caused? Aggravated? }

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? (Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90% or 100%.)

15. THE PENSIONABLE DISABILITY—(see Part I. (6)). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate. What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (Estimate at none, 1/3, 2/3, 3/4, or all)

Not applicable

16. Permanency of the Pensionable Disability estimated next above in (15).

(i.) Is it permanent?

(ii.) If not permanent, what is its probable minimum duration (in months)?

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

18. Remarks.

Has always been more or less weak physically, & subject to fainting from most trivial causes, due to anaemia & nervous conditions. Condition now aggravated by his having contracted syphilis. No adventitious sounds in heart or lung.

19. Recommendation:—(a) Fit for duty?

(b) Fit for base duty?

(c) Invalid to Canada?

(d) Discharge from service as permanently unfit?

Biii Not likely to be raised within six months

Classification for the Military Hospitals Commission.

G.

Date of Board

29-1-18

Station

C.F.C. Base Depot Luningdale

Signatures of the Board

C. J. Ingram Capt C.A.M.C. G. M. Ross Capt C.A.M.C. President.

Approved

[Signature]

A.D.M.S. CANADIANS, LONDON AREA, LONDON.

Dated at

Major, C.A.M.C. Station for A.D.M.S., Canadians, London Area.

2 FEB 1918

Proceedings of the Pensions and Claims Board on the Soldier mentioned in P. I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board:—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

14. THE ENTIRE DISABILITY—Without regard to the regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for unskilled labour?

15. THE PENSIONABLE DISABILITY—(See Part I.) Is the Pensioner on Active Service of a disability existing previous to joining the Army? (If so, specify the nature of the disability.)

16. Permanency of the Pensioner's Disability—(See Part I.) (a) Is it permanent? (b) If not permanent, what is its probable minimum duration (in months)?

17. If an operation was advised and declined do you consider the refusal to have been unreasonable?

18. Remarks

no exacerbation now in least in hand
condition has been improved by the camp conditions
further from last time because the condition
has always been more or less weakly physically, a subject to

19. Recommendation—(a) Fit for duty? (b) Fit for base duty? (c) Invalid to Canada? (d) Discharge from service as permanent unfit?

Dated at this day of 191

Signatures of the Board
President
C. G. ...

Reserved for M.H.C.

Regt. No. 2157484 Rank Privat Surname Burbank Christian Name Guy Stuart
 Unit or Corps—(a) Overseas from United Kingdom C 2. C. (b) In United Kingdom _____
 Born at—Town Knowles Landing County or Province Quebec Country Canada
 Date of Birth—Day 31st Month March Year 1893 Age 24 yrs. 10 months.
 Joined at Kingston Ontario Date 24th March 1917
 Former Trade or Occupation Farmer
 Permanent marks or peculiarities that will serve for future identification:—

Height—feet 5 inches 6 Colour of eyes Blue
 Signature of Soldier (for identification purposes) G. Burbank

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. **DISABILITY** (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted).
 (Follow the official nomenclature as far as possible.)

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

Disabilities Group (a). DYSPNOEA and WEAKNESS,
 Disabilities Group (b). FLAT FEET
 Disabilities Group (c). _____

2. **CAUSE OF DISABILITY.** (Follow the official nomenclature in stating the disease or injury.)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>D.A.H.</u>	<u>Canada</u>	<u>as a boy</u>
(ii.) As to Group (b) above.	<u>CONGENITAL</u>	<u>Canada</u>	<u>as a boy</u>
(iii.) As to Group (c) above.	<u>not applicable</u>		

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

3. Is the disability due to disease contracted or injuries received prior to Active Service?
 (i.) As to Group (a) above? yes If yes, has Active Service aggravated it? yes
 (ii.) As to Group (b) above? yes If yes, has Active Service aggravated it? no
 (iii.) As to Group (c) above? not applicable If yes, has Active Service aggravated it? _____

4. Is the disability due to disease contracted or injuries received while on Active Service—
 (i.) As to Group (a) above? no
 (ii.) As to Group (b) above? no
 (iii.) As to Group (c) above? not applicable

5. If a cause of disability was an injury received on Active Service, as it received—

- (i.) While on duty? } *not applicable*
- (ii.) While off duty? }
- (iii.) Was a Court of Inquiry held? }
- (iv.) Where? }
- (v.) When? }
- (vi.) Opinion of the Court?

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records.)

Has always had heart trouble and flat feet (occupation farmer) never been strong no history of heart disease - jaundice the only serious disease. Has been treated for syphilis for 98 days then refused treatment because of poor physical condition afterwards the syphilitic treatment was completed. Has always complained of pain from flat feet never been in France

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

Physical condition poor. There is some slight cough and nervousness Has fainted several times the chief symptoms are shortness of breath and weakness. There is some dizziness Examination of heart shows no enlargement Heart sounds normal There is a tachycardia the chest development is poor. Arches of both feet have collapsed.

8. OPERATION. (i.) Was one performed?

(ii.) If so, state what.

(iii.) Was one advised and declined?

no
FLAT FEET

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

9. (i.) Is there loss or decay of teeth attributable to Active Service? *no*

(ii.) If so, describe.

10. DO YOU RECOMMEND:—

(a) Fit for duty?

(b) Fit for base duty?

(c) Invalid to Canada?

(d) Discharge from the Service as permanently unfit?

B III not likely to be raised within six months

Date of Report

Jan 29 1918

Signed

L. H. Roberts Capt. Can. C.

Station

C.F.C. Base Depot

Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein except—

Gen Ross Capt. Can. C.

{ Officer i/o Hospital } Strike out one S.M.O. { Brigade } of these.

Dated at

C.F.C. Base Depot Campdale

Station, on

29-1-18

1918

* Delete if inapplicable.

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

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)?
If not, indicate it.

Yes.

12. Is the cause of the disability, fully indicated in Part I. (2)?
If not, indicate it.

Yes.

13. Was the disability caused or aggravated by—
(a) Negligence of the Soldier { Caused? Aggravated?
(b) Misconduct of the Soldier { Caused? Aggravated?

No.

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)

15. THE PENSIONABLE DISABILITY.—(see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate).
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (Estimate at none, 1/3, 2/3, or all.)

16. Permanency of the Pensionable Disability estimated next above in (15).
(i.) Is it permanent?

Not

(ii.) If not permanent, what is its probable minimum duration (in months)?

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

18. Remarks.

Has always been more or less weak physically, & subject to fainting from most trivial causes, due to anaemia & nervous conditions. Condition now aggravated by his having contracted Syphilis. No adventitious sounds in Heart or lungs.

19. Recommendation:—(a) Fit for duty?

(b) Fit for base duty?

(c) Invalid to Canada?

(d) Discharge from service as permanently unfit?

BTT not likely to be raised within six months.

Classification for the Military Hospitals Commission.

G.

Date of Board

29-1-18

Station

C. of C. Base Depot
Sunningdale.

Signatures of the Board

President.
I. G. Macfarlane Capt
J. Ross Capt. C.M.C.

Approved

[Signature]

A.D.M.S.

A.D.M.S. CANADIANS,
LONDON AREA,
LONDON, W.

Dated at

Major, G.A.M.O.
For A.D.M.S., Canadians, London Area.

Station

2 FEB 1918

191

Proceedings of the Pensions and Claims Board on the Soldier mentioned Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board:—

12. Is the cause of the disability fully indicated in Part I (1)? If not indicate it

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:

14. THE ENTIRE DISABILITY—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for unskilled labour?

16. THE PENSIONABLE DISABILITY—(a) Part I (3). Is the disability of a disability existing previous to joining the Army? (b) Part I (4). Is the disability of a disability existing during Army service? (c) Part I (5). Is the disability of a disability existing since leaving the Army?

18. Permanency of the Pensionable Disability estimated here above in (b) (c) Is it permanent? (d) If not permanent, what is its probable minimum duration (in months)?

19. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

18. Remarks

Other changes have been made in his work... to fitting for work... by his having... the circumstances... in these things.

19. Recommendation—(a) Fit for duty? (b) Fit for base duty? (c) Invalid to Canada? (d) Discharge from service as permanently unfit?

Dated at this day of 191

Signatures of the Board President. C. E. Green

Reserved for M.H.C.

Régt. No. 2157484 Rank Pte Surname Burbank Christian Name Guy Stuart
 Unit or Corps—(a) Overseas from United Kingdom C.F.C. (b) In United Kingdom _____
 Born at—Town Knowles Landing County or Province Quebec Country Canada
 Date of Birth—Day 31st Month March Year 1893 Age 24 yrs. 10 months.
 Joined at Kingston, Ontario Date 24th March
 Former Trade or Occupation Farmer
 Permanent marks or peculiarities that will serve for future identification:—
 Height—feet 5 inches 6 Colour of eyes Blue
 Signature of Soldier (for identification purposes) (sgd) G. S. Burbank

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. **DISABILITY** (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted).
 (Follow the official nomenclature as far as possible.)

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

Disabilities Group (a).

Dyspnoea and Weakness

Disabilities Group (b).

Flat Feet

Disabilities Group (c).

2. **CAUSE OF DISABILITY.** (Follow the official nomenclature in stating the disease or injury.)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>D. A. H.</u>	<u>Canada</u>	<u>As a boy</u>
(ii.) As to Group (b) above.	<u>Congenital</u>	<u>Canada</u>	<u>As a boy</u>
(iii.) As to Group (c) above.	<u>Not applicable</u>		

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

3. Is the disability due to disease contracted or injuries received prior to Active Service?

(i.) As to Group (a) above? yes If yes, has Active Service aggravated it? yes

(ii.) As to Group (b) above? yes If yes, has Active Service aggravated it? no

(iii.) As to Group (c) above? not applicable If yes, has Active Service aggravated it?

4. Is the disability due to disease contracted or injuries received while on Active Service—

(i.) As to Group (a) above? no

(ii.) As to Group (b) above? no

(iii.) As to Group (c) above? not applicable

7

5. If a cause of disability was an injury received on Active Service, was it received—

(i.) While on duty?

(ii.) While off duty?

(iii.) Was a Court of Inquiry held?

(iv.) Where?

(v.) When?

(vi.) Opinion of the Court?

not applicable

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records.)

Has always had heart trouble and flat feet (occupation farmer). Has been strong. No history of heart disease. Jaundice the only serious disease. Has been treated for syphilis for 98 days, then refused treatment because of poor physical condition. Afterwards the syphilitic treatment was completed. Has always complained of pain from flat feet and never been in France.

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

Physical condition poor. There is some slight cough & nervousness. The chief symptoms are shortness of breath and weakness. There is some dizziness. Examination of heart shows no enlargement. Heart sounds normal. There is a tachycardia. The chest development is poor. Arches of both feet have collapsed.

8. OPERATION. (i.) Was one performed?

(ii.) If so, state what.

(iii.) Was one advised and declined?

No.

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

9. (i.) Is there loss or decay of teeth attributable to Active Service?

No

(ii.) If so, describe.

10. DO YOU RECOMMEND:—

(a) Fit for duty?

(b) Fit for base duty?

(c) Invalid to Canada?

(d) Discharge from the Service as permanently unfit?

Will not likely to be raised within six months.

Date of Report Jan. 29 1918

Signed (Sgd) L. H. Roberts Capt. C.A.M.C.

Station C.F.C. Base Depot

Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except

(Sgd) G. M. Ross Capt. C.A.M.C.

{ Officer i/c Hospital } Strike out one
{ S.M.O. Brigade } of these.

Dated at C.F.C. Base Depot, Sunningdale

Station, on 29-1-1918

* Delete if inapplicable.

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

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)?
If not, indicate it.

Yes

12. Is the cause of the disability, fully indicated in Part I. (2)?
If not, indicate it.

Yes

13. Was the disability caused or aggravated by— (a) Negligence of the Soldier { Caused? Aggravated? } (b) Misconduct of the Soldier { Caused? Aggravated? }

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? (Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)

15. THE PENSIONABLE DISABILITY—(see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate).
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (Estimate at none, 1/5, 2/5, 3/5, 4/5, or all.)

Not applicable

16. Permanency of the Pensionable Disability estimated next above in (15).
(i.) Is it permanent?
(ii.) If not permanent, what is its probable minimum duration (in months)?

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

18. Remarks.

Has always been more or less weak physically, & subject to fainting from most trivial causes, due to anaemia + nervous conditions. Condition now aggravated by his having contracted syphilis. No adventitious sounds in heart or lung.

19. Recommendation:—(a) Fit for duty?

(b) Fit for base duty?

(c) Invalid to Canada?

(d) Discharge from service as permanently unfit?

Biii Not likely to be raised within six months

Classification for the Military Hospitals Commission.

G.

Date of Board 29-1-18

Station C.F.C. Base Depot Sunningdale

Signatures of the Board { C.A. McDiarmid Capt C.A.M.C. G.M. Ross Capt C.A.M.C. }

Approved Major, C.A.M.C.

Dated at For A.D.M.S., Canadians, London Area.

Station

A.D.M.S. CANADIANS, LONDON AREA, LONDON.

2 FEB 1918

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board:—

12. Is the cause of the disability fully indicated in Part I (B)? If not indicate it.

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

14. THE ENTIRE DISABILITY—Without regard to his regular occupation, to what extent is his capacity lessened as compared to that of a man of his age in the general market for unskilled labour?

15. THE PENSIONABLE DISABILITY—(see Part I (B)) Application on active service of a disability existing previous to joining the force (to be included in the estimate) What part of the entire disability estimated next above in (14) is due to causes arising during active service? (Estimate in words at 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%)

16. Permanence of the Pensionable Disability estimated next above in (15) (a) Is it permanent? (b) If not permanent, what is its probable maximum duration (in months)?

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

18. Remarks

Remarks section containing handwritten notes: "The disability has been in a back physician's opinion a result of falling from a tree in 1914. The condition is permanent & serious. The soldier was offered a job in the States but declined it. He is a conscientious worker in a factory in Montreal."

19. Recommendation—(a) Fit for duty? (b) Fit for base duty? (c) Invalid to Canada? (d) Discharge from active or permanent duty?

Dated at this day of 191

Signatures of the Board section with handwritten signatures and the title "President." at the bottom right.

B2439

FOR ALL RANKS
PROCEEDINGS OF A MEDICAL BOARD.
(Short Form).

PLACE Montreal DATE 2nd April 1918

NUMBER 2157484 . . . RANK Pte . . . NAME BURBANK Guy Stuart . . .
CORPS #4 Casualty unit (C.F.C) . . . AGE 25 . . . RELIGION C of E
(1) Disability (1) D.A.H. . . . (2) Flat Foot Non rigid

(2) Incurred -
(Cancel one) Canada } 1 & 2
~~Overseas~~ }

MILITARY DISTRICT No. 4
APR 4 1918
M. B. 4

(3) Category C 1

(4) Recommendations

(a) Treatment (specify nature of) None

(b) Return to duty

(a) General No

(b) Special (specify nature of)

Duty in Canada

(c) Special

W. J. Bourne President
W. Mess Capt. *du*

Members.

Place Montreal Date April 2nd. 1918

Approved *[Signature]*

Place Date APR 4

ASSISTANT DIRECTOR
D. P. S. ADMS. MD.
or Camp
APR 4
MONTREAL, P. Q.

(CANCEL WHERE NOT APPLICABLE, IF NECESSARY, MAKE SPECIAL RECOMMENDATION UNDER (c).)

FOR ALL RANKS
PROCEEDINGS OF A MEDICAL BOARD.
(Short Form).

PLACE: Montreal DATE: 2nd April 1918

NUMBER: 2157464 RANK: Pte NAME: BURBANK Guy Stuart
CORPS: #1 Casualty unit (C.F.O.) AGE: 25 RELIGION: C of E

(1) Disability: (1) D.A.H. (2) Flat Head Non rigid

(2) Incurred -
(Cancel one) Canada } 1 & 2
Overseas }

(3) Category: C 1

(4) Recommendations:
(a) Treatment (specify nature of) None

(b) Return to duty:
(a) General: No

(b) Special (specify nature of)
Duty in Canada

(c) Special:
.....
.....

W. S. G. Goussard President
A. Mess
..... } Members.

Place: Montreal Date: April 2nd. 1918

Approved: *R. Mac* ADMS. MD 4
or Camp 3

Place: Date:
APR 4 1918

(CANCEL WHERE NOT APPLICABLE, IF NECESSARY, MAKE SPECIAL RECOMMENDATION UNDER (c).)

FOR ALL RANKS
PROCEEDINGS OF A MEDICAL BOARD.
(Short Form).

PLACE Montreal DATE 2nd April 1918

NUMBER 2157484 RANK Pte NAME BURBANK Guy. Stuart
CORPS #4 Casualty unit (C.F.C) AGE 25 RELIGION C of E

(1) Disability (1) D.A.H. (2) Flat Foot Non rigid

(2) Incurred -
(Cancel one) Canada } 1 & 2
~~Overseas~~ }

(3) Category G.1

(4) Recommendations

(a) Treatment (specify nature of) None

(b) Return to duty

(a) General No

(b) Special (specify nature of)

Duty in Canada

(c) Special

W. H. Benson President
W. H. Mass Captain

Members.

Place Montreal Date April 2nd. 1918

Approved *H. H. H. H.* ADMS. MD 4
or Camp

Place Date



(CANCEL WHERE NOT APPLICABLE, IF NECESSARY, MAKE SPECIAL RECOMMENDATION UNDER (c).)

B256 from F. Houston Cumberland

Medical Officer

Army Form I. 1237.

Form

I. 1237

12

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

MEDICAL CASE SHEET.*

Ward: Aver

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
UKC 274	2157 484	Pte	Burbank	Guy
Year 917		Unit.	Burbank	Age.
		Canadian Forestry Corps 113 Co		24
				Service. 4/12

Station and Date.

RECEPTION ROOM

15.8.17

2nd WESTERN GENERAL HOSPITAL, MANCHESTER.

Transfer Class.

Disease Syphilis

Date of Onset

ADMIT to New Bridge St

Glederson

2nd Western General Hosp. New Bridge Street, Manchester.

15 AUG 1917

21.8.17

23 AUG 1917

27 AUG 1917

30 AUG 1917

6 SEP 1917

13 SEP 1917

20.9.17

24.9.17

4 OCT 1917

11.10.17

18.10.17

25 OCT 1917

1 NOV 1917

19/11/17

S.P. not found.

S.P. Found.

KHARS. 3 HG. + GZ

KHARS. 3

KHARS. 3 HG. + GZ

HG. + GZ

KHARS. 4 HG. + GZ

Arsenobillin. 5 HG. + GZ

Sick. Batch No 228.

Refused Treatment

do.

do.

Admitted as out-patient at B.H. Refused Treatment

Wife Magog Quebec Canada.

for Major R.A.M.C. (T.F.)

Class III

DISCHARGED

ON 20 11 17

TO Report to Bury as out patient.

Next of kin:

20.11.17

DISCHARGED HOSPITAL TO ATTEND AS OUT-PATIENT. to Bury.

Antitetanus Inoc ⁿ .	
Units.	Date.

Station
and Date.

8 NOV 1917

Refused Treatment

15 NOV 1917

do

W.K. 274
29/11/17

SYPHILIS CASE-SHEET.

Regtl. No. *2157484* Rank and Name *Pte Busbank G.* Corps *Can. Forest Corp.*

Placed on Syphilis Register at _____ on _____ No. in Register _____

Disease contracted at _____ . Primary sore appeared on (date) *7-7-17*

CONDITION WHEN PLACED ON REGISTER.

Primary sore—character and site *Ind. sore dorsum neck*

Lymphatic glands *Engl +*

Skin (nature and distribution of rash) *Macular fading*

Mucous membranes *Ulcerations fauces*

Other symptoms _____

Examination of exudate from sore—Spirochaeta Pallida (present or absent) *Present*

Examination of blood serum— Method employed (original or modification) *O*

Wassermann reaction (Result (positive or negative) *+*

Station _____ Date *15-8-17* Signature of M.O. *A Wilson*

Struck off Syphilis Register at _____ on _____

Cause of being struck off Register { (a) Recovered
(b) ~~Transferred to Army Reserve~~
(c) ~~Discharged from Army~~ }

Station _____ Date *11-12-17* Signature of M.O. *by Reid Capt Kames*

N.B.—On completion of a course of treatment a red line to be drawn across the page, and the date when the next blood test is due to be entered in red ink below the line, e.g., "Blood test due 15.5.14."
The date and result of the blood test to be entered; and if negative, the date on which the next blood test is due to be also entered.

Station	Date	Symptoms and progress (Date of admission to hospital, and date of discharge from hospital, to be entered in red ink.)	Weight clothed, without boots—lbs.	Urine		Wassermann Reaction		Treatment			Signature of M.O. (Each M.O. will sign his name in full on the first occasion; subsequent entries may be initialled)	
				Normal (N.) Albumen (Alb.)	Method (Original (O.) Modification (M.))	Result (Positive (+) Negative (-))	Arsenical		Intravenous Injection. Dose in grammes	Mercurial		Other Methods
							Salvarsan	Neo-Salvarsan				
<i>New Bridge St. Manch.</i>	<i>15.8.17.</i>											
	<i>16-8-17</i>	<i>S. P. Wresant</i>									<i>A. Wilson</i>	
	<i>23.8.17.</i>	<i>commenced treatment.</i>	<i>120</i>	<i>N</i>	<i>O</i>	<i>+</i>	<i>3</i>	<i>1/2</i>			<i>AW</i>	
	<i>27.8.17.</i>		<i>121</i>	<i>N</i>			<i>3</i>	<i>1/2</i>			<i>AW</i>	
	<i>30.8.17.</i>		<i>122</i>	<i>N</i>			<i>3</i>	<i>1/2</i>			<i>AW</i>	
	<i>6.9.17.</i>							<i>1/2</i>			<i>AW</i>	
	<i>13.9.17.</i>		<i>124</i>	<i>N</i>			<i>4</i>	<i>1/2</i>			<i>AW</i>	
	<i>20.9.17.</i>		<i>125</i>	<i>N</i>			<i>5</i>	<i>1/2</i>			<i>AW</i>	
	<i>27.9.17.</i>			<i>N</i>				<i>1/2</i>			<i>AW</i>	
	<i>4.10.17.</i>	<i>Bad. Batch No 228.</i>	<i>123</i>	<i>N</i>				<i>1/2</i>			<i>AW</i>	
	<i>11.10.17.</i>	<i>Refused treatment.</i>									<i>AW</i>	
	<i>18.10.17.</i>	<i>Refused treatment.</i>									<i>W. Reid</i>	
	<i>25.10.17.</i>	<i>Refused treatment.</i>									<i>W. Reid</i>	
	<i>1.11.17.</i>	<i>Refused treatment.</i>									<i>W. Reid</i>	
	<i>8.11.17.</i>	<i>do.</i>									<i>W. Reid</i>	
	<i>15.11.17.</i>	<i>Excused (Ill)</i>									<i>W. Reid</i>	
	<i>22.11.17.</i>		<i>127</i>	<i>N</i>			<i>5</i>	<i>1/2</i>			<i>W. Reid</i>	
	<i>29.11.17.</i>		<i>124</i>	<i>N</i>			<i>5</i>	<i>1/2</i>			<i>W. Reid</i>	
	<i>3.12.17.</i>	<i>Blood Test Negative.</i>			<i>0</i>	<i>-</i>					<i>W. Reid</i>	

Blood test due 3/2/18

13.9.17.
20.9.17.
27.9.17.
4.10.17.
11.10.17.
18.10.17.
25.10.17.
1.11.17.
8.11.17.
15.11.17.
22.11.17.
29.11.17.
3.12.17.

Bad. Batch No 228.

Refused Treatment.

Refused Treatment.

Refused Treatment.

Refused Treatment.

do.

Excused (Ill)

Batch No 616

" " 499

Blood Test Negative.

125 N
N
123 N
127 N
124 N

.5
.5
0 -

1
1
1
1
1
1
1
1
1
1

AW
AW
AW
AW
W.K.
W.K.
W.K.
W.K.
W.K.
W.K.
W.K.
W.K.
W.K.

Blood Test due 3/2/18

Report No. 173875

Army Form W. 3212.

(In books of 100.)

Regtl. No., Rank and Name 2157484 Pl. Bubank P. Age 24 Corps Can. Inf. Cps.

Disease Sy. Hospital Refugee Mil Hosp

To Officer i/c Laboratory. Ward _____

Please carry out an examination of the accompanying specimen of Blood

with special regard to Wasserman reaction

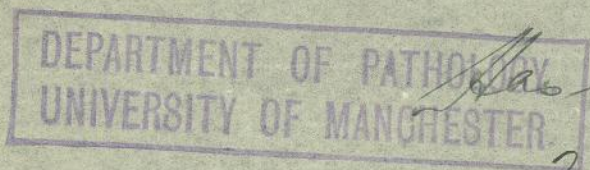
Nos. of previous Reports (if any) 172454

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date 1/12/17

Major Wilson
O. i/c Ward 2

LABORATORY REPORT.



Had.
2.8 Kharswan
8.1 Mercur.

THE SERUM REACTION IS NEGATIVE.

Date of Examination 4 DEC 1917

Hardy
MAJOR R.A.M.S. C.S.
O. i/c Laboratory.

Report No. 172 454

Army Form W. 3212.

(In books of 100.)

Regtl. No., Rank and Name 2154484 The Barbanks Age 24 Corps Can. Inf. Co.

Disease Sy. Hospital Repage Mil. Hosp.

To Officer i/c Laboratory. Ward _____

Please carry out an examination of the accompanying specimen of Blood

with special regard to Wassermann reaction

Nos. of previous Reports (if any) _____

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date 25 AUG 1917

Major Wilson
O. i/c Ward 5

LABORATORY REPORT.



Ind. sore on foreskin

The Serum reaction is strongly positive.

W. Adams

Date of Examination 27 AUG 1917

MAJOR R.A.M.B. (T)

O. i/c Laboratory.

Report No. 172345

Army Form W. 3212.

(In books of 100.)

15-8-17

Regtl. No., Rank and Name 2157484. Plt G.S. Burbank 24 Corps C.S. 611369

Disease SYPHILIS Hospital 2nd Western General Hosp.
New Bridge Street, Manchester

To Officer i/c Laboratory. Ward A2

Please carry out an examination of the accompanying specimen of BLOOD Smear
with special regard to S.P.

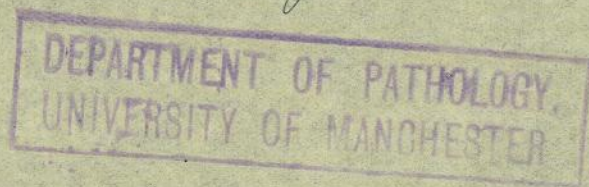
Nos. of previous Reports (if any) _____

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date 16-8-17 Major Wilson
O. i/c Ward.

LABORATORY REPORT.

*Dark Ground Illumination.
negative.*



Date of Examination 16 AUG 1917 Holker
O. i/c Laboratory.

Report No. 172425

Army Form W. 3212.

(In books of 100.)

Regtl. No., Rank and Name 2157484. Pte Burbank. Age 24. Corps 13. C.F.C.

Disease SYPHILIS Hospital New Bridge Street, Manchester
2nd Western General Hosp.

To Officer i/c Laboratory. Ward A2.

Please carry out an examination of the accompanying specimen of BLOOD Smear
with special regard to S.P.

Nos. of previous Reports (if any) _____

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date 21-8-17.

Major Wilson
O. i/c Ward.

LABORATORY REPORT.

Dark Ground Illumination
Positive

DEPARTMENT OF PATHOLOGY,
UNIVERSITY OF MANCHESTER.

Date of Examination 21 AUG 1917

J. Holker
O. i/c Laboratory.

P. A. 2.2-8-16.

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	
Med. Hist. Sheet, Militia Form B. 313	In the case of recruits who are rejected on final approval, the discharge documents will consist of
Medical Report for Invalid* " B. 227.	(a) Proceedings on Discharge.
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	(b) Attestation.
*Only if discharged "Medically unfit."	(c) Medical History Sheet (in the event of such having been prepared.)

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.

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.)

Reservations nil

G S Burbank

No. 2 157484 RANK

Pte

NAME

Burbank, G. A.

T. O. S. Transferred from UNIT

230th Battalion

All work exp'd 1-4-17
Apr payroll

M. D.

3

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

PAID
FROMPAID
TOSIG.
OR
REC'T

1917

1917.

April

Apr 30

in

No. 748790.

RANK

Pt.

NAME

Burbank, Guy S.

T. O. S. 13-3-16.

(D.O. 63 of 15-3-16.)

UNIT

*117th. Battalion*M. D. *4.*

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916. Mar. 13.</i>	<i>1916. Mar. 31.</i>	<i>✓✓✓✓✓</i>	<i>Dischgd 14-7-16</i>	<i>D.O. # 165-15-7-16.</i>
<i>July 1</i>	<i>July 14</i>			
				UNIT SAILED AUG 14 1916
			<i>closed by payment.</i>	

SURNAME

CHRISTIAN NAME OR NAMES

REG. No.

BURBANK.

G.S.

2157484.

RANK

UNIT

CO.

TROOP

BATTY.

Pte.

Can. Force. 52D.

HOSPITAL

DATE OF ADMISSION

2nd. W.G.H. Manchester.

15-8-17.

HOSP.

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS V.D.S. Jho

1.

2.

3.

DISPOSITION

Dis. 20-11-17.

DATE

C.L. 1-12-17. C76

REMARKS

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

Register No.

DB 986

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. *2444-G-6*

Regt'l No. *7157484* Name *Guy Stuart Burbank*
(Christian Name)
Unit *Can. Inf. Bn. (4th Cmp.)* Rank *Pte* (Surname)
Date of enlistment *24/3/17*
Date of casualty *15/12/18* B.P.C. File No. *46143*
Was service performed overseas? *M.*

DEPENDENT

Name *Mrs Beatrice Burbank* Relationship *Widow*
Address *P.O. Box 342,*
Magog,
P.Q.

Amount of Special Pension Bonus \$ *0.00* Abstracted by *K. Murray*

Eligible for Gratuity \$
Less amount of Special Pension Bonus paid \$
Less Debit Balance of S. A. or A.P. \$
Total deductions \$
Balance due \$

Cheque No. Date issued

REMARKS : *Soldier discharged 2/8/18 -*
received pension till date of death +
- widow receiving pension
Not eligible under DC 1486
Soldier died subs desch

Clerk *W. Mitchell*

Audited by
Date

*Noted
1920
No*

M.F.W. 2652
25M-6-20.
H.Q. 1772-89-1473

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname

Christian Name

Regimental Number

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$ per diem; Field Allowance \$ per diem. Separation Allowance \$ per month.

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127
300M-1-19
1772-89-1140

Remarks:

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

MO

Name **Burbank, S. S.**
Surname Christian Name

Regimental Number **2157484** Rank **Pte.**

Address (in full) **Box 342,
Magog, P. Q.**

Unit **230th Bn.**

Original Unit

District where paid **M. D. 4**

Date of Discharge

P. D. P. Filing Number **19-167-4**

Rates:—Regimental pay \$ _____ per diem: Field Allowance \$ _____ per diem. Separation Allowance \$ _____ per month.

L. L. 46038—M. & D. 9245.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over- payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
175 10	3755	2-9-18	54 70	6502	1-10-18	54 70				7 70 58 00	109 40

M. F. W. 127.
25M.—8-18.
1772-39-1140.

Remarks: Debit \$7.70 from #4 C.G.R.

File No. 2444-G-6.

WAR SERVICE GRATUITY.

Register No. B3096

Iss. 10-9-20

Reg. No. 2157484. Pte

Dependent Mrs. Beatrice M Burbank (Widow)

Name Burbank G. S.

Address Box 342. Wagon P.A.

Address Dec'd No. W.S.G. File No. Award days at \$ per day \$

Address Dec'd No. W.S.G. File No. Award days at \$ per day \$

S. A. months at \$ per mo. \$

S. A. months at \$ per mo. \$

Less F, D. P. Credited

The whole of W.S.G. paid to widow Auth. P.A. B. ruling folio 36. on file.

Less further debit balance
Net due paid as below

Pay Soldier \$ 224.90
Pay Dependent \$ 224.90

SOLDIER		DEPENDENT	
No.	Ch.	No.	Amount
<u>W. Blinch.</u>			
<u>J. P. Allett.</u>			
<u>B. Mills</u>			

Days 122 Rate 100.00 Due 400.00

Less P.D.P. credited 175.10

Less further Dr. Bal. or overpayment. -

Net \$ 224.90

TR 1113 309.20

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount.
1					<u>22-9-20</u>	<u>64186</u>	<u>1881454</u>	<u>224.90</u>
2					2			
3					3			
4					4			
5					5			
6					6			

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
 Posting checked by
[Signature]
 Date 10/9/20

R. Plouffe 10/9/20.

13/3/16

MILITIA AND DEFENCE

M. F. W. 11. 145

50m.—4-16.

H. Q. 1772-99-818.

SEPARATION ALLOWANCE

Name Beatrice BurbankName of Soldier Burbank, Guy StuartAddress Magog AveRegtl. No. 748790 (2157484)Rank PltCorps 117th Bat.

Relation to Soldier

To what Corps belonging

wife, child or mother

} wife

when called out

PAYMENTS

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

ACCOUNT CLOSED
 DATE.....PER.....

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 Beatrice Burbank

wife
PAYMENTS.

Name of Soldier Burbank, Guy, Stuart
St

L. L. Job 310.—Req. 6574.

748790

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June		B4808	72.	72
July		B9417	20	20.
Aug.		H 10778	20	20.
Sept.			20	Discharged 14/7/16 (649-B-5063)
Oct.				Return of \$30 overpaid requested
Nov.				23/8/16
Dec.				
Jan.	1917			Refunded \$30 ⁰⁰ See B.H.R.
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

ACCOUNT CLOSED
DATE..... PER: *W*

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

M. F. W. 12.
25m-4-17.
H. Q. 1772-39-819.

To Whom

Address

Wife
Mrs. Beatrice Burbank
Magog, Que

By Whom Assigned

Regtl. No. 215-7484

Rank

Corps

Burbank, G. S.
plc
230th Forestry Battalion C. I. F.

Rate \$15^{xx}

MAY 1 1917

May 1st 1917

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				



ASSIGNED PAY

M. F. W. 12a.
50m.-6-16.
1772-39-819.

Sheet No. 2.

Miss Beatrice Burbank
OVERSEAS CONTINGENTS
Wife
PAYMENTS. *pt*

Name of Soldier *Burbank G. S.*
2157484
230th Bn

L. L. Job 4503 - Req. 6332.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May		<i>W 14330</i>	<i>15</i>	
June		<i>I 16653</i>	<i>15</i>	<i>cu</i>
July		<i>S 20855</i>	<i>15</i>	<i>B</i>
Aug.		<i>V 27139</i>	<i>15</i>	<i>B</i>
Sept.		<i>U 33391</i>	<i>15</i>	<i>B</i>
Oct.		<i>T 48779</i>	<i>15</i>	<i>90th Bn</i>
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

\$15⁰⁰ May 1st 1917

MAY 1 1917

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

Jul. 3. 17

MILITIA AND DEFENCE

M. F. W. 11.

5am.-6-16.

H. Q. 1772-39-818.

SEPARATION ALLOWANCE ✓

Name *Beatrice Burbank*Name of Soldier *Burbank, Guy S*

Address

*Magog
Que*Regtl. No. *215 7484*

Rank

Pte

Corps

Towntry Reinforce 230th

Relation to Soldier

wife, child or mother

Wife

To what Corps belonging

when called out

PAYMENTS

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



SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Beatrice Burbank

Wife

PAYMENTS.

Name of Soldier

Burbank, Guy S

Pte

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

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		<i>M. 3258.</i>	<i>20</i>	<i>24 R</i>
May		<i>L 3593</i>	<i>20</i>	<i>L 3593 Cancelled</i>
June		<i>N 7098</i>	<i>20</i>	<i>20</i>
July		<i>L 10434</i>	<i>20</i>	<i>20</i>
Aug.		<i>L 10435</i>	<i>20</i>	<i>L 10434 June</i>
Sept.		<i>P 13999</i>	<i>20</i>	<i>T</i>
Sept.		<i>Q 16419</i>	<i>20</i>	<i>B</i>
Oct.		<i>N 22846</i>	<i>20</i>	<i>T 144. 00.</i>
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

24/3/17

Separation and Assigned Pay Branch

May 1/1917

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	25 1/2/17		
----	-----------	--	--

RATE OF ASSIGNMENT

15			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 215 7484
 Rank Pte Promoted Reverted Discharge
 Soldier's Name G. S. Burbank
 Battalion 230th Forestry Battn. C. E. F.
 Beneficiary Beatrice Burbank
 Relationship Wife
 Address

PARTICULARS OF ASSIGNMENT

Name Mrs Beatrice Burbank, wife
 Address Magog Que
 Change of Address

- 1
- 2
- 3
- 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Oct 31. 1917		144	90	234	M.R.P. 213 22/3/18 E.A.B
Nov	C 55439	20	15	35	
Dec.	C 64887	20	15	35	
Jan/18	T 65277	30	15	45	
Feb	C 98384	25	15	40	
Mar	A 105670	25	15	40	
Apr		25	15	40	
		74	74	74	

A/c Closed 31/3/18
 Ret'd per...
 Date 24/3/18 F.X. 22/3/18
 Clerk E. Madley

M. F. W. 128
 400M-6-17-1772-39-1141
 L. L. 22320-M. & D. 1393.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No.				
Rank	Promoted	Reverted	Discharge	
Soldier's Name				
Battalion				
Beneficiary				
Relationship				
Address				

PARTICULARS OF ASSIGNMENT

Name	
Address	
Change of Address	
1	
2	
3	
4	

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

M. F. W. 128
400M-6-17-1772-88-1141
L. L. 23320-M. & D. 7893.

P. 550
MARRIED OR SINGLE *M.*

PLACE OF BIRTH *Newton Landing, Cal.*

NAME AND ADDRESS OF NEXT OF KIN *Beatrice Burbank,
Magog Tree, S. C. Ont.*

RELATIONSHIP OF NEXT OF KIN *Wife.*

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c

PARTICULARS

EFFECTIVE DATE

ADMISSIONS TO HOSPITAL, &c

DATE ADMITTED

DATE DISCHARGED

V. OR A.

NAME OF HOSPITAL

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS						
	No. OF DAYS	RATE	AMOUNT \$ c.	No. OF DAYS	RATE	AMOUNT \$ c.				No.	DATE	No.	DATE	No.	DATE	
1914									4 50	4 50						

P. 697-25M.
3989-31-19-17.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS.

2157484 Pte Burbank GS

Date of Payment.	No. of Acq. Roll	AMOUNT					Place of Payment.	Name of Paymaster.	Remarks.
		Francs	£	S.	\$	¢			
12/10/17	213	2			12 17	12 17	Bridge	W. Brown	
9/10/17	109	1			4 87	4 87	Base	W. Brown	
9/10/17	109	2			9 74	9 74	✓	✓	
2/7/18	1091	2			9 74	9 74	✓	✓	
					<i>24 32</i>				
2/7/18	1091	2			9 74	9 74	✓	✓	
					<i>24 32</i>				

2631 2/6
2355 30/5

P. 550
 MARRIED OR SINGLE *M.*

PLACE OF BIRTH *Knowlton Landing, Cal.*

NAME AND ADDRESS OF NEXT OF KIN *Beatrice Burbank
 Magnolia, S. C. Ont.*

RELATIONSHIP OF NEXT OF KIN *Wife.*

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c

PARTICULARS		EFFECTIVE DATE	AUTHOR

ADMISSIONS TO HOSPITAL, &c			NAME OF HOSPITAL
DATE ADMITTED	DATE DISCHARGED	V. OR A.	

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				
	No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE	AMOUNT					No.	DATE	No.	DATE	No.
			\$	c.			\$	c.			\$	c.								
1914																				
<i>1/5-30/6</i>	<i>61</i>	<i>1¹⁰</i>	<i>64</i>	<i>10</i>																
<i>July</i>	<i>31</i>		<i>34</i>	<i>10</i>																
<i>Aug</i>	<i>31</i>		<i>34</i>	<i>10</i>												<i>2631</i>	<i>2/6</i>	<i>2355</i>	<i>30/5</i>	
<i>Sept</i>	<i>30</i>		<i>33</i>																	
			<i>168</i>	<i>30</i>										<i>4 50</i>	<i>172 80</i>					

EXTRACTS FROM ACT
 T A U N T
 2 1 2
 No. of
 Roll
 1 2 1 2

AUTHORITY

REG'L No 2107484

RANK

Pth

NAME

Burbank, Guy Stuart

635

IF IN PERM. CORPS
WHAT UNIT

UNIT

CJIC

TRANSFERRED TO

C.P.C. Montreal

DATE

1/3/18
Kong

AUTHORITY

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO

DATE

AUTHORITY

PLACE OF ATTESTATION

Kingston, B.C. Ont.

TRANSFERRED TO

DATE

AUTHORITY

DATE OF ATTESTATION

Mar 23rd 1917

TRANSFERRED TO

DATE

AUTHORITY

ASSIGNED PAY MONTHLY \$

15⁰⁰

DATE EFFECTIVE

1st May 1917

PAYABLE TO

Mrs. B. Burbank, Magog Que

RELATIONSHIP

Wife

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP



STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE)

Stopped

EFFECTIVE

1/3/18

REASON

Disch. to Canada

DISCHARGE DATE AND PLACE

11/2/18 Canada

REASON AND AUTHORITY

AG 2-1-29 For Disposal

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

ROLLS

CASH PAYMENTS

BALANCE

3 4
No. DATE No. DATE

1 2 3 4

ASSIGNED PAY

OTHER CHARGES

TOTAL DEBITS

CREDIT

DEBIT

PAY WITHHELD OR DEFERRED

PAY AVAILABLE FOR ISSUE

REMARKS

.12 16
.9 74

.12 14

30

15

15

15

30

15

36 90

24 14

450

41 60

60 40

57 90

63 43

34 07

75

109 07 63 43

May-June A.P.

