DECEASED

~~DISCHARGE~~ DOCUMENTS

R. O. No. .....

H. Q. No. .....

Name BURNETT ERNEST

Regt. No. 2238019 Rank pte.

Corps Eng. Depot. R.E. Mus.

Died 6-10-18

52175

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

Attestation Papers..... 2

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge.....

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 1

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

Dental H.S. — 1
G.S.B.122 — 1
M.S.W.113 — 1
1 Orig Will

MY 24.12.18

1

23-4
2-4
11-4

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

ORIGINAL

ATTESTATION PAPER.

No. 2738019

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Burnett
1a. What are your Christian names? ..... Ernest
1b. What is your present address? ..... Citadel, Quebec P.Q.
2. In what Town, Township or Parish, and in what Country were you born? ..... Montreal P.Q. Canada
3. What is the name of your next-of kin? ..... Joseph Burnett
4. What is the address of your next-of-kin? ..... 94 Church Street Quebec P.Q.
4a. What is the relationship of your next-of-kin? ..... Father
5. What is the date of your birth? ..... 24th October 1896
6. What is your Trade or Calling? ..... Clerk
7. Are you married? ..... No
8. Are you willing to be vaccinated or re-vaccinated and inoculated? ..... Yes
9. Do you now belong to the Active Militia? ..... Permanent Force R.C.E.
10. Have you ever served in any Military Force? If so, state particulars of former Service. ..... 36 days, R.C.E.
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
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? ..... No
14. If so, what was the nature of the disability? ..... Not applicable
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? ..... No
16. If so, what was the reason? ..... Not applicable.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Ernest Burnett, 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.

Ernest Burnett (Signature of Recruit)

Date June 2nd 1918. W R Roberts (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Ernest Burnett, 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.

Ernest Burnett (Signature of Recruit)

Date Sept 27th 1918. W R Roberts (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 Quebec this 27th day of Sept 1918.

H Cumyn Capt (Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

MILITARY DISTRICT No. 5 CENTRAL REGISTRY

Description of Ernest Burnett. on Enlistment.

Apparent Age 21 years 11 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 10 ins.

Chest measurement: Girth when fully expanded 37 ins.
Range of expansion 3½ ins.

Complexion Fair

Eyes Blue

Hair Brown

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

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).

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 Sept 26th 1918. D. R. Burns Lt
L. Lavallee Lt
Place QUEBEC P.Q.
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.

Ernest Burnett 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.

J. Clendon Capt CRCC (Signature of Officer)

Date Sept 27th 1918.

Original not available

Fill in only Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps R. C. E. (5 Depot C.E. C.E.F.)

Regimental No. 2738019 Rank Spr. Name Burnett Ernest.

O. E. F.

Became C.E.F. 22.6.18. Became C.E.F. 22.6.18.

Enlisted (a) 16.5.18. Terms of Service (a) Left 1 yr 6 mos. Service reckons from (a) 16.5.18. Enlisted.

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) Clerk

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				
18.9.18.	5 Depot C.E.	T.O.S. from R.C.E. (Nom. Roll.)	Quebec.	18.9.18.	Ledl.
9.10.18.	5 Depot C.E.	S.O.S. Deceased (Influenza + acute Pneumonia)	do.	6.10.18.	Ldo. 22.

Adjutant General.

For A.G. of R.

(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				

No 2738019

MEDICAL HISTORY SHEET.

Surname BURNETT *Christian Name* ERNEST

Examined { on 25th day of Sept 191 8. at Turbe Military Hosp.

Approved by A II } D.R. Brown Lt. L. Lavallée Rank M.O

OCT 25 1918

Birthplace { City or Town Montreal County P.Q.

Apparent age 21

Trade or occupation clerk

Height 5 Feet 10 Inches.

Weight 140 Lbs.

Chest measurement { Minimum 34 inches. Maximum expansion 37 inches.

Physical development good

Small-Pox Marks nil

Vaccination Marks { Arm Right. Left. 1 Number one

When Vaccinated last childhood

(*a*) Marks indicating congenital peculiarities or previous disease nil

(*b*) Slight defects but not sufficient to cause rejection

RY D20
LY D20
Hearing normal

Date	Fit or Unfit	Examined for Re-engagement,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.
		M.O.
		M.O.

Enlisted on 22nd *day of* June 1918 *at* QUEBEC P.Q.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	ENGINEER DEPOT M.D. NO.5.	2738019		JUN 22 1918
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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

M. F. B. 313.

150M.—8-15
H. Q. 1774-39-439.

Surname BURNETT Christian Name ERNEST

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.
Quebec		30	9	18	6	10	18	Influenza & Pneumonia	7	Died	E A Robertson Capt RAMC

District Laboratory of Hygiene
OCT 1 1918
M.D. No. 5, Quebec, P.Q.

No. 4015

M.D.No.5.LABORATORY QUEBEC.P.Q.

URINE REPORT.

No. 2738014

RANK. Sapper

NAME. Burnett

CORPS. 5th Engrs.

WARD. 9

CHEMICAL ANALYSIS.

AMOUNT IN 24 HRS.		BILE.	—
APPEARANCE	Clear	ACETONE.	—
COLOR.	Amber	DIACETIC ACID.	—
REACTION.	Acid	DIAZO.	—
SPECIFIC GRAVITY.	1026	UREA.	—
ALBUMEN.	Nil		
GLUCOSE	Nil		

MICROSCOPICAL EXAMINATION.

Nil

Harry Morey
Capt. A.M.C.
Officer i/c Laboratory Que.

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Corps No 5 Engineer Depot Hospital Station Quebec

No. 2738019 Rank and Name Sgt. Burnett Earnest Age 22. Service 7/12

Disease ~~La Grippe~~ Influenza & Pneumonia Date of Admission 30/9/18 Date of Discharge 6/10/18 Result Died Case Book Folio

Dates of Observation	30	1	2	4	5	6
Days of Disease	1 2	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	1 2 3 4 5
Temperature Fahrenheit (TIME a.m. p.m.)	101.8	101.4	99.2	98.4	99.4	98.4
Pulse per Minute	80 88	96	90 80	80	96	108
Respirations per Minute	18 28	22	24	24	22 20	24
Motions	1		1		2	

Asleep

Asleep

Asleep

CASE HISTORY SHEET.

Mill. Hospital. Quebec Station.

No. 2738019 Rank Sapr. Name Burnett Canl Age 22.

Unit No 5 E. D. Completed years of service Where and how long } 5/12 in Canada

Date of admission 30/9/18 Date of discharge 6/10/18

Diagnosis Influenza & Pneumonia Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE. Admit. Monday morning, complaining of "fever" + bad cough + giving history of having been sick all of preceding week + with cold in head & chest.

Exam. of chest – Shows lungs apparently normal
" heart – normal

Oct 1st – patient feeling better but feverish; is spitting some "rusty" sputum

Patient became cyanosed. – bronchopneumonia spread, respirations became hurried & pulse weak.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.) Expectorants. Strychnine, Digitalin Brandy

CONDITION ON DISCHARGE, Patient died at 4 P.M. 6.10.18

(and disposal made of case.)

Date 6/10/18

E A Robertson Capt
Medical Officer i/c case.

M. F. B. 313a.
200M.—5-18.
1772-39-439.

A11994

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

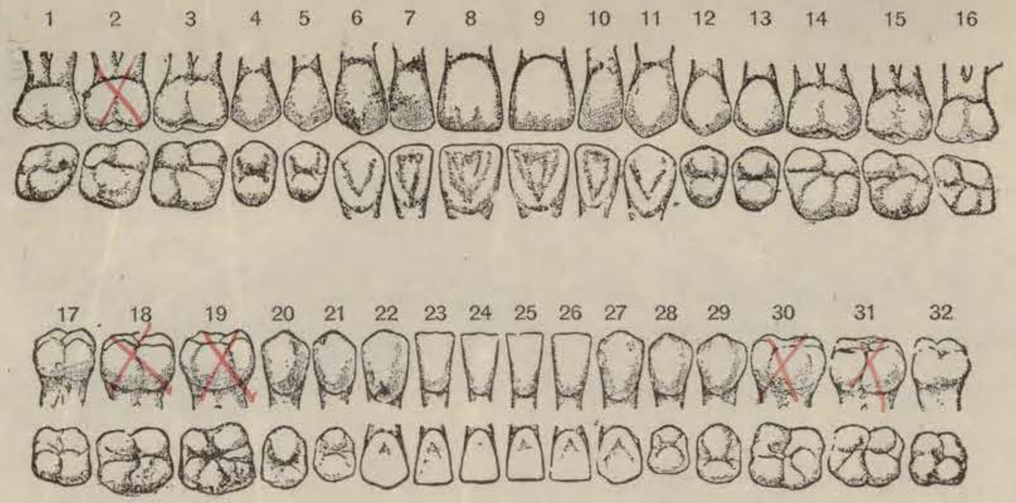
District 5

No. 2738019

Name of Soldier ERNEST BURNETT

Regime ENGINEER DEPOT M.D. No 5 Rank

M.F.B. 465.
100M.—4-18.
177,384,950.



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.

Condition on first Examination	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
Sept 26	1918										7 2.18 19.30 31									F. Stanley Capt.	5	Exc 7.10 Exc 3.14. Refuses treatment

FORM OF WILL

SEE INSTRUCTIONS ON BACK

If you do not specifically mention your life insurance it will be assumed to pass by this will.

CENTRAL REGISTRY
OCT 25 1918

Name, etc. I, ERNEST BURNETT

Regimental number 2738019 Rank ..... serving in the

ENGINEER DEPOT M.D. NO.5. Canadian Expeditionary Force,

declare this to be my last will, revoking all previous wills, if any.

Executor I appoint .....

whose address is .....

to be the executor of this my last will.

General gift I give to Miss Elizabeth Burnett

whose address is 94 Church Street, Quebec P.Q.

all my property not disposed of above.

Date Dated at Quebec this 27th, September 1918.

Signature Ernest Burnett
Signature of Soldier.

Signed and acknowledged by the testator as and for his last will in the presence of us, both present at the same time, who at his request, in his presence and in the presence of each other have hereunto subscribed our names as witnesses.

	1ST WITNESS	2ND WITNESS
Witnesses	Signature Louis J. Gagnon	Signature Edmund Geo. Dore
	Address Hôtel St Louis Quebec	Address Citadel
	Occupation Clerk	Occupation Clerk

M.F.W. 82
100m-6-18
1772-39-983

INSTRUCTIONS

NAME

Give your first names and surname in full. Fill in correctly your rank, regimental number and the name of the unit to which you belong.

EXECUTOR

Appoint as executor some responsible person, preferably a civilian, and if possible someone who is permanently resident in the Province where the property is situate. It is advisable that the person to whom you leave your property should be the executor. For instance, if you leave your property to your wife, you should ordinarily appoint her. One, two or more executors may be appointed, but the appointment of more than two is inconvenient.

LIFE INSURANCE

If you do not wish to pass life insurance by the will this should be stated.

SHARES

If you wish to give part of your property to one person and part to another, write in the blank space a gift of the property of which you want to dispose specially, and then complete the rest of the form. Thus, if you wanted to give your farm and implements to your sister, whose name was Mary Smith, and to leave the rest of your property to your mother, whose name was Elizabeth Smith, you would write into the form what appears in italics below.

For example :—

I give to my sister, Mary Smith, whose address is 154 William Street, Winnipeg, my homestead and farm implements.

I give to.....*my mother, Mrs. Eliz. Smith,*.....

whose address is.....*250 Yonge Street, Toronto,*.....
all my property not above disposed of.

DATE

Do not forget to insert the date on which the will is signed.

WITNESSES

Two witnesses are absolutely necessary. They and the soldier must all be present together when the three signatures are made. It is advisable that the witnesses should be persons permanently resident in Canada, and they must not receive any benefit from the will.

LEDGER NO. 5299 - 282. SERIAL NO. A 11994

REG. NUMBER 2738019 NAME Burnett . E

RANK Spr CORPS 5 E. D

AGE 22 SERVICE 5/12

NAME OF HOSPITAL Military PLACE Quebec

DATE OF ADMISSION 30/9/18

DISEASE (5299.1) Influenza + Pneumonia

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO 6/10/18 IN CATEGORY

M. F. W. 2553.
50m.—6-18.
1772-39-1332.

P. T. O.

REMARKS:

BURNATT, Pte. E. 2738019, 5th C.E.Bn. 649-B-30852

M. & D.	aunt	Miss E. Burnett 94 Church St., Quebec, P.Q.
P. & S.	father	Jos. E. Burnett, address above
Memorial X	mother	Lea Burnett, address above

Ser # 806648

Scroll Desp. MAY 4 - 1917 Reqn. No 2-41287

Canada only.
not Eligible for VA
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H. Q. 649-B-30852

M. D. No. 5

Surname Burnett

T. O. S. 19

Christian names Ernest

D. O. Pt. II of

Regtl. No. 273819 Rank Spr

S. O. S. Dis. 6/10/1918 5

Unit Can Eng Tunnlers

Reason Dec.

Auth. D.O. 22 of 9/10/18 #5 Eng Depot

Next of kin Burnett Joseph

Relationship Father

Address 94 Church St Quebec P.Q.

Also notify:

BORN—Place Montreal P.Q.

Date Oct 24th 1896

ATTESTED—Place Quebec P.Q.

Date May 16th 1918

O/S

R/C

W. 22—100M-7-18. 1772-39-839.

H. Q. .....

M. D. No. 5

Surname Burnett

T. O. S. ..... 19 .....

Christian names Ernest

D. O. Pt. II ..... of .....

Regtl. No. 273819 Rank Pte

S. O. S. ..... 19 .....

Unit Can. Eng. Dpo

Reason .....

Auth. .....

Next of kin Burnett, Joseph Relationship Father

Address 94 Church St.,
Quebec P.Q.

Also notify: .....

BORN—Place Canada, Montreal, P.Q. Date Oct. 24th. 1896

ATTESTED—Place Quebec P.Q. Date Sept. 27th. 1918

O/S .....

R/C .....

W. 22—100M 7-18. 1772-39-839.