ORIGINAL

Unit C. F. A. *Rank* Lieut. *Name* HAGUE, Harry McLeod.

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

1. (*a*) What is your Surname? HAGUE,

   (*b*) What are your Christian Names? Harry McLeod,

2. (*a*) Where were you born? (State place and country) Metis Beach, Que.

   (*b*) What is your present address? 772 Dorchester Street, West, Montreal, P.Q.

3. What is the date of your birth? August 6th, 1899,

4. What is (*a*) the name of your next-of-kin? H. J. Hague,

   (*b*) the address of your next-of-kin? 772 Dorchester Street W., Montreal, PQ

   (*c*) the relationship of your next-of-kin? Father,

5. What is your profession or occupation? Student,

6. What is your religion? Anglican,

7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes

8. To what Unit of the Active Militia do you belong? Nil

9. State particulars of any former Military Service 11 months, Royal Military College, Kingston, Ontario.

10. Are you willing to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

The undersigned hereby declares that the above answers made by him to the above questions are true.

H. McL. Hague (*Signature of Officer.*)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date August 27th., 1918

Place Petawawa Camp., Ont.

Medical Officer.

*Insert here "fit" or "unfit"

M. F. W. 51

40m.—12-15.
H. Q. 1772-39-917.

C.E.F.

HAGUE HARRY MCLEOD LIEUT C F A 00957

DEMOB.

H

3914

H 5850

I.D. number No. d'identification	Surname Nom de famille	Given names Prénoms
LT	HAGUE	HARRY McLEOD

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU PERSONNEL

Location
Lieu 3919

4

H. Q. 74-72-21

M. D. No. H

Surname Hague

Christian names Harry McLeod

Regtl. No. Rank Lieut

Unit C.F.A.

T. O. S. 19

D. O. Pt. II of

S. O. S. 11-2 1919

Reason Demob.

Auth. R.O. 1651 "C"

Next of kin

Relationship

Address

Also notify:

BORN—Place Canada Date Aug 6th 1899

ATTESTED—Place Petawawa Date Aug 29th 1918

O/S

Soldiers address:
772 Dorchester St. W.
Montreal. Que.

R/C 25-1-19 25&4 y Lieut

W. 22-50M.-3-19. 1772-39-839

Number..... Rank... Lieut.....

Surname..... HAGUE.....

Christian Names..... Harry McLeod.....

Unit..... Theatre of War... England.....

Dates of Service... 4.9.18. - 18.1.19.....

Remarks..... 772 Dorchester.....

Latest Address: ~~38 Mountain St.~~.....

Montreal, Que.

Roll No. A

Page 64

Ga 16789 Okla JUN 20

*Name HAGUE Harry McLeod Rank Lieut. Regtl. No.

Original unit C.F.A. Present unit DD/4 M. or S. Age 19 Religion C of E Fyle Depot 22-Off. 663 Ref. H.Q.

Port, ship, and date of arrival Aquitania Halifax Jan 22/19

Next of kin (Father) N.J. Hague 772 Dorchester St West Montreal

Address on leave as above

Address on discharge as above

Transportation issued Yes / No Date Character on discharge

Previous occupation Student Date and place of enlistment July 21st/1918 Montreal

Diagnosis Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
6-2-19	T.O.S. From O/S On Gen. Demob. and posted to Cas. Coy.	
	effect. 18-1-19. Auth. R.O. 763	37 P 3

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

(over)

Date.	Remarks.	Pt. 2 Order No.
~~18-2-19.~~	~~S.O.S. On return to his former Active Militia Unit~~	
	~~(On Gen.Demob.) an effect. 7-2-19. Auth. R.O. 1627~~	~~44 Page 4~~
18-2-19.	S.O.S. On return to his former Active Militia Unit	
	effect. 11-2-19. Auth. R.O. 1651	49 P 2

M.F.W. 192
150M—6-18.
1772-39-1243.

D.M.S. 1375.

Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty.

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

Rank LIEUT Name Harry McLeod Surname HAGUE

Unit or Corps C R A (If a soldier) Regtl. No.

Born at Little Metis PQ on, date 6 Aug 1899

Signature (for identification) H. McL Hague

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

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe.

Weight 140 lbs. Height 5 ft. 10 ins. No

2. **NUTRITION AND DIATHESIS?** healthy

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

3. **NERVOUS SYSTEM?** No

4. **RESPIRATORY SYSTEM.** No

5. **HEART?**

Abnormal Sounds? Nil

Abnormal Size? Nil

Pulse Rate? 70 Intermittence or irregularity? Nil

6. **ARTERIES.**—Any hardening?

7. **DIGESTIVE SYSTEM?** No

8. **GENITO-URINARY SYSTEM?**

Urinalysis—s.g.? 1020 Reaction? acid Albumen? Nil Sugar? Nil

9. **SKIN, MIDDLE EAR, EYE** or any other part? No

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. No

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

Examined at Kamouraska Que

Date 13 — 1 — 22

Signed [illegible] M.O.

Signed [illegible] M.O

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

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 3

NAME OF SOLDIER Hague H. M.

REGIMENT R. M. C. RANK Lieut. No.

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	Pyrrhea	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
Condition on first Examination	1918 Aug 27	2 5 10	6 3 12 18 31								3 4 5 15								1 6-8	Capt McIntyre	3	Complete

M.F.B. 465
2M 1-17
1772-39.960

DEPARTMENT OF HISTORY
CARNEGIE MELLON UNIVERSITY
PITTSBURGH, PENNSYLVANIA 15213

CANADIAN EXPEDITIONARY FORCE

J.B.C. 6-20.
K.A.F.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Lieutenant

(Name in full) Harry Malcolm [illegible],

Enlisted in Canadian Field Artillery.

CANADIAN EXPEDITIONARY FORCE, on the [illegible]

day of [illegible] 191 AND WAS APPOINTED to COMMISSIONED RANK

in Canadian Field Artillery.

CANADIAN EXPEDITIONARY FORCE on the Twenty First day

of July 1918.

He SERVED in CANADA, and England with the Canadian Field Artillery.

and Seventy Brigade, Canadian Field Artillery.

and was STRUCK OFF THE STRENGTH on the Eleventh day

of February 1919 by reason of General Demobilization.

Dated at Ottawa, this Tenth day

of October 1919.

J. Deamudly Lieut.

for Director of Personal Services.

M. F. W. 2618a.
'30m.—4-19.
1772-39-1428.

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

ORIGINAL

MEDICAL HISTORY SHEET.

Surname HAGUE *Christian Name* HARRY McLEOD

Examined { on 27th day of August 1918
at Petawawa Camp, Ont.

Approved by

Rank Major M.O.

Birthplace { City or Town Metis Beach, Que.
County Matane

Apparent age 19 years

Trade or occupation Student, R.M.C.

Height 5 Feet 9½ Inches.

Weight 139 Lbs.

Chest measurement { Minimum 32 inches.
Maximum expansion 3½ inches.

Physical development Good

Small-Pox Marks Nil

Vaccination Marks { Arm Right. Left.
Number 0 3

When Vaccinated last July, 1917.

(a) Marks indicating congenital peculiarities or previous disease Scar on right arm

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

Date.	Fit or Unfit.	Examined for Re-engagement.	
		Vision O.K. R. D.20 L. D.20	M.O.
		Hearing O.K.	M.O.
			M.O.
	Fit 21/3/18	Lt Barnett Capt Barnes	M.O.
		O.C. Rank Capt	M.O.
			M.O.
			M.O.

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

Date.	Result.	Anti-Typhoid Inoculations, Etc.	
5.10.18	TAB 2		M.O.
			M.O.
			M.O.

Enlisted on 21st *day of* July 1918 *at* Kingston, Ont.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	C.F.A., C.E.F.			
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Kingston	13-1-19	Int	A [illegible]

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.

Surname Hague Christian Name Harry McLeod

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			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.
		Day	Month	Year	Day	Month	Year				

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 ..... C.F.A., C.E.F.

Regimental No. ..... Rank Lieut. C. E. F. Name HAGUE, Harry McLeod,

Enlisted (a) 21-7-18 Terms of Service (a) Can. Exp. Forces Service reckons from (a) 21-7-18

Date of promotion to present rank } 21st July/18 Date of appointment to lance rank } - Numerical position on roll of N. C. Os. } -

VIC.

Extended ..... Re-engaged ..... Qualification (b) 1 year course, Royal Military College, Lieut.

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	Montreal	30/8/18	H.M.T.
		Arrived	Liverpool	16/9/18	"Saxonia"
SEP 26 1918	RES BDE. C.F.A.	T.O.S. FROM Canada and on Com Frenham	WITLEY.	SEP 24 1918	P.T. II D.O. No. 269
SEP 26 1918	RES BDE. C.F.A.	off Com Frenham	WITLEY.	SEP 24 1918	P.T. II D.O. No. 269
9/1/19	Res Bde C.A.A.	S.O.S. now proceeding to Kinmel Park, Rhyl, for transfer to Canada	Bordon	8/1/19	A.II #9
		H.M.T. AQUITANIA MBKD, LVP'L. JAN. 18. 1919 DEBKD. HAL. IX. N.S. JAN. 24. 1919			

G. Hague
LIEUT. & ASST. ADJT.
For O.I.C. CAN. SCHOOL OF GUNNERY.

(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				
11-2-19	H.Q. Ottawa	T.O.S C E & Canada Gen Demobn	T M D 4	18-1-19	C E & R O 1634 — 19
15-2-19	H.Q. Ottawa	S O S. C E & Canada Gen Demobn.	M D 4	11-2-19	C E & R O 1651-19
		S O S.	11.2.19.		D Macpherson Lieut. for D. A. G. Personal Services

Director of Personnel and Administrative Services,
Department of Veterans Affairs,
Ottawa 4, Ont.

Attn: M. Cameron

PUBLIC ARCHIVES RECORDS CENTRE
JUN 16 1964
OTTAWA, ONT., CANADA

Department of Veterans Affairs

STATEMENT OF SERVICE

IN THE

CANADIAN ARMED FORCES

Service Rank and/or Number LIEUT. Name HAGUE, Harvey McLeod

1. Branch of Service: ARMY - C.F.A - C.E.F.
2. Date and Place of Birth: 6 Aug 1899 - Metis Beach, P.Q.
3. Date and Place of Appointment, Enlistment or Enrolment: 21 July 1918 - Kingston, Ont
4. Theatres of Service: Canada - Britain
5. Date and Place of Retirement or Discharge: 11 Feb 1919 - Montreal, P.Q.
6. Type of Retirement or Discharge: Honourable
7. Rank on Retirement or Discharge: LIEUT.
8. Medals and Decorations: British War Medal.
9. Remarks: Nil

Date: .....

.....
Head, Reference Section

DVA 812 Rev. (6-63)

Forms R 150.
9594—2½m—30/5/17

Surname HAGUE **Christian Names** Harry McLeod

Rank T/Lieut.

Promotion

Name and Address of Next-of-Kin
H.J.Hague (father)
772, Dorchester St. W.
Montreal, Que..

Unit Can.Arty.

Place of Birth

Married (Yes or No)

Appointments

Date of leaving Canada 4-9-18. RL.28-15. 7/92 95/127 **Date and Cause of Resignation**

	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				
1	26.9.18	Res.B.C.R.A.	T.O.S.on arrival from Canada		4.9.18	Pt.II O/269.
2	9.1.19	do.	S.O.S.on posting to C.A.R.D. having proceeded to Rhyl for R.T.C.		8.1.19	Pt.II O/9.
	1.19	C.A.R.D.	Detached to Rhyl A.S.C.		18.1.19	Pt II No 28
3	28.1.19	C.A.R.D.	S.O.S.on transfer to the C.E.F. in Canada		18.1.19	Pt.II O/28 Sailing No 7.

11918

Report		Record of Promotions, reductions, transfers, casualties, etc., during active service. The authoriiy to be quoted in each case.	Place	Date	REMARKS. Taken from Official Documents
Date	From whom received				

FORM P. 15. 12519—16M—1-3-18 H.W.V.Ld.—3717-18.

ASSIGNED PAY. | UNIT. NAME OF | RATE OF P. AND A. | RANK. | DATE AUTHORITY | NAME.

11.

Beneficiary — Address — Amount. $ — Separation Allowance issued. Yes or No.....

UNIT: P.B.C.O. C.R.A. Wilby

RATE OF P. AND A.: Pay 2nd ~~1st~~ 1st — F.A. ~~2nd~~ 1st — Messing 1st

RANK: Lieut

DATE AUTHORITY: Landed 16/9/18 AOs 8:139 10/10/18 m 79.15

NAME: Hague — Initials Harry McLeod — Bank ~~of Montreal~~ Bank of Montreal ~~Hochelaga Sq~~ Wbo. Place 18/11/18 & Off 18/11/18

Adat Outfit Allce 1 9/19

1918-19

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1918								
Sept 21	Advance £20 Direct	9239		97 33.		97.33		
Oct 16.	by Sale in Canada	Vo 426.	17 60					
16	P & A fr 1/8 - 31/10/18. Mess fr 16/8 - 31/10/18.	Vo 15244	20 4 60.					
16	Bank.	10181		12 87		—	To L3 fr 11 Nov 1918.	
17	Outfit Allce.	8485					20-10-11 Hold $40.00 for War Loan 8&B 21/11/18.	
Nov 21	Nov Pay (R) + E.F.A. fr 12/11/16 30/11/		140			40		
	Bank	12605		100 —		—		
Dec 5	1st Inst C.V.W.L. 1918. List 42 Dec. V468.			40				
12	2 " " " " " 130 " " 2573			40			2nd Allotment War Loan 13/12/18	
	Dec Pay (R)	~~13759~~	124					
	Bank.	13759		84		—		
1919 Jan 10	Adt Jan.. P.+A.	Bank. 14664		124			RETURNED TO CANADA L.P.C. TO 31/1/19 TRANSFER TO N.E. LEDGER	
11	Jan Pay R.		134			0		
Mch 4	Rations 18-18/1/19	Rsg6					Issues fr. L17 - L12 6/2/19	

5/6

FORM P. 15. 12519—16M—1-3-18 H.W.V.Ld.—3717-18.

ASSIGNED PAY.	UNIT. NAME OF	RATE OF P. AND A.	RANK.	DATE	AUTHORITY	NAME.
Beneficiary	C R A Willey	Pay 2 00	Lieut			Name Hague
Address		F.A. 1 00				Initials H. W. L.
		Messing 1 00				Bank of Montreal
Amount. $						
Separation Allowance issued. Yes or No.....						

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No.

2 Rank. LIEUT

3. Name. HAGUE Harry McLeod

4. Unit.

5 Date of Discharge | Place

6 Reason for Discharge Res Bde Coy A
Cat Father
Student

7. Authority. Montreal

8. Proposed Residence after Discharge 772 Dorchester St W

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.?

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place H. M. T. 'AQUITANIA'
EMBKD. LVP'L. JAN. 18. 1919
DEBKD. HALIFAX. N.S.
JAN, 24. 1919

Date

Signature
(O. C. Discharging Unit.)

Lieut HAGUE Harry McLeod Res Bde C.F.A.

11-2-19

M.F.B. 218a—300M.-11-18—1772-39-113.

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

AUDITOR | PAYMASTER: Aaw

M. OR S.

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

REGT. No. | RANK Lieut | NAME (IN FULL) HAGUE Harry III (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

#29

PARTICULARS	EFFECTIVE DATE	AUTHORITY
T.O.S		
from O/S		
Posted to CASE	18-1-19	Do 37/13

ORIGINAL UNIT C.E.F. CFA | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 21-7-18. ~~Brantford~~ | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY, $ Nil | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 772 Winchester St West Brantford Ont

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE S.O.S To A.M.L.Vet | DATE 11-2-19 | REASON Gen Demob O/1651 | AUTHORITY Do 49/2 | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	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.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
1919																																		
Balance from previous account																													380				Dr 206 380 ✓
1-2-19	11	2.00 1.00 1.70	33	00	18	70			51	70																								
																													~~Dr 200~~					
																													144 70		93 00			W.S.G.
					Other Credits	W. S. C.	S. A.	Total																		Other Charges	W. S. G.	S. A.	Total			Balance Soldier	Dependant		
						276 00		276 00																			93 00		93 00			183 00			
17/5/19																											90 00		90 00			93 00		304555 ✓2
11.6.19																											93		93			—		304637 ✓3
																													276					✓ Final

War Service Gratuity 14090

60m.-11-18. L. L. 51777. M. & D. 9585.

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

AUDITOR | PAYMASTER

M. OR S. | PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES | REGT. No. | RANK Lieut. NAME (IN FULL) HAGUE. HARRY McLEOD

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.F.A. | IF IN P. F. WHAT UNIT? | (BLOCK LETTERS, SURNAME FIRST)

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY, $ | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS | 772 Dorchester Street West. Montreal

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE Montreal. | DATE 11-2-19. | REASON G.D. | AUTHORITY R.O. 1651 | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F. A. NO. OF DAYS	RATE	AMOUNT $ C.	OTHER CREDITS $ C.	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.	TOTAL DEBITS $ C.	BALANCE DEBIT $ C.	BALANCE CREDIT $ C.	PARTICULARS OR REMARKS
1919.																		
Balance from previous account August.	36	3.00	108 00		108 00			87447			108 00				108			Pd. 21/7/18 to 25/8/18 @ 3.00 per diem. Authy A.P. 7725-H-7 dated 2-8-19. M.D.H. 11-H-314 (M).
16.2.19											108 00				108 00			NQ 74-72-21 dated 9/12/19 Above credits to be cancelled
1922			108 00												216 00	108 00		Refund requested 21/7/20 Authority now granted to adjust accounts from ~~opening~~ pay & allowances from date of appointment as NQ 74-15-30 Pte to folios 81782. Pd a. 21-7-18 to 25-8-18 = 36 days @ 2.- $9360
July 28		9360	201 60														14 40	

Non Effective Ledger

DEMOBILIZATION Pay Section AUG 6 1919 Military District No. 4 MONTREAL.

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

C.A.D.C. 5009 A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

M.D. 4

NAME OF SOLDIER (Block Letters) Haque H.M.

REGIMENT C.F.A. RANK Lt No.

Date of Examination in England 13-1-19 | Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

PRESENT DENTAL REQUIREMENTS

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

HAS HE EVER REFUSED DENTAL TREATMENT?

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "*Yes*" where applicable to any or all of *a*, *b* or *c*.)

(a) In Canada

(b) In England no

(c) In France

CANADIAN DENTAL CORPS ORDERLY 9 JAN 1919 ROOM KINMEL PARK CAMP, RHYL

Signature of Dental Officer R. LaRocque Capt

M.L.

CANADIAN EXPEDITIONARY FORCE.
LAST PAY CERTIFICATE.

Regt'l No. ..... Rank Lieut. Name Hague Harry M.

Unit C.F.A. who was S.O.S.

On II/2/I9 191 to Act. Mil. Unit.

The following is a Statement of the account of the above named from I/2/I9 to II/2/I9.

	Dr.	Cr.
Dr. L.P.C.	3 80	
Bal. Dr. or Cr. from prev. month		
Regt'l Pay II days at $ 2.00		22 00
Field Allce II days $ I.00		II 00
Sep'n Allce		
Clothing Allce		
Post Discharge Pay		93 00
Other Credits Subs. II Days. @I.70		I8 70
Advances		
Sep'n Allce and Assigned Pay Cheque No. ~~88544~~ ~~I40~~ ~~90~~		
Other Charges		
Bal. on trans. or on disc. cheque No. 22544	I40 90	
Total	I44 70	I44 70

A monthly stoppage of ..... has been paid on account of Assigned Pay for the month ..... 191 (to) Assignee .....

Sep'n Allce for the month NIL. 191

(Address) .....

REMARKS:-

State (1) date of enlistment July 2I/I9I8.

(2) Sep'n Allce entitled or not NIL. Reason for disc. D.D.49/2

(3) Authority for disc or trans.

I have carefully examined this Statement of account and find it to be a correct extract from the Pay account of the Officer or soldier

Date .....

Place .....

.....
O.C. Demobilization Pay Division Military District

Paymaster.

FEB 21 1919
DEMOBILIZATION
PAY DIVISION

M.F.W.44.

C.A.D.C. 5009 A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) HAGUE H. McL.

REGIMENT C.R.A. RANK Lieut No.

Date of Examination in England 6/1/19 Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

1. **This form will be made out for each individual at the time of Demobilization in England or France.**
2. **Figures as per chart will be used to designate teeth concerned.**
3. **In reference to Partial Dentures the numbers of teeth thereon will be stated.**

PRESENT DENTAL REQUIREMENTS

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

HAS HE EVER REFUSED DENTAL TREATMENT? No

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "*Yes*" where applicable to any or all of *a*, *b* or *c*.)

- (*a*) In Canada
- (*b*) In England
- (*c*) In France

Signature of Dental Officer M A McLaren Capt