

REGIMENTAL DOCUMENTS

NAME

Barter

Harold

REGT. NO.

889785

UNIT

H. Q. FILE NO.

S

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

DESERTION

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

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

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

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

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

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

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

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

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

MEDICAL EXAMINATION (M.F.W. 129)

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

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

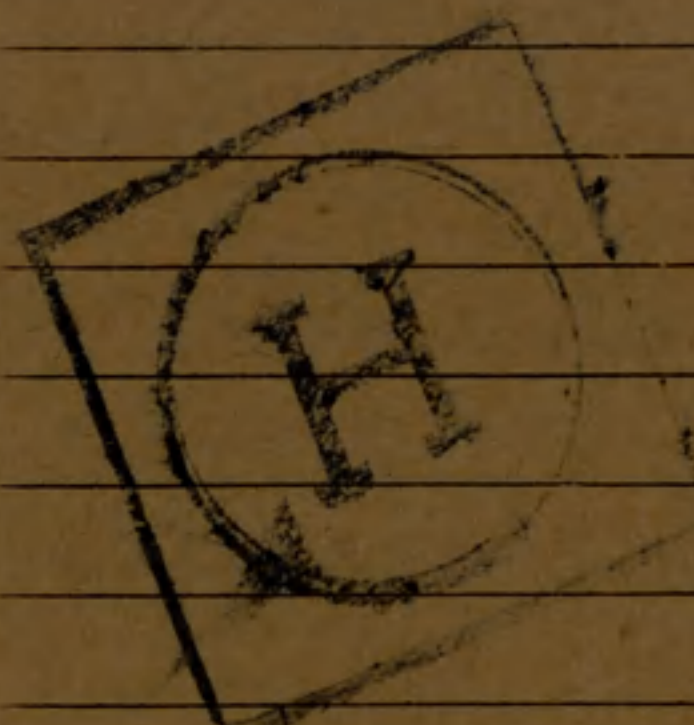
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

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

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

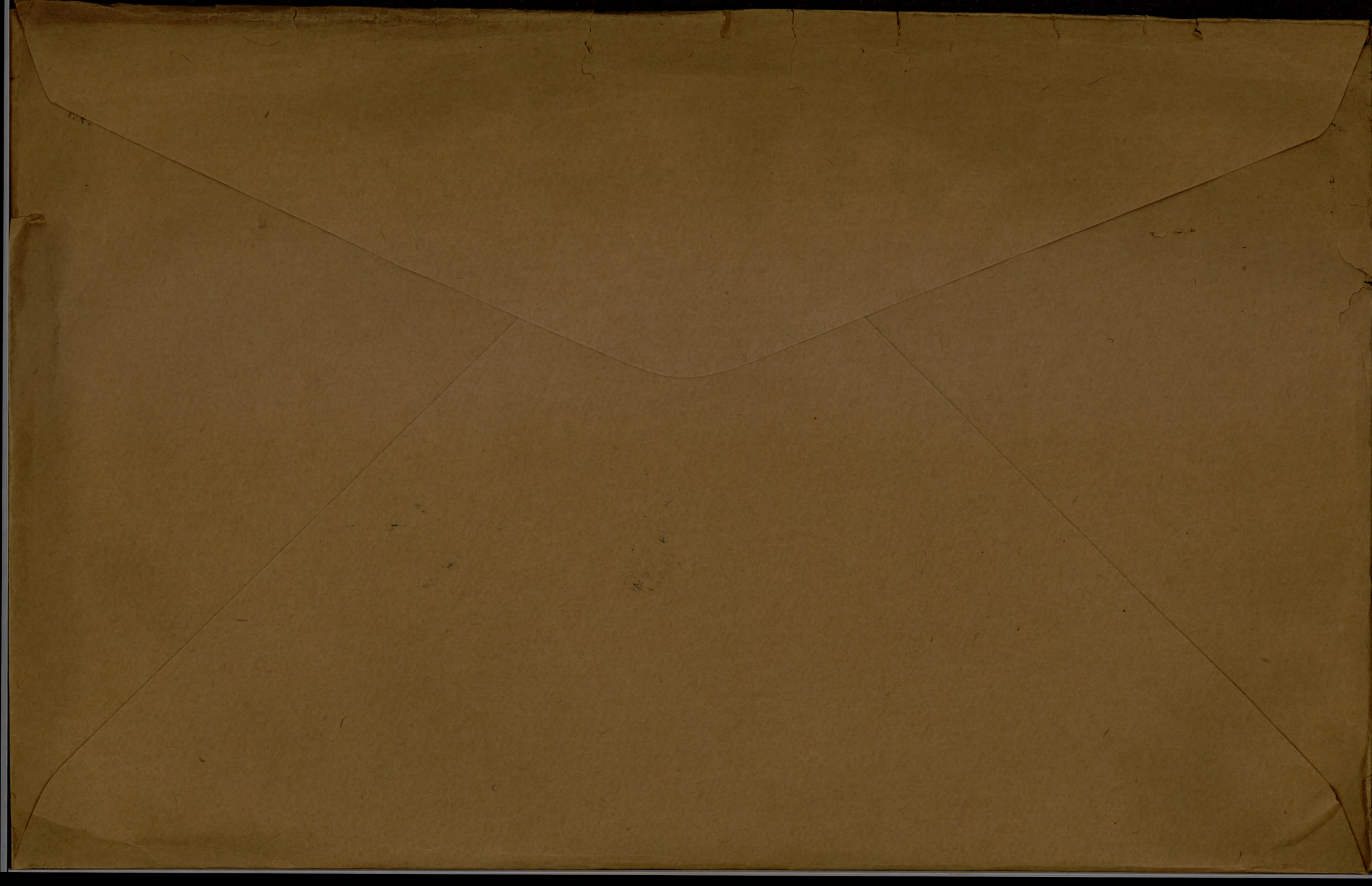
PARTICULARS OF CHARACTER (A.F.W. 3226)

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



9-30
20-30
28-30
1

11 X 27 220



Original
ATTESTATION PAPER.

ORIGINAL

No. *889785*

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? *Barter*
- 1a. What are your Christian names? *Harold.*
- 1b. What is your present address? *Grand Cascapedia*
2. In what Town, Township or Parish, and in what Country were you born? *Grand Cascapedia, Iw.*
3. What is the name of your next-of-kin? *John Barter*
4. What is the address of your next-of-kin? *Grand Cascapedia Iw.*
- 4a. What is the relationship of your next-of-kin? *Father.*
5. What is the date of your birth? *21st Nov. 1897.*
6. What is your Trade or Calling? *Farmer.*
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? *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.*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Harold Barter*, 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.

Harold Barter (Signature of Recruit)

Date *April 12th* 191*6* *Lt. Claude E. R. Caldwell* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Harold Barter*, 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.

Harold Barter (Signature of Recruit)

Date *April 12* 191*6* *Corneon* (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 *Ken Carls* this *12* day of *April* 191*6*
Corneon (Signature of Justice)

Description of Harold Barter on Enlistment.

Apparent Age 20 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 6 ft. 1 ins.

Chest measurement { Girth when fully expanded 38 ins.
 Range of expansion 3 ins.

Complexion Fair

Eyes Brown

Hair Brown

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

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 April 12 191 6

Place New Carlisle P.E.

W. Maguire
MD
 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.

Harold Barter 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.

Date MAY 1 1916 191 6

MACCARTIER

[Signature] (Signature of Officer)
 Lt.-Colonel.
 C.E. 189th Battalion, C.F.F.E.C.

DUPLICATE 896 BAT., F.E.C.

MEDICAL HISTORY SHEET.

Surname

Barter

Christian Name

Harold

Examined

on 12 day of April 1916
at New Carlisle

Approved by

J. H. McPherson
Capt

Birthplace

City or Town Grand Casaparian
County Bonaventure

Rank

M.O.

Apparent age

20

Trade or occupation

Farmer

Height

6

Feet

1

Inches.

Weight

Lbs.

Chest measurement

Minimum 35 inches.

Maximum expansion 38 inches.

Physical development

Small-Pox Marks

Vaccination Marks

Arm Right Left
Number

When Vaccinated last

(a) Marks indicating congenital peculiarities or
previous disease

(b) Slight defects but not sufficient to cause rejection

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.

3/7/16

J. H. McPherson

M.O.

M.O.

M.O.

Date.

Result.

ANTI-TYPHOID INOCULATIONS, ETC.

7/7/16

29/7/16

9/9/16

J. H. McPherson

M.O.

M.O.

M.O.

Enlisted on

12

day of

April

191

at

New Carlisle

Joined on enlistment

CORPS.

189th Batt. C. 64.

REG'TL NUMBER.

889 785

HABITS.

DATE.

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.

400M.—1-16.

H. Q. 1772-39-439.

Barter

Christian Name.

Hand

[illegible]

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

414
 M. F. W. 12
 50m.—7-16
 H. Q. 1772-39-819

To Whom *John W Barter*
 Address *Grand Casapedia*
2ue

By Whom Assigned *Barter Harold*
 Regtl. No. *889785*
 Rank *Pvt*
 Corps *189 Bw*

Rate *15⁰⁰* *Oct 1—16*

OCT - 1 1916

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				

BL(13) 25/4/17 5/5/17
 Pensions Notified DATE.....
wound of wounds
 Killed in Action DATE *11/4/17*
2nd Bershater. 5/5/17

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

Sheet No. 2. *John W Barber*

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

PAYMENTS.

Name of Soldier *Barber Harold*

889785

Pt 184 Bn

Month.	Year.	Cheque No.	Amt.	Remarks.
	1916		<i>15-00</i>	<i>OCT - 1 1916</i>
April				
May				
June				
July				
Aug.				
Sept.				
Oct.		<i>L 24141</i>	<i>15</i>	
Nov.		<i>M 28071</i>	<i>15</i>	
Dec.		<i>E 35491</i>	<i>15</i>	<i>105⁰⁰ LFX 30/4/17 SUB 5/6/17</i>
Jan.	1917	<i>Z 37797</i>	<i>15</i>	
Feb.		<i>S 43780</i>	<i>15</i>	<i>7513104 cancelled name - 5-2-17</i>
March		<i>A 49664</i>	<i>15</i>	<i>15L</i>
April		<i>O 300</i>	<i>15</i>	<i>15E</i>
May		<i>V 6887</i>	<i>15</i>	<i>46887 cancelled</i>
June				<i>acct closed lab</i>
July				<i>SUB 5/5/17</i>
Aug.				<i>105⁰⁰ LFX 26/10/17 SA</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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

CHS Rank Name BARTER Harold
Unit 189th. Bn. If in perm. Corps, }
What Unit? } Married or Single Single
Place and Date of Enlistment New Carlisle. April 12th. 1916. Place of Birth Grand Cascadepedia, Que.
Name and Address, Next-of-Kin John Barter
Grand Cascadepedia. Que. Canada. Relationship Father
Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to

Relationship

Relationship

Discharge, Date and Place

Reason

Character

N/E. R.B. No 3248
File R.L. 26-B-3372
Category D of W.

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. S.S. Lapland.		6-10-16	
11. 10. 16	69th	Taken on strength.	Diego	" " "	Pt 11. 248
18. 10. 16	" "	S.O.S. Trans to 23rd Bn	"	11-10-16 18-10-16	46 254
20. 10. 16	23rd.	S.O.S. from 69th	"	11. 10. 16	" " 259.
27. 11. 16	"	S.O.S. on trans to 14th Bn O'seas	"	27. 11. 16	" " 279
8. 12. 16	14th*BN	Taken on Strength,	Field.	29. 11. 16	Pt, 2, O-81
31. 3. 17	"	App'thance Corporal	"	12. 3. 17	— 31.
23. 4. 17	✓	DIED OF WOUNDS	✓	11-4-17	P.C.L. 2639. Part 2 DO 41 18-4 17
22-5-17	✓	G.S.W. Abdomen	—	—	C.L. 2663.

A.F.B. 103 CHECKED
DEC. 1916

jwb.

[illegible]

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.

Regimental No. 889785 Rank Pte Name Barter Harold

Enlisted (a) 12-4-16 Terms of Service (a) L. of War Service reckons from (a) 12-4-16

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

Extended. Re-engaged. Qualification (b) 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				
		Embarked	Canada	27-9-16	
		Disembarked	England.	6-10-16	
8-10-16	Ant-B. 3796	Transferred to 69 Bn	Orbgate Camp	6-10-16	D.P. II - 248
11-10-16	B.O. 3819	Transferred to 23 Bn	Orbgate Camp		
14-10-16	B.O. 3819	Transferred to 23 Bn C 97	Orbgate Camp	18-10-16	S.O. Int II # 254
27-11-16	23rd Bn.	Transferred to the 14th Bn.	Field	27-11-16	D.P. II 0.297
			W.R. Clarke		Transferred to 69 Bn C 97 for O.C. 23rd Battalion, 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, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

CERTIFIED CORRECT.
12 DEC. 1916
CAN. RECORDS LONDON

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				
	C. B. D.	ARRIVED C. B. D.	FRANCE	29 th /16	N. R. D. 29. 11. 16 PARTIAL ORDERS No. 81. 8-12-16
	C. B. D.	LEFT C. B. D. FOR	14 th bn	1 st /16	N. R. D. 1 st /16
	D. O. C. N.	ARRIVED 14 th BN	FIELD	4 th /16	B. 213 D. 8 th /16. 383.
27. 1. 17.	Unit	1 days I. P. ho 1, 27 th /17, for "ho 1" complying with an order 27 th /17.	do	27 th /17.	Acobq. 20. 3. 1. 17.
17. 3. 17	Unit	Applied Lance Corporal	14 th bn	18. 3. 17.	B. 213. 14. 3. 17. 21. 3. 17.
11. 4. 17	88 tele. S. S.	Died of wounds 1. 15 am	88 tele. S. S.	11. 4. 17	Letter of 11 th /17. K. I. 16. 8. 11. 16. B. 213 424 af H. 213 424 af Chas. B. Maxwell Unit. for Major Deal

Not eligible for Star

56

OLD
BARTER, H. L/CPL.

NO. 889785

649-B-14616.

14th Row.

MEDALS.

The father, John W. Barter, Esq.,
Grand Cascapedia, P.Q.

PLAQUES

(Serial no. 764596.)

The Father, John W. Barter, Esq.,
Grand Cascapedia, P.Q.

C OF S.

The mother, Mrs. John W. Barter,
Grand Cascapedia, P.Q.

as

resp 10³/20 07696

OK 2

190056

JAN 3 1921

Scroll Desp. _____ Reqn. No. 77410

SEP 7 1921

Plague Desp. _____ Reqn. No. 85714

12010
W

REMARKS

DATE
REQUIRED

P.A. OR B.F.

DATE OUT

DATE IN

FILE NO

REG. NO

NAME

bm
F. Number

889785

Rank

4 cpl
Otc

Surname

BARTER

Christian Name

Harold

Units

4th Bn. Can. Inf.

Theatre of War

France

Date of Service

27-11-16

Remarks

(7) John W. Barter, Esq.

Latest Address

*Grand Cascahedik,
P.O.*

Roll No.

200m.-6-21.

Page 18646

DESP. JAN 11 1923
REGN. NO. 131676

Name **Barter Harold** Rank **L3Cpl.**

Reg. No. 889785

Unit 14th Batt.

Next of Kin Canada.

R.L. 25-B-3372

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
11-4-17	DIED OF WOUNDS	22 Cas Clrg Stat.				
		<i>G.S.</i>		A639	M2615	23-4
		<i>Native of Was nw aca G.S. W. A664 A663</i>				

[illegible]

NAME

Barter Harold

REGT'L NO

889785

H. Q. FILE NO. 649-

RANK AND CORPS

L/Cpl.

102nd Ben Troop. 189th Ben

CABLE

FOLLOWS

NO.

FOLLOWS

No.

DATE

NATURE OF CASUALTY

No.	DATE	NATURE OF CASUALTY
M2587.	23-4-17	Died of wounds No. 22 Cas. Clear. Stat April 11th 1917.
A.F.B.	20909	Died of wounds received in action
Rouen	17-4-17	#22 Cas. Clear. Stat B E T France 11th April 1917 (noted 15-6-17)

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

A 639⁽²⁾

22 Cas. Ctg. Stat.

11-4-17

Died of Wds.

Abb 3-2.

Nature of wounds.

23-4-17

b. 8. W. Abdomen

No. 889 785

RANK

Plt-

NAME

Barter Harold

T.O.S. 12-4-16

UNIT

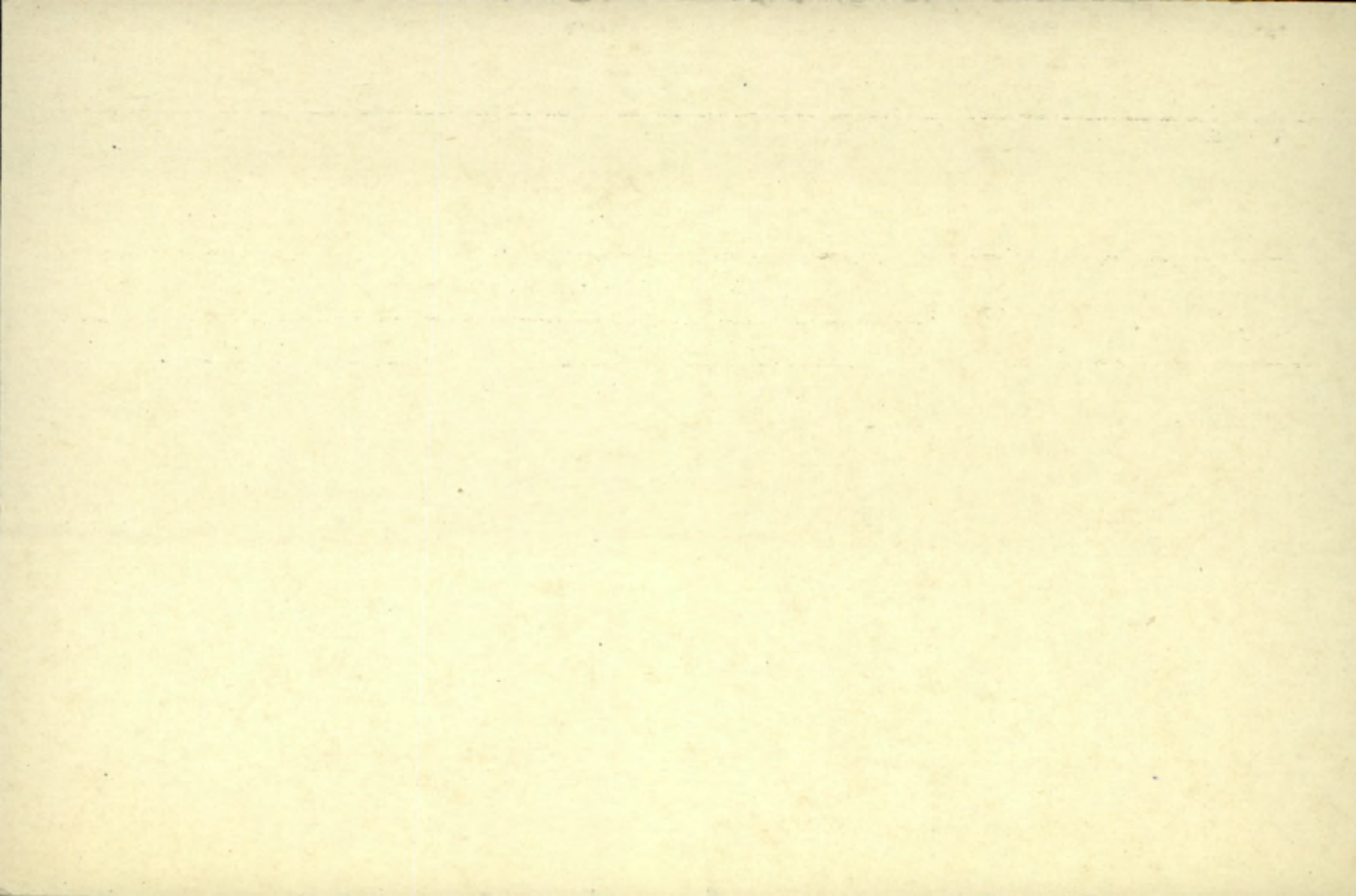
189th Battalion

D.O. 898 17-4-16

M. D. 8-

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
April 12	Apr. 30	✓		
May		✓		
June		✓		
July		✓		
Aug		✓		
Sept		m		

UNIT SAILED
SEP 23 1916



Surname **Barter.** Christian Name or Names **H.** Reg. No. **889735.**
 Rank **L.Cpl.** Unit **14th. Bn.** Co. Troop Batty.
 Hospital Date of Admission

Transferred **22. Cas. Clg. Stn.** Hosp. **11-4-17.**

Hosp.

Hosp.

Hosp.

Diagnosis

G. S. W. Abdomen

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Died of Wds. 11-4-17.

DISPOSITION

Date

C.L. 23-4-17.
22. 5. 17.

A/639.
a. 663(2)

REMARKS

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

P. 559.
MARRIED OR SINGLE

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

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	AUTHORITY
Died of Wounds 11 th	12-4-17	Ch. 639, 23 rd
Appointed L/c	12-3-17	B.O. 31-31-17

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. NO. 889785 RANK

IF IN PERM. CORPS
WHAT UNIT

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION

DATE OF ATTESTATION

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

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

EFFECTIVE

REASON

DISCHARGE DATE AND PLACE

REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

NAME

UNIT

TRANSFERRED TO

DATE

AUTHORITY

TRANSFERRED TO

DATE

AUTHORITY

TRANSFERRED TO

DATE

AUTHORITY

TRANSFERRED TO

DATE

AUTHORITY

TRANSFERRED TO

DATE

AUTHORITY

RELATIONSHIP

RELATIONSHIP

REASON AND AUTHORITY

REASON AND AUTHORITY

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		NO. OF DAYS	RATE	AMOUNT		1		2		3					4					1	2	3	4	CREDIT	DEBIT																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
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Statement of
SPR 10 1917
Account rendered

Cam O.P. 1-10-16 to 30-4-17 \$105.00
H.Q. 593-1-12 Dated 5-5-17

CHECKED
1917 10019 16/10 2/7