DNW 17-1-19

DISCHARGE DOCUMENTS

R. O. No. .....

H. Q. No. .....

Proceedings on Invs. Des. to B.P.C. on M.F.W. 2508 Ref B.P.C. – 72 of 17-1-19

Name BURKE BRIAN

Regt. No. 177426 Rank Pte.

Corps A.M.C. (T.D. No 4.)

"Demobilization"

51365

Doc. Pulled 1-10-19

B.P.C. 9/19

WILL DESPATCHED TO M. D. 4 JUN 14 1920

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... X 2

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet 1

Compulsory Stoppages.....

Casualty Forms..... 2

Proceedings on discharge..... 2

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate..... 1

Medical Report for Invalids..... 2

Medical History Sheet..... 2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 1

A.F.B. 122 — 1

M.F.W. 465 — 1

M.F.W. 71 — 1

C.A.D.C. 5009 — 1

1R122

PR – 1

1R179

Cancelled

1 AF B 227

AF B 181

2

12-10

12-10

7 10

2

M. F. W. 62.
50M.—9-16.
H. Q. 1772—39—935.

~~147426~~

CANADIAN GRENADIER GUARDS
OVERSEAS BATTALION

ATTESTATION PAPER

ORIGINAL

No.

Folio. 177426

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? — Brian Burke
2. In what Town, Township, or Parish, and in what Country were you born? — Croydon, Surrey England
3. What is the name of your next-of-kin? — W. H. Burke (Father)
4. What is the address of your next-of-kin? — 14 Cambridge Street Croydon, Surrey England
5. What is the date of your birth? — Farmer
6. What is your trade or calling? — May 14 1897 Wally
7. Are you married? — No
8. Are you willing to be vaccinated or re-vaccinated? — Yes
9. Do you now belong to the Active Militia? — No
10. Have you ever served in any Military Force? If so, state particulars of former Service. — No
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

and inoculated B.B.

Brian Burke (Signature of Man.)

J. R. Riddell (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Brian Burke, do solemnly declare that the above answers made by me to the above questions 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.

Brian Burke (Signature of Recruit.)

Date Nov 3rd 1915 J. R. Riddell (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Brian Burke, 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.

Brian Burke (Signature of Recruit.)

Date Nov 3rd 1915 J. R. Riddell (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 Carnwallis this 4th day of November 1915.

J. R. Riddell (Signature of Justice.)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

(Approving Officer.)

M. F. W. 23.
200 M.—3-15.
H.Q. 1772-39-841.

DESCRIPTION OF Brian Burke ON ENLISTMENT.

Apparent Age 19 years — months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5 ft. 5½ ins.
Chest measurement: Girth when fully expanded	35 ins.
Chest measurement: Range of expansion	3½ ins.
Complexion	Dark
Eyes	Grey
Hair	Brown
Religious Denominations: Church of England	Church of England
Presbyterian	
Methodist	
Baptist or Congregationalist	
Other Protestants (Denomination to be stated.)	
Roman Catholic	
Jewish	

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.)

mole left anterior elbow

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 November 4th 1915. Geo. F. L. Fuller

Place Cowansville Que. Cowansville Que.

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

Brian Burke 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.

(Signature of Officer.)

Date Nov. 13 191 5

CANADIAN EXPEDITIONARY FORCE

DUPLICATE **Discharge Certificate**

This is to Certify that No. 177426 (Rank) Private

Name (in full) Burke - Brian enlisted in

the Can. Gren. Guards.

CANADIAN EXPEDITIONARY FORCE at Towansville on the 4th

day of November 1915

HE served in Canada. England and France

and is now discharged from the service by reason of Being Category "C"

Authy Im D4-22B-2416

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

Age 21 yrs 8 mos.

Height 5' 5½"

Complexion Dark.

Eyes Grey

Hair Brown.

B. Burke

Signature of Soldier

Marks or Scars

G.S.W. Rt. Shoulder

upper arm. Scar back of

neck R. side. Mole. Left wrist

W. Ness Major,

O.O.A.M.C. Training Depot No. 4.

Issuing Officer

Rank

Appointment

A. M. C. TRAINING DEPOT NO 4

Date of Discharge Jany 2/19

Signed at Montreal this Second day of Jany 1919

in Military District No. 4

File Reference No.

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

M. F. W. 39
300m.—2-18.
H.Q. 1772-30-532

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

On demobilization the particulars called for on the back of this certificate will not be completed.

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps 87 Bde Canadian

Military Hospital Guildford.

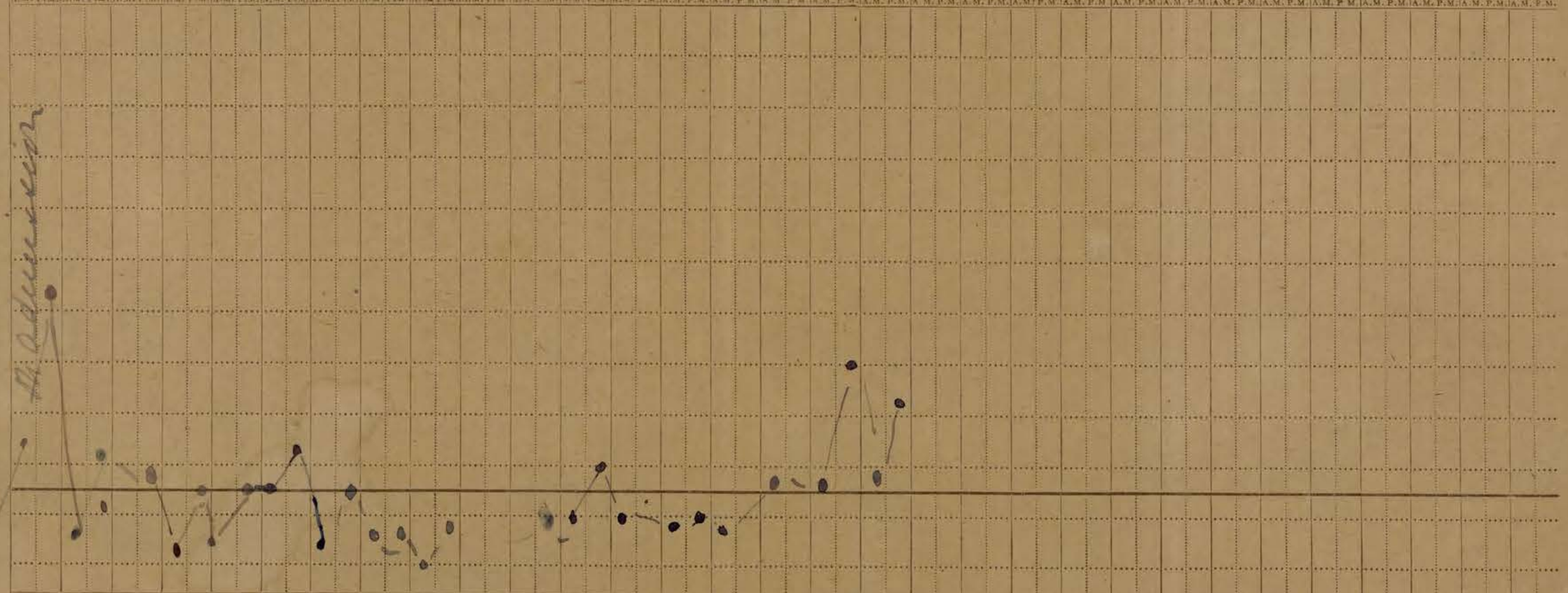
No. 177426 Rank and Name L/C Burke. R. Lan Age 19 Service 1 yr

Disease Date of admission 14. 4. 17 Date of discharge Result

Dates of Observation: 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 1 2 3 4 5 6 7 8 9 10 11 12 13 14

Days of Disease: may

Temperature Fahrenheit — Time A.M. P.M.



Pulse per Minute

Respirations per Minute

Motions per 24 hours

(6201) Wt. W. 11421/M1165 2,000,000 12/16 McA & W Ltd. A.F.B. 181 (E. 735)

In charge of case.

Form—R: 190 8528-25M-25/10/16.

IMPORTANT.

DISPOSAL OF ORIGINAL MEDICAL HISTORY SHEETS.

1. Action by Officer i/c Hospital—

(*a*) See that all entries are properly and fully made, and signed.

(*b*) Forward to Hospital to which man is transferred, immediately it is done. If discharged to Unit—to Officer Commanding such Unit.

2. Action by Officer Commanding Unit—

(*a*) On admission of man to Hospital, forward M.H.S. to such Hospital at once.

(*b*) On transfer to another Unit—to Officer Commanding such Unit.

(*c*) On proceeding Overseas—return to Record Office, London, without delay.

(Authority, Army Council Instruction 831, April, 1916.)

Red Triangle Hut
Dom. Square
Montreal

Mtl 4

36064

177426 Pte Brian Burke

87th Bn. Canadian Infantry.
(Canadian Grenadier Guards)

— 20 —

Perforated sheet for Will from Pay Book of Reg.

No. 177426

Name Brian Burke

Unit 2nd Batt. Canadian Grenadier Guards

Military Will.

In the event of my death I give the whole of my property and effects to my mother Mrs Ada Elizabeth Burke, 14 Amberley Grove, East Croydon Surrey, England.

Signature Brian Burke

Rank and Regt. Pte 87th C. G.

Date 20th day of June 1916

"Military Will" attracted by:-

Capt. A. W. Reid

87th Bn. Canadian Infantry.
(Canadian Grenadier Guards)

MEDICAL HISTORY SHEET.

Surname Burke Christian Name Brian

Examined on 4 day of Nov 191 6 at Montreal

Birthplace City or Town London Eng. County

Apparent age 18

Trade or occupation Farmer

Height 5 Feet 5½ Inches.

Weight 136 Lbs.

Chest measurement Minimum 31½ inches. Maximum expansion 35 inches.

Physical development good

Small-Pox Marks none.

Vaccination Marks Arm Right. Left. ✓ Number 3

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease no

(b) Slight defects but not sufficient to cause rejection no

Approved by A. Lowell Geldart

Rank Captain M.O.

Date	Fit or Unfit	Examined for Re-engagement.
		23 APR 1917 M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
Mar 4/16	Good	A. Lowell Geldart M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
Dec 1/15	Good	T. Lerner Gridday M.O.
Dec 29/15	Good	M.O.
Jan 8/16	Good	M.O.

Enlisted on 4th day of November 1915 at Lauzanville

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	Can G. G. O/S Battalion	177426		
Transferred to	87 BATTn TAKEN ON STRENGTH No. 4 CASUALTY UNIT			MAR 18 1918

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Respd 3rd C.D.	12-9-17	Wounds Rt. Arm	B iii W.P. Bin Rgth Cpl.
	14-2-18.	G.S.W. Rt Shoulder	B iii a 7/B 179 Pte Inspd.
Montreal	25-11-18	G.S.W. R. Shoulder	B iii C3 J. A. Paine Capt

MEDICAL BOARD, BRAMSHOTT. PRESIDENT.

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

M. F. B. 313.
150M.—8-15.
H. Q. 1772-39-439.

Surname Burke Christian Name

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
St Jean PD		3	2	16	21	2	16	Rubeola (measles)	49	Recovered	A. Lorne C. Guldage Major BN. ORDERS P. II No. 56/11
War Hospital, Warren Rd. Guildford.		14	4	17	12	6	17	S. W. of Shoulder.	59	Nerve injury 3rd & 4th Cervical - has paresis of trapezius - marked improvement during past 4 weeks.	J. Almack Major.
M.C. H Epsom		17	6	17	18 JUL 1917			do	36	Much improved Has had massage and Special Exercises Now fit for physical training Cat 1	H Macallan

Forms
I. 1237
11

[CON. HOSP. WOODCOTE PARK
EPSOM

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book	Regimental No.	Rank.	Surname.	Christian Name.
	174426	L Cpl	Burke	Brian
Year	Unit.		Age.	Service.
1917	84th Batt. Canadians		19	1 6/12

Station and Date.	Disease
Guildford April 17th	G.S.W. right arm wound of outer aspect middle of deltoid. W. of axil. above middle of spine of scapula X-ray wound clean.
	Paresis ~~Paralysis~~ of R. hand & arm — Electrical treatment
16.6.17.	Marked improvement — transferred to Epsom.

Cunningham.

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

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
[1185] W11203/M1150 50m 12/16v 5 89 Forms/I. 1237/12

P.T.O.

Station
and Date.

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

Montreal. 9/4/'18.

177426. PLACE L/Cpl. DATE
Burke, Brian

NUMBER No 4 Casualty Unit. RANK (87) Battn. NAME 20 C. of E.

CORPS Loss (partial) of power right upper extremity. AGE RELIGION
(result of GSW. shoulder).

(1). Disability

(2) Incurred -
(Cancel one) C. II. Canada / Overseas

(3) Category Likely to be raised in catagory in 6 months.

(4) Recommendations

(a) Treatment (specify nature of) None.

(b) Return to duty N.A.

(a) General Service in Canada when raised.

(b) Special (specify nature of)

(c) Special N.A.

President

Members.

Montreal. 9/4/'18.

Place Date

Approved ADMS. MD.
or Camp

Place Date

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

MFW. 100

Form D.M.S. 1394.
6533.—20M.—22/1/17.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at SEAFORD, 12-9 1917.

No. 177426 Rank L/Cpl. Name BURKE, B.

Local Unit 2nd Bn. Overseas Unit 87th Bn. Age 19

Examination held at 3rd C.C.D. Med. Bdge.

DISABILITY.
Overseas—Local
(scratch one out).
WEAK RIGHT ARM.

PRESENT CONDITION.

1 In France 8 mos.
2 Wounded 9-4-17 Vimy Ridge.
3 Subj. Symptoms. 1 pain in right arm & shoulder.
2. quick movements cause pain.
3 cannot lift heavy weights.
4 Obj. Symptoms. 1 bullet entered about 2 inches above insertion of deltoid. Came out opposite middle of spine of sc. scapula 1½ inches above.
2 arm movements limited.
3/4 passive movements cause pain.
4 arm is weak, muscles, flabby.

BOARD RECOMMENDS:— B III not likely to improve in 6 mos

1. Fit for Duty yes B III

2. Fit for duty after ..... weeks' physical training.

3. Fit for Temporary Base Duty ..... weeks.

4. Fit for Permanent Base Duty .....

5. Discharge .....

Signatures:—

Members { W. H. Birdwell Capt. President.
H. Moore Capt.
Geo. Smith Capt.

APPROVED

Dated Seaford 15. 9. 1917. James Taylor Maj.
For A.D.M.S.

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. 177426 Rank Private Name Burke, Brian.

Corps A.M.C.T.D. No.4. who was* Discharged.

On January 2nd/1919 191...., to .....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from January 1st/1919. 191.... to January 2nd/1919 191...., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month		
Advances by Cheques } No.			Regt'l. Pay 2 days at $ 1 c. 00	2	00
Advances by Cheques } No.			Field Allow. 2 days at $ 10 c.		20
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges			Other Allowances*		
Payment on ~~bank~~ or discharge No. 12461	70	20	Other Credits* Civ Clothing	35	00
			1st months P.D.P.	33	00
Balance Cr. (to be paid by the new unit)			Bal. Dr. ~~(to be deducted by new unit)~~		
Total	70	20	Total	70	20

*Give particulars.

A monthly stoppage of $ Nil (†) has ..... (‡) been paid on account of Assigned Pay for the month of Nil 191... and Sep'n Allce. for month of Nil 191... (to) Assignee Nil

(Address) .....

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

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

REMARKS:—

State (1) date of enlistment 4-11-15

(2) if married and if a Separation Allowance Card has been submitted Nil

(3) cause of discharge Category "C" authority M.D.4. 22-B-2416

(4) authority for transfer .....

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 2nd/January/1919.

Place Montreal, Que.

Paymaster.

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.

M. F. W. 44.

H.Q. 1772-39-902.
100M-9-18. D.P. 874.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

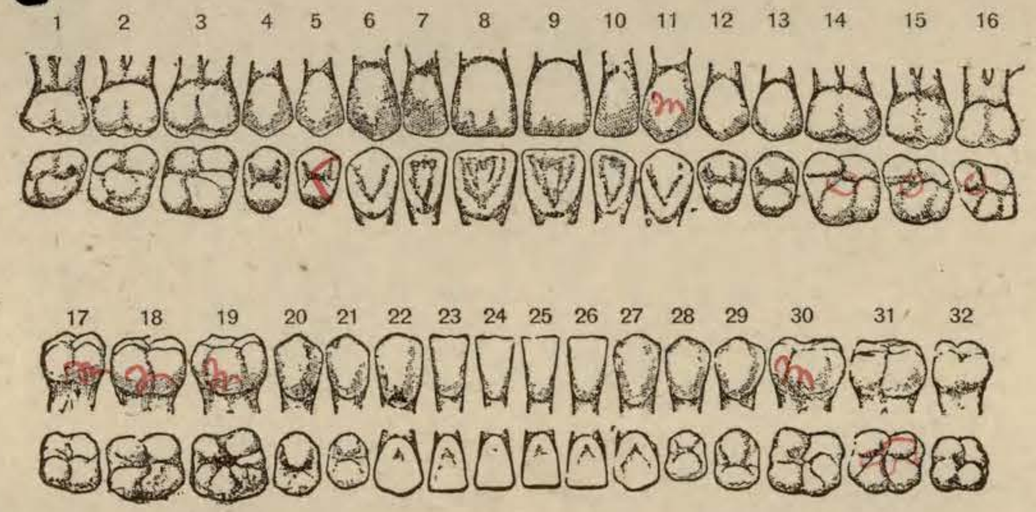
NAME OF SOLDIER: Burke

REGIMENT: A. M. B.

RANK: Pte

DISTRICT: 2

No. 1794-26



INSTRUCTIONS

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

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

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

	Date		Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination												11 17 18 19 30											5. 14. 15. 16. 31. to be filled Post low plate required
Bad																					R B Cunningham Capt		
	Nov 23/18								For					Discharge								4	To Return

M.F.B. 465.
200M.—6-18.
1772-39-950.

L. L. Job 95618—M. & D. 6555.

M. F. W. 12.
15m.—3-16.
H. Q. 1772-39-819.

3703

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

2nd Contingent

Duplicate

To Whom Mrs. Elig. Burke

Address 14 Amberley Grove, Croydon, Surrey, Eng.

Rate $15.00

MAY 1 1916

By Whom Assigned Burke, B.

Regtl. No. 177426

Rank Pte.

Corps D" Co. 87th Batt. C.G.G.

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				

RECEIVED FROM
MAY 29 1916
OTTAWA

ASSIGNED PAY.

By whom assigned Burke, B.

Regtl. No. 177426. Pte. "D" Coy. 87th Batt.

Month	Year	Cheque No.	Amt.	Pay Sheet	REMARKS.
Jan.	1916				
Feb.					
March					
Apl.					
May.					
June		83017	30		
July		88717	15		
Aug.		121730	15		
Sept.		155735	15		
Oct		191256	15		
Nov	81058	228255	15		
Dec.		268770	15		
Jan.	1917	310296	15		
Feb.		352059	15		
March		393812	15		
Apl.			165		Assigned Pay checked and found to be correct to 31-3-17
May			720		
June			58		H.W. Blake P.S.
July					87th Battn.
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					

L. L. Job 95618—M. & D. 6555.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

254

2nd Contingent

M. F. W. 12.
15m.—3-16.
H. Q. 1772-39-819.

E M

To Whom Mrs. Eliz. Burke

Address 14 Amberley Grove, Croydon, Surrey, Eng.

Rate $15.00

MAY 1 - 1916

By Whom Assigned Burke, B.

Regtl. No. 177426

Rank Pte

Corps D" Co. 89th Batt. C.G.G.

PAYMENTS

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

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

JAN 23 1919

Name Burke, Brian
Surname Christian Name

Regimental Number 177426 Rank Pte

Address (in full) Red Triangle Hut (YMCA)
Dom. Sq. Montreal

Unit AMC T.D. #4

Original Unit

District where paid M.D. 4

Date of Discharge 21-1-19

P. D. P. Filing Number

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		

Remarks: Account opened 11-1-19

M. F. W. 127.
25M.—8-18.
1772-39-1110.

File No.....

WAR SERVICE GRATUITY.

Register No.....

Reg. No. .....

Name.....

Address.....

.....

.....

Pay Soldier $.....

Clerk .....

Dec'n No..... W. S. G. File No.....

Award ..... days at $ .... per day $

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

Less P. D. P. Credited $.....

$

Less further debit balance $ ....

Net due paid as below

TO SOLDIER OR DEPENDENT

O	Ag. No					Ch No	Amount
1							
2							
3							
4							
5							

Dependent.....

Address.....

.....

.....

Pay Dependent $.....

Days..... Rate..... Due.....

Less P.D.P. credited.....

Less further Dr. Bal. or overpayment.....

Net.....

Date	Ck. Order	Ck. No.	Amount	Remarks.	Date	Ck. Order	Ck. No.	Amount.
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

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

GEN'L AUDITOR
Posting checked by
.....
Date.....

R—122

TLH. Rank Name BURKE, Brian, Reg'l No. 177426.

Unit 87th. Battn. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Cowansville, November 3rd. 1915. Place of Birth Croydon, Surrey, England.

Name and Address, Next-of-Kin Wm. H. Burke, 14, Amberley Grove, Croydon, Surrey, England. Relationship Father

Assigned Pay Monthly $ Payable to Relationship

Separation Allowance $ Payable to Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 11851
File R.L.
Category OR Cas

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
		Arrived in England	4 MAY 1916		Empress of Britain AF B163 CAR 17.8.16
10-8-16	87th.	Embarked For France	Bramshott	11-8-16	Pt II DO 190
21-4-17	do	Adm Nov Can Gen Hosp	Boulogne	10-4-17	C.A.A. 187 G.S.W. Rt Shldr Leg
21-4-17	do	Adm. War Hospital Barrenrd	Guildford	14-4-17	C.A.B 190 " " "
19-4-17	do	Appointed Lance Corporal	Field	1-4-17	Pt II O 52
24-4-17	2nd R.D.	T.O.S on Posting from 87th Bn	Shoreham	14-4-17	— 46 q 10054 d/23-4-17 of 87th Bn
17-5-17	—·—	S.O.S on Trans to 1st & 2 R.D.	—·—	17-5-17	Pt II DO 69 + 1st Inf Pt II 65
18-6-17	87 Bn.	Adm Can Convalescent Hosp. Woodcote Rd.	Epsom	13-6-17	C.A.B 232 S.W. R Shldr
25-7-17	—·—	Discharged —·—	—·—	18-7-17	C.A.B 262 —·—
21-7-17	1st Inf.	On Command to 3 & 6 D.	Shoreham	18-7-17	Pt II DO 120. + 3 C.C.D Pt II O 130 d 25.7.17

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.				
18.10.17	3 bbD.	Ceases to be Att on Proc to 2 bbD Ffc	Seaford	16.10.17	Pte Do 204. + 1st Line Pte O 199 + 2 bbD Pte Do 210 d/18.10.17 d/20.10.17
8.11.17	1st Line R.D.	Ceases to be Shown on Com to 2 bbD Ffc.	Bramshott	7.11.17	Pte Do 216. + 2 ccD Pte O 228 d/8.11.17
13. 2. 18	23 Res	Attached for R.R.C & P.	Ffc	"	12. 2. 18 " 44
18. 2. 18	1 R.R.W.	On Com.d C.D.D	"	"	18. 2. 18 " 43.
19. 2. 18	23 Res	Cease to be Att	"	"	18. 2. 18 " 50
7. 3. 18	"	Having proceeded to Canada for disposal by the A.G. Ceases on Com.d C.D.D. His S.O.S.	"	"	23. 2. 18 " 58

92431.—W6490/1535.—2,000,000—J. J. K. & Co., Ltd.—Forms B. 103/1.

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps _____

Regimental No. 177426 Rank Pte Name Burke Brian

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

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

Extended _____ Re-engaged _____ Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
19 FEB 1918		TAKEN ON STRENGTH C.D.D, BUXTON Pt. 11 ORDER No. 42			Lieut.-Col. Commanding Canadian Discharge Depôt.
23 FEB 1918		EMBARKED FOR CANADA FROM LIVERPOOL			Lieut.-Col. Commanding Canadian Discharge Depôt.
MAR 18 1918		TAKEN ON STRENGTH No. 4 CASUALTY UNIT			Adjutant, No. 4 CASUALTY UNIT
12-4-18		TRANSFERRED FROM No. 4 CASUALTY UNIT			
APR 16 1918		Taken on Strength A. M. C. TRAINING DEPOT No 4			O.C. A. M. C. Training Depot No. 4.
[illegible]		Transferred to D N H. exp. Authy D.O. 1784. dy. 8:6:18			Adj. Adjt. A. M. C. Training Depot. No. 4.

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

[P.T.O.

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				
June 13th	1918.	Taken on strength. D.M.C.H. C.E.F. Montreal.			.....Capt. D.M.C.H.
November 8th,	1918.	Transferred to Ste Anne de Bellevue Mil.Hosp.			..... Lieut A/Adjutant. D.M.C.H.
		Struck off Strength	Montreal	7/1/19	Gunner Demob. R O 1327 D 15/11/18 Part 2 Order # 10 ..... Major. O.C. A.M.C. Training Depot No. 4.

87th Bn. Canadian Infantry.
(Canadian Grenadier Guards)

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

CANADIAN GRENADIER GUARDS

Unit, Regiment or Corps OVERSEAS BATTALION (87th)

Regimental No. 177426 Rank Private Name Burke Brian

Enlisted (a) Nov. 3/15 Terms of Service (a) C. E. F. Duration of War. Service reckons from (a) Nov. 3/15.

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

Extended Re-engaged Qualification (b) (Gunning)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked Canada	Halifax	Apl 23/16	
		Disembarked England	Liverpool	May 5/16	
		Proceeded Overseas for service with 87th Battalion.			AUG 11 1916
					Attaching Unit for A.C.S. 78
17-8-16	M.L.O.	Disembarked France	Havre	12-8-16	L.R.6281
23-9-16	O.C. Unit	2nd Corps Bty. Gr. Course		18-9-16	A.F. B.213 D.C. 5.27
30-9-16	do	Returned to duty		30-9-16	do D.C. 5.31
30-12-16	do	To Corps Gren Course		26-12-16	B213 D.C. 88
6-1-17	do	Returned to duty		31-12-16	B213 D.C. 89
7-4-17	O.C. Unit	APPOINTED LANCE CORPORAL		1-4-17	B213 DO.No.52 d./19-4-17
13-4-17	H.Q. Bgde	W. Shoulder Lt. Inf. Wounded & Posted to 2nd B. R. D. Shoulder		13-4-17	B2088 #3349 B.R.C. #44 d/23-4-17
					J. M. Anderson Capt. for Major & Adj. Canadian Reserve 3rd Echelon M.G.

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

[P.T.O.

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				
24.4.17	2 Que RD.	T.O.S. from 84 Bn	Shoreham	14.4.17	Pt II Do 46.
17.5.17	---	S.O.S on Trans to 1st Que	--	17.5.17	Pt II Do 69
19.5.17	1st Que RD.	T.O.S from 2nd Que R.D.	--	17.5.17	Pt II Do 65.
					J. L. Macaulay Lieut. for Colonel i/c Records, GOMT
16/10/17	DISCHARGED FROM 3rd CCD Seaford		TO 2nd CCD		DN. PART II D. O. NO. 204/18-10-17. For O.C. 3rd Canadian Command Depot
18.10.17	2 C.C.D.	Attached to 2 C.C.D.	B Shott	16.10.17	D.O. Pt a #218
8.11.17	2nd. CCD.	Ceases to be attached to 2nd. C.C.D. on despatch to 1st. Quebec Regt'l. Depot	Bramshott.	7.11.17	Pt. 2. D.O. #228 for OC. 2nd. CCD.
12.2.18.	1st Que RD.	att. Depot from 2nd C.C.D.	Bramshott		D.O. 39. 12.2.18.
18.2.18.	1st Que Regt'l Depot	ON COMMAND TO C.D.D. Bruton			Pt. II. D.O. #3. 18.2.18. ADJUTANT, 1st QUEBEC REGT'L DEPOT.

C.A.D.C.5009-10M.
3494-30-8-17.

19-B-47 C II

17748
Lte Burke B.
1st Lieu

DENTAL CERTIFICATE.

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

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.
19-2-18	Fit	None	No. Has a Dental Discharged 4/10/18 Capt. E. Lennox	

F. R. Quinn
Capt. C.A.D.O.

FORM D.M.S. 1300.
8137—50m—28/2/17.

Surname	Christian Name or Names	Reg. No.
Burke.	B.	177426.

Rank	Unit	Co.	Troop	Batty.
Pte.	87th. Bn.			

Hospital	Date of Admission
Transferred 7. Can. G.H. B'logne Hosp.	10-4-17.
Guildford. War. Hosp.	14.4.17
Woodcote Park Epsom Hosp.	13. 6. 17
Hosp.	

Diagnosis G.S.W. Rt. Shldr. Sev, Nil

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION	Date
C.L. 21-4-17. A' 187. B190	Nil 18.7.17
18. 6. 17. B232	
25.7.17 B262	

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.		

10,000 bks.—John Rissen, Ltd.—3067/2/17—Forms W 3172/3.

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

_____ Hospital.

Ward 14 No. of Bed _____ Date _____

Regl. No.	Rank and Name	Corps	Part to be X-Rayed
[illegible]	Burke Dvr.	54 Canadian	

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case.)

? scapula - effusion
spine of scapula.

Signature of M.O. R. L. Mitchell
Date 14

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

No. of Plate 719 A.P 12/10

No apparent injury to bone.

Signature of Radiographer A. J. A.
Date 17.4.17

No. 177426 RANK Pte. NAME Burke B.

T. O. S. 8-11-15
DD 430 8-11-15

UNIT 87th Battalion (Canadian Grenadier Guards)

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
Nov. 8	Nov. 30	✓		
Dec.		✓		
1916	1916			
Jan.		OS.		
Feb.		OS.		
Mar.		✓		
April		✓		

UNIT SAILED
APR 23 1916

No. 177426 RANK L/Corpl NAME Burke B

~~T.O.S.~~ Transfd from A.M.C. & S. No. #4 June paylist. UNIT Miscellaneous Units Drummond Military Hospital

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918 June 13	1918 June 30	✓	Org. date of Enl. 3/11/15	June paylist.

M. F. W. 71.—500M.—5-16.
1772—39—961.

NAME Burke, Brian

REGIMENTAL NO. 177426

RANK Pte.

ENLISTED AT Cowansville

PROMOTIONS, &c. AND DATE

DATE 4:11:15

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE

NEXT OF KIN

RELATIONSHIP

ADDRESS OF

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME &c.
	NO.	DATE	
Discharged		7/1/19	Gen Demob.

Form R. 149.
7106—250m—7/2/17.

Name BURKE. Brian. *Rank* Pte. *Reg. No.* 177426

Unit 87th Battn.

Next of Kin W.H.Burke. 14 Amberley Grove.Croydon.Surrey

Date 1917.	Movement	Place	Casualty	List No.	Notified N.K.O. 20-4	W.O. List 21-4
10-4.	No 7 Can Gen Hosp.	Boulogne.	SW.R.Shdr.Sev.	A187	M2509	
14-4.	War Hosp.	Warren Rd. Guildfrd	do do	B190		
13-6.	C.C.H.	Woodcote Pk. do	do	B232		
18-7	Discharged		do	B262		

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

REGT'L No 177426

NAME Burke Brian

H. Q. FILE No. 649-

RANK AND CORPS Pte 8th Bn Norm 8th pt RD.

FOLLOWS No.

FOLLOWS

CABLE No.	CABLE Date	"E" NATURE OF CASUALTY
M2509	21-4-17	Adm #7 Gen Hosp Boulogne. April 10th 1917. G.S.W. rt shldr Severe

L. L. 12767—M. & D. 7390.

M. F. W. 42—50M.—12-16.
H. Q. 1772-39-893.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
B190.	War: Warren Rd. Guildford	14-4-17.	Glw. R. Shldr. Sev.
a187.	No 7 Can. Gen. Boulogne	10-4-17.	" " " " " "
B232	Lan Lorw Epsom	13-6-17	" " " "
B262.	Discharged	18-7-17	Sw R shldr.

Form D.M.S. 1317.
1859—30m—27/11/16.

HOSPITAL.

A. & D. No. Ward 7

Unit 87 Sick or Wounded.

Regtl. No. 177426 Pl. of Act'n

Rank L/Cpl Name Burke B

Age 19 Religion RC

Service Compl'd 1 2/12 Time with Field Force 8/12

Diagnosis G S W R Shoulder

12 JUN 1917

Admitted Guildford Discharged D 18/7/17

Transferred 3600 Stafford

RECORD FURTHER REMARKS ON BACK.

13-6-17 G.S.W L. Shoulder Wound
healed massage L Duty
20-6 Special Ex. & C.O massage
12.7. discharged from massage
as fit D.I

F C Harris
Major

No. 177436. RANK L/Cpl. NAME Burke, B.

T. O. S. UNIT A. M. C. Training Depot. No. 4.

Trnsfd. from Casualties 13-4-18. (D.O. 106).

M. D. 4.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918. Feb. 19.	1918. April 30	✓.		
	May	✓.		

SURNAME. Burke

CHRISTIAN NAMES Brian

REGL. No. 177426 RANK Pte.

UNIT 87th (1st R.O.)

FORMER CORPS Kil.

CARD No.

Bos Dis med. Stud. 2/1/19

FOLL.

D.O. 10-10-1-19

a.m.c.T.D no 4.

Batt

NEXT OF KIN.

NAMES IN FULL Burke, W.H.

RELATIONSHIP TO SOLDIER Father

ADDRESS Croydon, Surrey, Eng.

CHANGE OF ADDRESS

COUNTRY OF BIRTH England, Croydon, Surrey DATE Mar. 14th 1897

PLACE OF ATTESTATION Cowansville, P.Q DATE 4/11/15. 402/4

Sailed from Halifax Per S. S. Empress of Britain 23-4-16

RTC 17-3-18 6/22-4

L. L. 20.58.—M. & D. 631a. M. F. W. 22. 100m.—1-18. H. Q. 1772-39-[illegible]

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Farmer RELIGION Church of England

DESCRIPTION.

APPARENT AGE 19 YEARS MONTHS

HEIGHT 5 FEET 5½ INCHES

CHEST MEASUREMENT 35 INCHES EXPANSION 3½ INCHES

COMPLEXION Dark EYES Grey HAIR Brown

DISTINGUISHING MARKS Mole, left anterior elbow

MEDICAL EXAMINATION. PLACE Cowansville, P.Q. DATE Nov. 4th 1915

Com.

Rank L. Cpl.

Number 177426.

Surname BURKE

Christian Name Brian.

Units 87th Bn. Can. Inf. Theatre of War France

Date of Service 11.8.16.

Remarks Mr. W. H. Burke (Father) 14. Amberley Grove Croydon. Surrey. Eng.

Latest Address ~~Red Triangle. Hut Dominion Square Montreal.~~

not available

Roll No. 20-7-21 B Page 19180.

6.21 M

REGT. NO. ..... RANK ..... NAME .....

UNIT ..... AGE ..... SERIAL NO. IN A. AND D. B

TOTAL SERVICE WHERE ..... DATE AND PLACE OF ORIG
AND HOW LONG

DISEASE OR INJURY .....

OPERATIONS .....

RESULT OF OPERATIONS .....

(A) DATE OF ARRIVAL AT HOSPITAL AS AN ADMISSION .....

(B) AS A TRANSFER (STATE WHERE FROM) .....
NAME OF HOSPITAL

DATE OF DISCHARGE TO UNIT ..... IN CAT

DATE OF DISCHARGE AS AN INVALID .....

DATE OF DEATH .....

DATE OF TRANSFER (STATE WHERE TO) .....
NAME OF HOSPITAL

OTHER INDEPENDENT CONDITIONS DIAGNOSED .....

SGS 2-1-19 Demob MD4

649-B-25799. 177426 ~~Pte.~~ Lcpl. Brian Burke. CEF.,

Medals & Dec. (Father) Mr.W.H.Burke,
14 Amberley Grove,
Croyden,Surrey,
England.,

Placque & Scroll --Nil.

Memorial Cross --Nil.

Note.Drowned after discharge.

54603

#4

Not Elig for 1914-15 Star
Eligible for B.M.
Eligible for B.W.M.

MAS

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(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.

6654 5924 2

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. 177426

Rank Private

Surname BURKE

Christian Name Brian

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) A.M.C. Training Depot #4

Date of Discharge January 2nd.1919

Place of Discharge Montreal, Que.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 21 years 8 months.
Height 5 feet 5½ inches.
Complexion Dark
Eyes Grey
Hair Brown
Trade Farmer
Intended place of residence (To be given as fully as practicable.) Red Triangle Hut Dom.Square Montreal.

Descriptive Marks

GSW Rt.Shoulder-and upper Rt.arm,Scar back of neck R.Side-Mole L.elbow

2. The above-named man is discharged in consequence of General Demobilization

Authy.R.O.1327-d,18/11/18

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.

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

3. Conduct and character while in the service have been, according to the records, etc.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

Med. Doc's - fwd. to B of P.C. 13/1/19.

(OVER)

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

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

6. Medals and Decorations.....

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

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

(Place).....

(Date)..... *Commanding* .....

8. **Certificate to be signed by the Soldier on Discharge**

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

(Place)....Montreal, Que. ..... *(Signature of Soldier.)*

(Date)....January 2nd. 1919 ..... *(Signature of Witness.)*

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

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

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

..... *(Signature of Soldier.)*

10. **Statement of Service.**

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

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

11. **Confirmation of Discharge.**

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

(Place).....Montreal, Que.

(Signature) ..... *Major*

O. C. A. M. C. Training Depot No. 4.

(Date).....January 2nd. 1919

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.)

No Reservations

(OVER)

OPINION OF THE MEDICAL BOARD—(*Continued*).

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

Placed in Cat. C3

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.

J. A. Paine Capt ..... *President.*

PLACE Montreal Que.

DATE Nov. 25/18.

Members.

APPROVED BY — For *Assistant Director of Medical Services.* — DATE Nov 26th 1918.

APPROVED BY — *Director-General of Medical Services.* — 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

DATE

Members.

To raise arm over head. Slightstooping of Rt. shoulder. Grip not diminished.

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 Q e. DATE 28/11/18.

1. 1 (a) Unit A.M.C. (b) Regimental No. 177426 (c) Rank Pte.

(d) Surname Burke (e) Christian name Brian

2. Age last birthday 20 Date of birth 14/3/18/98

3. Enlisted at Covensville Que. on 3/11/18

4. Personal description:—

(a) Height 5/6 (b) Weight 130 (stripped) (c) Complexion Ruddy

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks Mole C.S.W.

Rt. shoulder & upper arm rt. scar back of neck rt. side, Mole lt. elbow

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

102 Pine ave. W. Montreal Que.

6. Former trade or occupation Farmer

7. (a) Service	Years	Days	Periods From	Periods To
87th. Battalion C.E.F.			3/11/15	16/4/18
A.M.C.			16/4/18	to date

(b) Has he been overseas Yes

8. Original disease or disability C.S.W. Rt. shoulder

(a) Date of origin Apr. 9/1917 (b) Place of origin Vimy France

(c) Cause* Bullet

(d) Present disease or disability C.S.W. rt. shoulder

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.]

Two scars present on upper rt. arm & shoulder small entrance wound on shoulder. The letter is one inch & a half long by one inch & a half long by one inch wide. Not painfull, not adherent

M. F. B. 227.

300M.—2-18.
1772—39—117.

9. Present condition.—(*Continued.*)

circumference through axilla over shoulder. 17 inches both sides. No wasting circumference of arms at level of axillery fold. 11 inches on both sides no wasting man complains of pain in the ~~left~~ right shoulder after using his arm to do any work, such as using a broom some grating present in rt. shoulder jint on rotation of arm. All movements of arm are free. Slight weakness in abducting arm.

(See page 4)

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

Nervous Yes Digestive Yes Respiratory Yes Cardiac Yes

Genito-Urinary Yes Skin, Middle Ear, Eye or any other part See sec. 9

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

Injury received in action at Vimy Ridge Apr. 9/17.
Was in France 8 months.

(*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.

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

N.A.

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? Six months.

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

War hospital Guildford 14/4/17 to 12/6/17
M.C.H. Epsom 12/6/17 to 18/7/17

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? Partially, Yes
(If not, briefly state why.)

17. Recommendations

Category C3

J. E. Gurbord Lt.
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 Man 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

N.A.T. B. Banks
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

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 :—

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

Dated at this day of 191

Signatures of the Board

President.

A.F.B. 179 Canada (Revised).

Reserved for M.H.C.

Regt. No. 177426 Rank L.Cpl. Surname Burke Christian Name Brian

Unit or Corps—(a) Overseas from United Kingdom 87th Battalion (b) In United Kingdom 1st Quebec Reg. Depot.

Born at—Town Croydon. County or Province Surrey Country England.

Date of Birth—Day 14th Month March Year 1898 (1897 attest. papers) Age 19 yrs. 10 months. 30 days

Joined at Montreal. Quebec. Canada Date Nov. 4/15

Former Trade or Occupation Farming.

Permanent marks or peculiarities that will serve for future identification :—
Pear shaped shrapnel scar midway and above spine right scapula.
Small circular scar upper third outer surface right arm
Three vaccination scars left arm
Circular scar back left side of neck.

Height—feet 5 inches 3½ Colour of eyes grey

Signature of Soldier (*for identification purposes*) Brian Burke

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*). weakness Right Arm

Disabilities Group (*b*). none

Disabilities Group (*c*). none

1

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.	Bullet wound Right Shoulder.	Vimy Ridge. France	Apr. 9/17
(*ii*) As to Group (*b*) above.	not applicable	—	—
(*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? no If yes, has Active Service aggravated it? not applicable

(*ii*) As to Group (*b*) above? not applicable If yes, has Active Service aggravated it? " "

(*iii*) As to Group (*c*) above? " " 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? yes

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

(*iii*) As to Group (*c*) above? no

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

(i) While on duty? Yes (ii) While off duty? no

(iii) Was a Court of Inquiry held? No (iv) Where? not applicable (v) When? not applicable

(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.)*

Documentary evidence shows that he was wounded 13/4/18 with gun shot wound right shoulder, admitted to war hospital, Guildford 14/4/17 diagnosis shrapnel wound right shoulder - entries - nerve injury 3rd & 4th cervical, paresis trapezius, making marked improvement. Discharged 12/6/17 to Epsom Convalescent hospital - given massage right arm, special exercises, categorized B2 and discharged 18/7/17 on sick furlough and reported to 3rd Canadian Command Depot on expiration of leave. Boarded 12/9/17 categorized B2 not likely improve in 6 months.

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

Circulatory system - normal, digestive system - normal, nervous system normal, respiratory system and genito-urinary systems normal. Has a small circular healed scar on outer surface upper two thirds right arm where bullet entered, exit of bullet shown by a pear-shaped, healed, depressed, non sensitive, non adherent scar about 1½ inches above centre spine right scapula, rotation right arm limited, causes creaking noise in shoulder joint, cannot raise right arm to full extent, right shoulder shows drooping, no wasting right arm, distal end right clavicle prominent, right trapezius somewhat wasted. He states that shoulder movements cause pain, complains weakness in right arm and inability to carry much weight with that arm, grip right hand good.

8. OPERATION. (i) Was one performed? no

(ii) If so, state what. not applicable

(iii) Was one advised and declined? not applicable

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. not applicable

10. DO YOU RECOMMEND:—

(a) Fit for duty? no.

(b) Fit for base duty? yes. B2 likely to be raised in category in 6 months.

(c) Invalid to Canada? no

(d) Discharge from the Service as permanently unfit? no

Date of Report Feb. 13th 1918 Signed H. McDonald. Capt. C.A.M.C.

Officer in medical charge of case.

Station Bramshott.

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

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

Dated at Bramshott Station, on Feb. 14 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)? Yes.

If not, indicate it.

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

If not, indicate it.

13. Was the disability caused or aggravated by—

(a) Negligence of the Soldier: Caused? no Aggravated? no

(b) Misconduct of the Soldier: Caused? no 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%.)*

not applicable

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, 1/10, 2/10, 3/10, 4/10, or all).*

not applicable

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

(i) Is it permanent? not applicable

(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? not applicable.

18. Remarks.

This man is making a good recovery, and should ultimately have no disability. There is no wasting and little of any restriction of movements at present.

19. Recommendation:—(a) Fit for duty? no.

(b) Fit for base duty? yes. B2 Likely to be raised within 6 mos.

(c) Invalid to Canada? no

(d) Discharge from Service as permanently unfit? no.

Classification for the Military Hospitals Commission.

Date of Board 14 FEB 1918

Station Bramshott.

Signatures of the Board: W. H. Maybood Major President. W. H. T. Baillie Capt. W. R. Hackhouse Capt.

Approved Sly Chown Major, D.A.D.M.S. for A.D.M.S., Canadian Troops, Bramshott Camp

For G.O.C. & A.D.M.S.

Dated at Bramshott Station 14 FEB 1918

AUDITOR | PAYMASTER

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

M. OR S.

REGT. No. 177426 RANK Pte. NAME (IN FULL) BURKE Brian. (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. C.G.M.C. — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO Overseas. — DATE — AUTHORITY

DATE OF ATTESTATION 4-11-15. — TRANSFERRED TO Auth. AG. Disc paper. — DATE — AUTHORITY

ASSIGNED PAY, $ — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Red. Triangle Hut (C.M.C.A.) Mont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE — DATE 3.12.18 — REASON — AUTHORITY A.M.C.I.D. NO/D. 101,19 — IF ENTITLED TO POST DISCHARGE PAY

Balance from previous account

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
											WAR SERVICE GRATUITY MONTH PAID																										Ov. 12/9/19
Date					Credit																						Debit						Balance				
	Ck. No				W S G		S	A	Total		Feb.	Mar	Apl		May		June		July								W S G		S	A	Total		W S G		S A		
					100	10			100	10																	33	00			33	00	67	10			~~P.D.~~ 1st pay Mr. Clark bd &
																											33	00			33	00	34	10			1.2.19
3.3.19	C 5575						34	10																			34	10			34	10	—				
					Entitled to 5 months																																2595 not in
					350.00		350.00																				100	20			100	20	249	90			
~~3.4.19~~																											~~70.00~~				~~70.00~~		~~179~~	~~90~~			2595 not in
19.4.19																											40	00			40	00	179	90			290717
3.5.19																											40	00			40	00	109	90			
3.6.19					Entitled to 6 Months W.S.G.																						109	90			109	90					2370515 SC 1288
					420 00		420 00																				~~350.00~~				350		70	00			
3.7.19																											40				40						924516
																															420						Final
																																					Total cap

60m.-11-13 L. L. 51777. M. & D. 9585.

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE			PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3												DEBIT		CREDIT	
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	

P. 559

MARRIED OR SINGLE: Single

PLACE OF BIRTH: Croydon. Surrey. Eng

NAME AND ADDRESS OF NEXT OF KIN: Mr W H Burke Croydon. Surrey. England

RELATIONSHIP OF NEXT OF KIN: Father

NAME AND ADDRESS OF NEXT OF KIN

CASUALTIES, PROMOTIONS, &c.

Particulars	Effective Date	Authority
Appt L/Cpl	1-4-17	B052.

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 177426 RANK ~~Pte~~ L/C NAME Burke Brian

IF IN PERMT. CORPS WHAT UNIT — UNIT 87th Bn

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Cowansville

DATE OF ATTESTATION Nov 3rd 1915

ASSIGNED PAY MONTHLY $ ~~15 00~~ 20 00 DATE EFFECTIVE A2M #4005 rend 28-3-17, eff 1-4-17

PAYABLE TO Mrs E. Elizabeth Burke. 14 Amberly grove Croydon Surrey RELATIONSHIP Eng. Mother (Not Dependent)

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

~~STOP PAYMENT FORM~~ (ASSIGNED PAY) ~~RENDERED (DATE)~~ stopped EFFECTIVE 1-3-18 REASON Discharged to Canada

DISCHARGE DATE AND PLACE 19-2-18 Canada REASON AND AUTHORITY G.O. 2-1-29 for Disposal

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

	Rank	Unit	Date	Authority
TRANSFERRED TO	Pay II G.		29/4/17.	G.L.B. 190 21/4/17.
TRANSFERRED TO	Brit Hos.		31/5/17.	
TRANSFERRED TO	Epsom Rat		2/6/17.	71.
TRANSFERRED TO	2nd Que R.D.		1-11-17	
	1 DRD		1-2-18	
	2nd E "D"		1-4-18	

9 SEP 1918

E

E. I.

1. L.P.C. issued, date 19-2-18
2. Authority G.O. 2-1-29
3. Discharged to Canada for Disposal
4. Pay Book verified 19-2-18
5. Balance shown on L.P.C. $ 18.96
6. Balance shown in Ledger Sheet $ 72.49
7. Full particulars of entries making difference between 5 and 6 if any.

No.	Date.	Unit & particulars of entries.	Amount. Debit	Amount. Credit
~~1166~~	~~14-9-16~~	~~Balance 1-1-16-2~~	~~[illegible]~~	
~~1669~~	~~22-1-16~~	~~Balance 1-10-2~~	~~19 03~~	
~~1204~~	~~12-2-16~~	~~do 1-1-10-2~~	~~9 30~~	
			53 53	

Net Difference $ 53.53

8. Assigned Pay cancelled A.3.M. Forms rendered 19-2-18

or

9. Separation Allowance and Assigned Pay continued to dependent in England and transferred to Accounts Branch for payment.

Certified correct

Officer i/c Group.

Date	Unit & Particulars	Amount Debit	Amount Credit
1-31 17	31	34 10	
		364 50	

Date	Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
		43 00	43 00														29 50	29 50	13 50				Balance B/f from Canada
			24 10	38	15 5/16	85	31 5/16					12 17	7 30			15 00		34 47	13 13				
			33 00	131	15 6/16	168	30 6/16					7 30	9 73			15 00		32 03	14 10				
			34 10	213	15 7/16							7 30				15 00		22 30	25 90				
			24 10	264	31/16							12 17				15		27 17	32 83				
			33 00	301	27 8/16							2 62				15		17 62	48 21				
			34 10	441 396 847 554	1-10-16 26-9-16 18-1-16 1/11/16							2 62 2 62 2 62				15		22 86	59 45				F.Q.4005, No. 179 - 08
			37 00									5 23				15	08	20 31	72 14				
			34 10	601	21 11/16	652	7 12/16					2 62	11 33			15		28 95	77 29				
			34 10	700	16/12							2 62				15	25	17 87	93 52				F.Q.4005, No. 1, 31-7-16
			34 60	769								5 23						25 83 08					
			30 80	72	3 26 1/17							2 62				15		22 85	101 47				
			37 40															27 93					
			34 10	812 869	8/12 19/12	925 988	11/3 20/3					2 62 2 61	2 61 2 61			15		25 45	110 12				
		43	411 50																110 12				
												72 97	33 54			~~265~~ 165	29 83	301 38					

a S.P. checked and found to be correct — H.W. Blake, C/Sgt, 87th Bn.

177426 Sgt Pte: Burke. B.

A. Pay $20.00

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
~~Apl 28~~			36	50										43	41	50								72	97	33	58	~~165~~	129	83	301	38	110	12			
Apl 28	1	6.	32	20											32	20	33	2/4					474670.	262				30			22	62	119	70			Appt'd/Cpl 1-4-17 B.052. Transfd: to Pay II 29/4/17
Apl	✓			✓30												✓30												~~30~~					119	-			C.L.B. 190. 21/4/17
May	30.		33	70										43	33	70								75	59	32	58	~~25~~	29	83	28	60	135				~~Trans~~ Trans Brit Hosp. 52184
	1.		1	15.										1 15.	2	30.																	137	30.			1st Underpaid in May 30th. Trans Cp. Patient 21/6/17 A.R. 26/9/17
June	20.		23.												23.													30			30.		140	30			
" 24/30	10		11												11																		151	30			June 4/c. 10 days 0.55 a 114851
July	31		35	65										50.	36	15										24	34	20			44	34	143	11			
Aug.	31		35	65											35	65												20			20		158	76			
Sept	30	1 15	1 / 33	50 / 00											1 / 33	50 / 00	4332	12.6.17						9	73			20			29	73	163	53			a 165248 a 211628
			576	95										44 65	621	60								55	32	33	58	215	29	83	458	07					

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED PAY	SER. ALLCE. ENG.
Sep 30									163 53		
Oct 31	L/c pay	35 65 / 35 65			87 847		20 / 20		179 18		
Nov	"	34 50.		a/c Bri 1711. 1-11-17			20				
Dec	"	35 65		Dr. C. 17611. 1-12-17			20				
				P/n ccHQ a/c 149. 13.7.17.		9 73					
				- 20 Res. - 1038 15.11.17		- 7 30					
				- 3 ccD a/c 1048 28/8		9 73					
				- - 1221 27/9		9 73			172 84		
		70 15				36 49	40				
Jan	L/c pay	35 65		a/p. bdy. C.33068 24/12/2			20				
				Dpch 1959 3 ccD 15.8.17		24 34					
				- 7155 ccHQ 18.7.17		48 69					
				- 413 20 Res 21.11.17		- 4 87					
				- 1055 2 ccD 30/10/17		- 14 84					
				" 1311 3 ccD 1/10/17		- 9 73					
				" 444 20 Res 21/12/17		- 14 60					
						117 05			71 44		
Feb	Dr 130 25/7/17 3 ccD / 3 18/7/17 - 28/7/17	35 65					20				
		7 30									
Feb	18 days P. Pay	20 70		a/c C 64702. 4-2-2			20		72 14		
	Incl. 35 Maintenance	35.							72.49		
Out Sent		28 35					20		71 44		

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. PAY	SER. ALLCE. ENG.
Feby		28 35.		Bal Fwd			20		71 44		
				a/c 1669 23 Res. 27-1-18	17 03.						
		28 35			17 23		20		62 76		
Mch				a/c 1784 " " 15-2-18	7 30				55 46		
				" 1166 3 ccD 14-9-17	29 20	36 50			26 26		Supp L.P. to 1044 FS Bal 26 26
June				D.L. Sailed 3. 28/7/18.	36 50 / 26 26. / 26 26				Nil		

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Married or Single: Single

Place of Birth: Croydon. Surrey. Eng.

Name and Address of Next of Kin: Mr W H Burke, Croydon. Surrey. England.

Relationship of Next of Kin: Father

Name and Address of Next of Kin:

Relationship of Next of Kin:

Separation Allowance Monthly $ — Effective (Date):

Payable to:

Relationship of Dependant:

A.S.P. checked to 31-3-17 & found to be correct - H.W.B.

Casualties, Promotions, &c.

Particulars	Effective Date	Authority
Appt'd L/Cpl	1-4-17	B052.

Admissions to Hospital, &c.

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

Reg'l No. 177426 Rank ~~Pte~~ L/Cpl Name Burke, Brian E

If in Permt. Corps What Unit: Unit 87th Bn.

Transferred to Pay II G. Date 29/4/17. Authority G.R.O. 190 21/4/17.

Permanent Force Allowances

Transferred to Bde Hqs. Date 31/5/17. Authority

Place of Attestation: Camonsville

Transferred to Epsom Det. Date 21/6/17. Authority 71.

Date of Attestation: Nov 3rd 1915

Transferred to 2nd Can. R.D. Date 1-11-17 Authority

1 OKD 1-2-18
on E "D" 1-4-18

Assigned Pay Monthly $ ~~15~~ 20.00 Date Effective A2M #4005 rend. 28-3-17, eff 1-4-17

Payable to Mrs E. Elizabeth Burke. 14 Amberley grove Croydon Surrey Eng. Relationship Mother (Not Dependent)

Assigned Pay Monthly $ Date Effective

Payable to Relationship

D SEP 1918

~~Stop Payment Form~~ (Assigned Pay) ~~Rendered (Date)~~ stopped Effective 1-3-18 Reason Discharged to Canada.

Discharge Date and Place 19-2-18 Canada Reason and Authority G.4.2-1-29. for Disposal

Account Transferred to Non-Effective Branch (Date)

Account Transferred to Officers' Pay Branch (Date)

C.I.

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Rate	Amount $	Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
														43 00	43 00														29 50	29 50	13 50				Balance B/f from Canada
1-31 5/16	31	1.00	31	00	31	10	3	10							34 10	38	15 5/16	85	31 5/16					12 17	7	30		15 00		34 47	13 13				
1-30 6/16	30	1.00	30	00	30	10	3	00							33 00	131	15 6/16	168	30 6/16					7 30	9	73		15 00		32 03	14 10				
1-31 7/16	31	1.00	31	00	31	10	3	10							34 10	213	15 7/16							7 30				15 00		22 30	25 90				
1-31 8/16	31		31		31		3	10							34 10	264	31 8/16							12 17				15		27 17	32 83				
1-30 9/16	30		30		30		3	00							33 00	301	27 8/16							2 62				15		17 62	48 21				
1-31 10/16	31		31		31		3	10							34 10	441 396 847	1-10-16 26-9-16 18-9-16							2 62 2 62 2 62				15		22 86	59 45				
1-30 11/16	30		30		30		3	00							33 00	554	1/9/16							5 23				15	08	20 31	72 14				F.Q.4005, No. 179 - .08
1-31 12/16	31		31		31		3	10							34 10	601	21 11/16	652	7 12/16					2 62	11	33		15		28 95	77 29				
			24	50			24	50																											
1-31 1/17	31	1.00 10	34	10											34 10	700	16/12							2 62				15	25	17 87	98 52				F.Q.4005, No. 1, 31-7-16
1-28 2/17	28		30	80											34 60 30 80	769 721	3 26 1/17							5 23 2 62				15		25 53 22 85	0 83 101 47				
1-31 3/17	31		34	10											37 40 ~~35~~ 34 10	812 869	8 12 19 12	925 788	11 13 20 13					2 62 2 61	2 2	61 61		15		27 5 25	93 45	110	12		
			368	50										43	411	50																110	12		
																								72	97	33	57	~~265~~ 165	19	83	301	38			

A.S.P. checked and found to be correct — H.W. Blake, P/Sgt, 87th Bn.