ORIGINAL

931583

ATTESTATION PAPER.

No. 2 CONSTRUCTION, B'n. C.E.F.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Harris.
1a. What are your Christian names?	Arnold, William.
1b. What is your present address?	Revelstoke, B. C.
2. In what Town, Township or Parish, and in what Country were you born?	St. Catherine, West Indies. (Jamaica)
3. What is the name of your next-of kin?	Mrs. A. W. Harris.
4. What is the address of your next-of-kin?	Revelstoke, B.C.
4a. What is the relationship of your next-of-kin?	Wife.
5. What is the date of your birth?	Oct. 17th 1887.
6. What is your Trade or Calling?	Mechanic.
7. Are you married?	Married.
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, Arnold, William, Harris., 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.

A W Harris (Signature of Recruit)

Date Sept. 19th 1916. Japhet Alexander (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Arnold, William, Harris., 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.

A W Harris (Signature of Recruit)

Date Sept. 19th 1916. Japhet Alexander (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 Revelstoke this 19 day of Sept. 1916

H Mattson (Signature of Justice)

M. F. W. 28
750M—8-16
W. O. 1778-89-841

Description of Arnold William Harris on Enlistment.

Apparent Age 29 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 7 1/2 ins.

Chest measurement.
- Girth when fully expanded 40 ins.
- Range of expansion 4 ins.

Complexion Clear

Eyes Brown 20/20

Hair Black

Religious denominations.
- Church of England Yes
- Presbyterian
- Methodist
- Baptist or Congregationalist
- Roman Catholic
- 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 19 1916 W R Sutherland

Place Revelstoke, B. C.

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.

Arnold W Harris 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.

D R Sutherland (Signature of Officer)

Date Nov 13th 1916.

24-4-19 Pte

REGIMENTAL DOCUMENTS

NAME Harris Arnold William REGT. NO. 931583 UNIT 2nd Cont Bn. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)				
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				
	TRAINING HISTORY SHEET (M.F.W. 113)				
1	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)				10012
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)				
1	DENTAL HISTORY SHEET (M.F.B. 465)				
2	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)				
	MEDICAL EXAMINATION (M.F.W. 129)				
1	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)				
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)				
	PARTICULARS OF CHARACTER (A.F.W. 3226)				
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)				
1	M.F.W. 2571				
1	A.W.A.L. 1376				
1	C.A.W.L. 5009				
1	Certificate				
1	Rings				
1	Pay				

NON-EFFECTIVE BY DEATH

Category I

DISCHARGE

Category Demob.

DESERTION

1/9 — 4

30 — 4

31 4

1

M

I

W. 2589
100M-11-18
1772-39-1377

CARD NO. V

11

S.O.S. dis. 26-3-19
Demob ~~FOLL.~~ # 11.2010
S.O.S. 87 28-3-19

SURNAME. Harris

CHRISTIAN NAMES Arnold William.

REGL. No. 931583. RANK Ste.

UNIT No. 2. Construction Bn.

FORMER CORPS Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Harris, Mrs. A. W.

RELATIONSHIP TO SOLDIER Wife.

ADDR 161-12th. Ave. E. Vancouver B.C.

B 459 Burnaby St, Vancouver, B.C.

2R. S.a.a.P. 4-3-18 2-17.

COUNTRY OF BIRTH B.W.I. St. Catherine. DATE Oct. 17th. 1887.

PLACE OF ATTESTATION Windsor, Ont. DATE Nov. 7th. 1916.

R/C 25-1-19 238/22 II Pb

L. L. 6945. M. & D. 6994.

M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

From Halifax per S.S. Southland arr. 28/3/17.

MARRIED Yes. SINGLE WIDOWER

TRADE OR CALLING Mechanc. RELIGION Church of England.

DESCRIPTION.

APPARENT AGE 29. YEARS Not stated MONTHS

HEIGHT 5 FEET 7 1/2 INCHES

CHEST MEASUREMENT 40. INCHES EXPANSION 4. INCHES

COMPLEXION Dark. EYES Brown. HAIR Black.

DISTINGUISHING MARKS Not stated.

MEDICAL EXAMINATION. PLACE Windsor, Ont. DATE Sept. 19th. 1916

Present Address - Revelstoke, BC.

No. 931583. RANK Pte NAME Harris Arnold W.

T. O. S. 19-9-16 UNIT No 2. Construction Battalion

D. O. 76 13-11-16

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Sept 19	Nov 30	✓		
Dec.		✓		
1917 Jan	1917	✓		
Feb.		✓		
Mar		✓		

Number 931583 Rank PTE

Surname HARRIS

Christian Name Arnold William

Units C.O.R.C.C. Theatre of War France

Date of Service 14-5-17

Remarks

Latest Address 2749 Main St. Vancouver B.C.

Roll No. B Page 12634

200m.-2-21.M.

O/S

LEDGER NO. 180-927 SERIAL NO. A48806

REG. NUMBER 931583 NAME Harris a W. IV

RANK Pte CORPS 2 Cas Co.

AGE 30 SERVICE C 6/12 E 1/12 F 1 10/12

NAME OF HOSPITAL Shaughnessy mil PLACE Vancouver BC

DATE OF ADMISSION 1.3.19

DISEASE Macro Cyslitis - Debility

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO 25 3 19 IN CATEGORY

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

P. T. O.

REMARKS:

MILITIA AND DEFENCE

M. F. W. 11a.
50m.—4-16.
1772—39—818.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2. Ada Harris Wife

Name of Soldier Harris A. W. Gte

PAYMENTS.

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		~~K 26916~~	~~48~~ 68	48 K 26916 Cancelled 31-1-17.
Jan. 16	1917	N. 30024	68	68 R. Tillicum P.O. W.H.L.
Feb.		N 32181	20	Mailed 18-1-17 20
March		N 35331	20	20
April		P 1046	20	20
May 19	M.G.	O 4175	20	20 Box 311-1902 Chambers St Victoria B.C.
June		R 8066	20	20
July		Q 11416	20	20
Aug.		Y 14387	20	20
Sept.		Y 17851	20	T
Oct.		F 20983	20	Ro
Nov.		C 23606	20	Ro 10553 Bermaya St Box 414 27/11/17
Dec.		F 27956	20	44 $288.00
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2 Mrs Ada Harris
(Assignee)

L. L. Job 5470—Req. 6888.

PAYMENTS.

Name of Soldier Harris Arnold William
No 931583 Pt No 2 const Bn

15-00

APR 1917

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		Z 4853	15	
May		H 8561	15	~~1902 Chambers P.O. Box 34 Victoria BC~~ ~~24/5/17 R.C.A.~~
June	15th	O 15377	15	
July		P 221.64	15	Ba
Aug.		P 29451	15	
Sept.		Y 36069	15	6
Oct.		N 42013	15	
Nov.		H 49872	15	
Dec.		L 58932	15	$135.00
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

CANADIAN
ASSIGNED PAY AUDITED
OK J. Moore
AUDIT CLERK
DATE 6/6/19

Vancouver, BC.
Box 484.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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

L-L.Job 5470—M. & D. 6888

~~450 Burnaby,~~
~~Vancouver~~
~~Box 481.~~ ~~B.C.~~

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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

wpt

To Whom Mrs. Ada. Harris

Address ~~Revelstoke~~
~~902 Chambers. P.O. Box~~ ~~B.C.~~
~~Victoria B.C.~~

Rate 15.00

APR 1917

Box 489, Vancouver, B.C.

By Whom Assigned Harris Arnold William

Regtl. No. 931583

Rank Pt

Corps No 2 const. Bn

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				

CONSOLIDATED ACCOUNT 7

CANADIAN
ASSIGNED PAY AUDITED
F. M. Rose
AUDIT CLERK
DATE 6/6/19

L. L. 28912. M. & D. 8368.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
25m.—10-17.
H. Q. 1772-39-819.

To Whom Mrs Ada Harris
Address P.O Box 311.
Victoria
B.C.

Rate $35.00

SPECIAL REMITTANCE

By Whom Assigned Harris A W
Regtl. No. 931583.
Rank pte.
Corps 2 Con Bn.

Sched 465 26.11.17

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915 1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		947564	35—	Mailed 19.12.17
Jan.	1916			
Feb.				
March				

CASE HISTORY SHEET.

Shaughnessy Milty Hospital. Vancouver B.C. Station.

No. 931583 Rank Pte Name Harris Arnold Wm Age 30 Cof E Mc

Unit 2 C.C.C. Completed years of service (Where and how long) C 6/12 C 1/12 F 1 10/12.

Date of admission 1-2-19 Overseas. Date of discharge 25.3.19

Diagnosis Debility. Place of origin France.

CONDITION ON ADMISSION AND PROGRESS OF CASE. Complaints: weeping both Eyes: lacrymal obstructed: Nasal duct.

History - France Mch 1917. July 1918. Eyes inflamed. Hospital Rouen 3 wks. Returned to duty. Came on till armistice. Now Evacuated to Canada.

C.O.A. L.C. very good. Heart & lungs normal. Has no trouble excepting Eyes. All other systems normal.

28.2.19. Ex. by Capt Saunders who advises op. & transfer to Ottawa.

2.3.19 Transferred to Ottawa for operation

25.3.19 Discharged to Unit B2.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

Nil.

TREATMENT

(Especially any specific or special form.)

Operation

CONDITION ON DISCHARGE, Fit Discharged to Unit

(and disposal made of case.)

Date 25.3.19

Medical Officer i/c case.

M. F. B. 313a.
200M.—5-18.
17M-39-439.

A43886

[illegible]E HISTORY SHE[illegible]T.

Military [illegible] Hospital. Vancouver Station.

No. 931583 Rank Pte Name Harris A W Age 30

Unit 2 C C C. Completed years of service (Where and how long)

Date of admission March 3/19 Date of discharge 12-3-19

Diagnosis Stenosis Punctum Lachrymale Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

Complains Epiphora which has troubled him since about July 1918. Has treated off & on several times with temporary relief.

Exam Both punctum very much stenosed especially the right which is practically closed.

March 6/19 ~~Both~~ punctum incised also lacrym opened canaliculi

March 11/19 Kept open by daily probing

Examination No 5 probes lachrymal duct sore & nasal duct easily. also easily patent to argyrol.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

597.

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE,

(and disposal made of case.)

Date

E. S. Austin Capt

Medical Officer i/c case.

M. F. B. 313a.
100M.—6 18.
1772—39-439.

DUPLICATE. 931583

MEDICAL HISTORY SHEET.

Surname Harris. *Christian Name* Arnold, William,

Examined { on 19th day of Sept. 1916
at Windsor Ont.

Birthplace { City or Town St.catherine W.I.
County

Apparent age 29

Trade or occupation Mechanic.

Height 5 Feet 7 1/2 Inches.

Weight 180 Lbs.

Chest measurement { Minimum 40 inches.
Maximum expansion 4 inches.

Physical development Fit

Small-Pox Marks None

Vaccination Marks { Arm Right 0 Left 0
Number 0

When Vaccinated last 1911

(a) Marks indicating congenital peculiarities of previous disease None

(b) Slight defects but not sufficient to cause rejection
Both Eyes 20/20
None

Approved by [signature]
Rank Capt A.M.C. M.O.

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.
17/2/17		[illegible] M.O.
23/3/17		[illegible] M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
26/2/17	L+H R	[illegible] M.O.
23/3/17	L+H R	[illegible] M.O.
3/4/17	L+H R	[illegible] M.O.

Enlisted on 19th *day of* Sept. 1916 *at* Revelstoke, B.C.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	#2 Coast Bn	931583		19/9/17
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Windsor, Ont.		on enlistment	Fit
[signature] Major, A.M.C.		[signature] Capt., A.M.C.	[signature] Capt. A.M.C.
Vancouver B.C.	20/3/19	Hist. nasal ends	Fit. as shown above

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.

200M—11-15.
H. Q. 1772 39-439.

Surname Spurce Christian Name Arnold Spr

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.
Shanghai	M 64	1	2	19	3	3	19	Obs. Nasal duct		Transferred to Annex for Operation	J. W. Griffith Capt RAMC
Med. Ann		3	3	19	25	3	19	Epistaxis (bath)		Lachrymal canal missed	E. H. Hardy Capt

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

M.D. 11

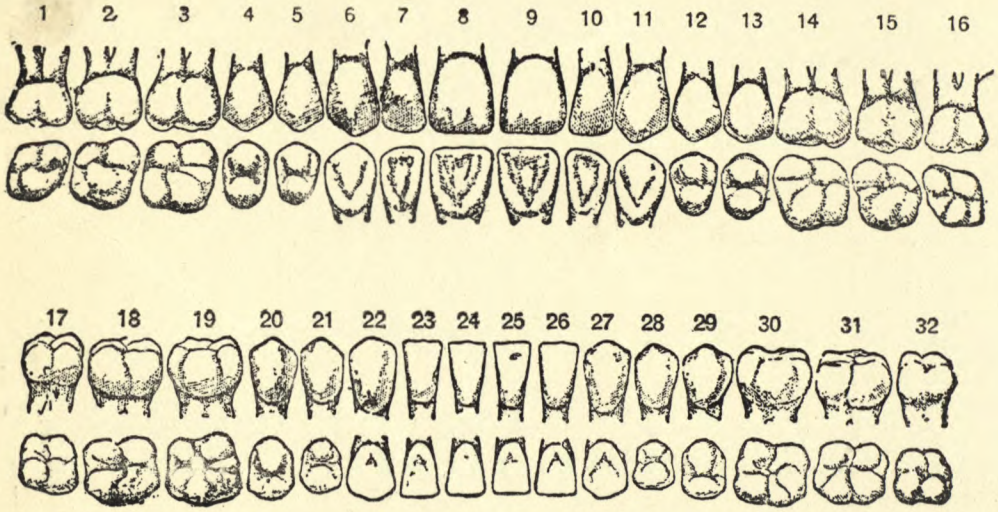
NAME OF SOLDIER (Block Letters) HARRIS, A.W.

REGIMENT 2 Canadian Const. RANK _____ No. 931583.

Date of Examination in England 15/1/19. 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

Fit

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
- (*c*) In France

No

Signature of Dental Officer W Kennedy Capt

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 Pte. Name Arnold Hilton Surname Harris.

Unit or Corps 2nd Can. Con. C. (If a soldier) Regtl. No. 931383.

Born at St. Catherines, Jamaica on, date Oct. 17/1888.

Signature (for identification) A.W. Harris.

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

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe. None

Weight 182 lbs.

Height 5 ft. 11 ins.

2. **NUTRITION AND DIATHESIS?** Good.

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?** Good.

4. **RESPIRATORY SYSTEM.** Good

5. **HEART?**

Abnormal Sounds? Nil

Abnormal Size? Nil

Pulse Rate? 84 Intermittence or irregularity? Nil

6. **ARTERIES.**—Any hardening? Nil

7. **DIGESTIVE SYSTEM?** Good

8. **GENITO-URINARY SYSTEM?**

Urinalysis—S.G.? 1024 Reaction? Acid Albumen? Nil Sugar? Nil

9. **SKIN, MIDDLE EAR, EYE** or any other part? Normal. Eyes & Ears some of trouble from blockage of tear ducts. No disability at present.

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. Nil.

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

Examined at Kimmel Park Signed H.R. Adams, Capt. M.O.

Date Jan. 13 1919 Signed A.W. Buttle Capt. 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.

SPECIALIST'S REPORT.

Station Shaughnessy 1919.

No. 991583 Rank Pte Name Harris A.W. Unit 2nd C.E.

Pathological condition present:- Dependent Varicose Epiphora. - Regurgitation from both lachrymal sacs. Has had treatment. Was Gen. Stretcher (Sup) with varicose veins ~~[illegible]~~ Permanent Sore

Estimated percentage of disability?

Is this disability due to service? Yes

If not, has it been aggravated by service?

If "Yes" give percentage due to such aggravation?

Will further treatment be of benefit? Yes

Probable duration of disability? /

Recommendations:- Better transferred to Military Annex where I can see him daily

Signature of Specialist. F.H. Saundrison

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

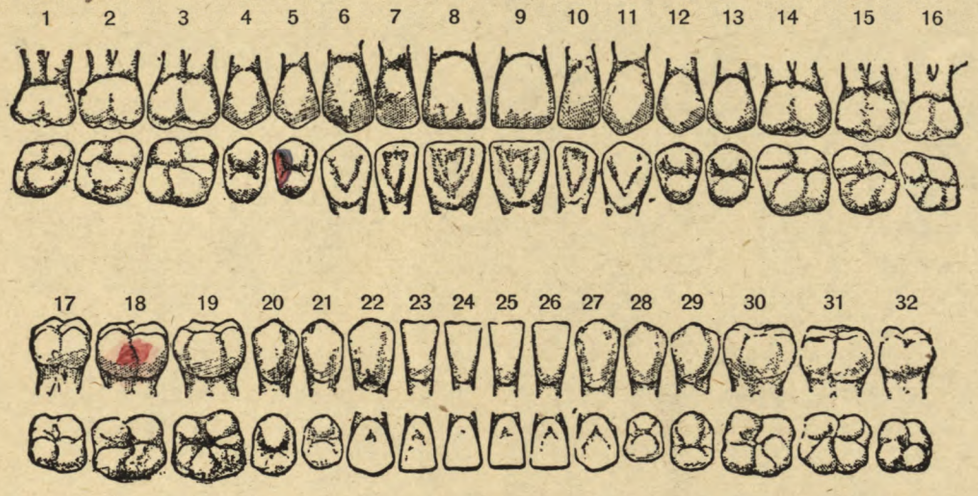
DISTRICT 11

NAME OF SOLDIER Harris Arnold.

RANK Pte.

REGIMENT C. E.

No. 931583



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 District	REMARKS
Condition on first Examination	1919.																					
Feb	18		2/5/18																	Examined by Lieut Fergie	11	No Work Required

M.F.B. 465
200m.—
1772-3

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

District Depot M.D. XI
MAR 26 1919
Discharge Section

This is to Certify that No. 931583 (Rank) Pte

Name (in full) Arnold William Harris enlisted in

the 2nd Coast Bn

CANADIAN EXPEDITIONARY FORCE at Windsor Ont on the 19th

day of September 1916

HE served in France with C.F.C

and is now discharged from the service by reason of DEMOBILIZATION

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

Age 31 yrs

Height 5-7½

Complexion Dark

Eyes Brown

Hair Black

Marks or Scars Scar over right eye

A W Harris
Signature of Soldier

H.H. Andrews Capt.
for O.C. District Depot, XI
Issuing Officer

Rank

Appointment

6 V.A.M.

Date of Discharge 26. 3. 19

Signed at Vancouver B.C. this 25th day of March 1919

in Military District No. 11.

File Reference No. D.D. 7385 K

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. 39a.
250m —6-18.
H. Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

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

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

.....
Name of Officer

.....
Rank

.....
Appointment

WAR SERVICE BADGE CLASS " A "
No. 63796 ISSUED

To be made out in duplicate. DUPLICATE H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins No. 2 CONSTRUCTION, B'n. C.E.F.

(2) Regimental Number 931583

(3) Full Name of Soldier Arnold, William, Harris

(4) Place of Birth St. Catherine, West Indies.

(5) Are you married, or not? yes

(6) If married, state,
(a) Full name of your wife Ada Harris,

(b) Present Postal Address Victoria, B.C. Tillicum Road. Tillicum P.O.

(7) Are you a widower? no

(8) Have you any children? no

If so, give number of boys and girls +

Also their names and ages +

M. F. W. 67.

200M.—3-16.
1772 39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? no

If so, state name and address

(10) Is your Mother alive? no

If so, state name and address

(11) If your Mother is a widow

Are you her sole support, or not?

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

~~not~~ Yes

(15) Are you insured? Yes

If so, in what Company? The Employers Liability Assurance Corporation Limited

Have you made arrangements for payment of your Insurance premium. Yes

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

C. W. Reis Capt
for Officer Commanding.

Date Nov 13 1916

Form R 122.
2353—100M—9-12-16.

J.P. Rank | Name HARRIS, Arnold William | Reg'l No. 931583.

Unit No. 2 Const Bn. | If in perm. Corps What Unit? | Married or Single Married.

Place and Date of Enlistment Revelstoke. 19th Sept. 1916. | Place of Birth St. Catharine West Inies. (Jamaica

Name and Address, Next-of-Kin Mrs. A.W. Harris. Revelstoke. B.C. | Relationship Wife.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character

H. W. V., Ld.—9546-16.

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 SS "Scotland"			7-4-17	29 MAY 1917 A.F.B. 103 Awrds
14:6:17	2nd Co Bn	Arrived in France	Field		14:5:17	Pte to DO 115.
16-12-18	NSRD	TOS from 2nd Ccoy	Pte	Bisbeck	14-12-18	3,5 & 71 d/ 19-12-18 2nd Cc coy
27-12-18	N.S.R.D.	To to C D D Rhyl	"	"	27-12-18	D.O. 313
3-2-19	N.S.R.D.	Ceases on bnd Rhyl & S.O.S. to C.E.F. Canada	"	Ripon	18-1-19	Pte 11 25

931583 Harris A.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.						

931583

Always

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. # 2 Const. Batt'n. C.E.F.

Regimental No. 931583. Rank ~~L/Cpl~~ Pte C. E. F. Name ~~A.W.~~ Harris, ARNOLD WILLIAM,

Enlisted (a) Sept. 19th 1916 Terms of Service (a) Duration of war. ~~and 6 mos.~~ 26 months Service reckons from (a) 19-9-16

Date of promotion to present rank ~~L/Corpl.~~ Date of appointment to lance rank ~~Oct. 31st, 1916~~ Numerical position on roll of N. C. Os. ~~office work.~~

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

Report: Date	Report: From whom received	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
7/5/17	O.C. 2nd Constn Batn.	Embarked, Canada Disembarked, England Proceeded Overseas	Halifax N.S. Liverpool Folkestone	25/3/17 8/4/17 17/5/17	Pte D.O.# J. B. Macleod Lt. for Adjutant, No. 2 Construction Batt'n. C.E.F.
21/5/17	OC	Landed fn France 17-5-17 N.R. Forfeits 5 days pay for Making way with Iron Rations	Fla-	21/5/17	Brobq-O119. 25/7/17
11.6.17	O.C.	Sentenced 10 days F.P. #2 Late falling in on Parade.	Hd.	8/6/17.	Brobq. Pt 2-O. 122. 7/8/17
24.7.17	O.C.	5 Days F.P. #2 for Absent without leave from 7.30 am 23-7-17 till noon 23/7/17 (4½ hrs)	Hd	24.7.17	Brobq P131 d/f 13/10/17

CERTIFIED CORRECT. 16 JUN. 1917 CAN. RECORDS, LONDON.

(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				
5/10/18	OC Units	att to 1 Dist C.F.C.	Alencon	30/9/17	B213.
22-6-1918	OC 42 Co C.F.C.	To Hospital (Cause to be attached)	Rouen	16.6.18	B213.
7-7-1918	2nd Med Board Bordeaux	Slavery fractured tibia under treatment provided	to Alencon	7.7.18	M.R. R.R. 286
13.7.1918	OC 42 Coy	arrived at 42 Coy C.F.C.	Etaples	9.7.18	B213
31.8.18	OC 43 Coy C.F.C.	Granted 14 days leave	Ut.	27.8.18	B213 per No. 51 of Sept 1918
14.9.18	do	Returns from leave	Etaples	9.9.18	B213
14/12/18	Adj	Transferred to England & posted to N.S. Reg Dep	Bramshott	14/12/18	R.R. 344.
17.12.18	A.L.R.D.	T.O.S. and attd 2nd L.L.D.	Bramshott	14.12.18	D.O. 305
					27/12/18

Attached C.C.C. Kinmel Park for return to Canada. Part II Orders No._____. Ceases to be attached C.C.C. Kinmel Park on embarking for Canada, Part II Order No._____

Commanding_____Wing,
Kinmel Park Camp.

Attached C.C.C. Kinmel Park for return to Canada. Part II Orders No._____. Ceases to be attached C.C.C. Kinmel Park on embarking for Canada, Part II Order No. 32

Commanding_____Wing,
Kinmel Park Camp,

C.A. Hewett
Lieut. for Lt.-Col., A.A.G.
Canadian Section, G.H.Q. 3rd Echelon, B.E.F.

H.M.T. "AQUITANIA" PART II D.O. 313
EMBKD. LIVERPOOL, JAN. 18. 1919
DEBKD. HALIFAX, N.S. JAN. 24. 1919

C.A. Knight LIEUT.
OFFICER i/c RECORDS.
NOVA SCOTIA REGT. DEPOT.

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-9.0.

Casualty Form—Active Service.

Unit, Regiment or Corps 2nd Cons Bn C.E.F.

Regimental No. 931583 Rank Pte C. E. F. Name Harris Arnold William

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. Clerk.

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				
5-2-18	Overseas.	O. S. District Depot XI.	Vancouver BC	18-1-19	D. O. Pt II 36/182. 1919.
	DISCHARGED	DEMOBILIZATION	VANCOUVER, B. C.	26/3/19	D.O. 87/5 L
					V A McLean Capt. for O.C. District Depot., XI

(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				

P. 55

MARRIED OR SINGLE W

PLACE OF BIRTH West Indies

NAME AND ADDRESS OF NEXT OF KIN Mrs A. W. Harris
Rewlestake Bds.

RELATIONSHIP OF NEXT OF KIN wife

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

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
														15 85	15 85								
apr 1/30	30	1.10	33	00											33 00								
MAY 1.31	31	"	34	10											34 10	46	1/5 19	19/4					
June 1.30	30	-	33	00											33 00	78 14/5 4	"						
July 1.31	31	-	34	10											34 10								
Aug "	"	-	34	10											34 10							60	30/5.
Sep 1.30	30	-	33	-											33 -							196 294	25/6 25/7
			201	30										15 85	217 15								

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
Sep	Bal	~~65 87~~ 86							65 87		
Oct	P.P.	34 10		Std 5d FP2. 24/7. D0 131. 13.10.17		5 50	-	15			
				AR573. 27/7. 2 Coach Bn alt C & C	3 57						
				" 622 11/7 " " " "	3 57				72 33		
		34 10			7 14	5 50		15			

AUTHORITY

REG'L No. 931583 RANK NAME Harris Arnold W^m

IF IN PERMT. CORPS WHAT UNIT } UNIT 2 Low Bn TRANSFERED TO DATE AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERED TO DATE AUTHORITY

PLACE OF ATTESTATION Revelstoke B.C. TRANSFERED TO DATE AUTHORITY

DATE OF ATTESTATION 19-9-16 TRANSFERED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE 1-4-17

PAYABLE TO Mrs Ada Harris. ~~Revelstoke BC~~ P.O. Box 311 Victoria B.C. Canada RELATIONSHIP Wife

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

OF HOSPITAL

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERED TO OFFICERS' PAY BRANCH (DATE)

E ROLLS 3 No.	3 DATE	4 No.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY A/S	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
											15 85				Bal from Canada
								15 .		15 .	33 85			33 85	
				19 47											
				4 87				15 ,		39 34	28 61			28 61	
				4 87											
				4 86				15 .		24 73	36 88			36 88	
								15 —	5 50	20 50	50 48			50 48	Forfeited 5 do pay 21-5-17 D.O. 119. 25-4-17.
60 30/5.						3 57		15 —	11 —	29 57	55 01			55 01	Stop 10 do. PP 2.8/17 DO. 122. 7/8/17
196 25/6						3 57									
254 25/7						3 57		15 —		22 14	65 87				
				34 07		10 71		90 —	16 50	157 28	65 87				

ER- SER. D. ALLCE. AY ENG.

CANADIAN
ASSIGNED PAY AUDITED
O.K.
AUDIT CLERK
DATE 6-6-18

9L 931583. Harris a W. 1500

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
MONTH	PARTICULARS				CR. 1	CR. 2			PARTICULARS					DR. 1	DR. 2	DR. 3	DR. 4	BALANCE		BEGIN-NING PAY	SER-ALLCE. ENG.					
Oct	Bal																	72	33							
Nov	P.P.				33	-			R.RR 120 23-11-17 CTC YNL 8663 S 4665					35	-		15									
									AR. 822. 28 9/17 C.T.C.					3	57											
									" 953. 12 10/17 "					3	57											
									" 968 25 10/17 "					3	57											
DEC	"	"			34	10			" 1086. 10 11/17 "					3	57		15	60	15							
					67	10								49	28		30									
JAN	1918	P.P.			34	10											15									
									" 1256. 23 11/17. 2 Constr Bn					12	49											
									" 15227. 5 1/18 " "					2	-											
									" 1429. 21 12/17 " "					7	14			57	62							
					34	10	-	-						21	63	-	-	-	15							
FEB		-			30	80			Assigned Pay Asst Pay Feby							-	-	15								
									" 2032. 5 1/18. 2 Constr Att C.T.C.					3	57											
									" 2186. 21 1/18 " " "					3	57											
					30	80			" 2378 5/2/18. " "					3	57											
														10	71		15	62	71							
MAR	1918	"			34	10			A Pay.								15									
									AR 2616. 20/2. " "					3	57											
									" 2874 - 7 3/18. " "					3	57											
									" 3070 - 19 3/18 " "					3	57			71	10							
					34	10								10	71		15									

H PAYMENTS		ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
3	4				CR DIT	DEBIT			

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND or~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLA CANAD
EFFECTIVE DATE:–	1 APR 1917	EFFECTIVE DATE:–	
AMOUNT:–	15.00	AMOUNT:–	

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF WORD "SAME" ONLY TO BE WRITTEN IN THIS S

Mrs Ada Harris wife
P.O. Box 311. Victoria B.C.

Stopped Effect 1/1/19

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A R	UNIT PAID BY
5/7/18	6510	15 Jus	~~29~~			
	6581	25 "	~~46~~			
18/12	3568	B Rally	~~93~~			
✓	3570	✓	~~187~~	19.26		

PARTICULARS OF RENDERING NON-EFFECTIVE:– Wes to Can 1/1/ Auth 2R1161 2nd

MONTH 1918	PARTICULARS	Cr. 1	Cr. 2.	PARTICU
MAR	Bal Ford			
apl	P. Pay	33 -		b.a.P.
				aR 120 6/4 C
				aR 302 30/4
		33		
May	P.P.	34 10		b.a.P
				aR 497 7/5
				Gen Rem 358
				aR 725 22/5
		34 10		
June	P.P.	33 =		Ca.P
				aR 912 7/6
				aR 1230 19/6
				v 1336 27/
		33		
July	P.P.	34 10		Can aP
				aR. 9364 28/6
				aR. 9632 5/7
				aR 1509 22/
		34 10		
Aug	P.P.	34 10		Can aP
				aR 1702 6
				cP 27785
				aR 1998
				cP 29486
				aR 3186
				aR 1950
		34 10		

SEPARATION ALLOWANCE. * ENGLAND OR CANADA.

EFFECTIVE DATE:–

AMOUNT:–

WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A R	UNIT PAID BY	AMOUNT
19.2.6			

NAME:– HARRIS, Arnold Wm

NUMBER:– 931583

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:– 2 Construction Bn

DATE ACCOUNT FIRST OPENED:– 1 APR 1917

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			Canada
			106

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 –	– 10		

Wes to Can 1/1/19 Cre Bal. Ledger sheet 46.41
Auth 24K161 24K 17/12/18 ✓ R.P.6. ~~275~~ 27.15

CR. 1	CR. 2.	PARTICULARS	DR. 1	DR. 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
							71 10		
33 –		b.a.P.				15 –			
		aR 120 6/4 CFC No 1	3 57						
		aR 302 30/4 — " —	3 57				81 96		
33			7 14			15 –			
34 10		b.a.P				15 =			
		aR 497 7/5 CFC1	2 68						
		Gen Rem 358 17/5 L'Jow	35 –						
		Ah 725 22/5 6/6	4 46				58 92		
34 10			42 14			15 –			
33 =		C.a.P				15 –			
		aR 912 7/6 CFb 1	3 57						
		aR 1230 19/6 CHG 3rd Ch	4 46						
		v 1336 27/6 "	4 46				64 43		
33			17 49			15			
34 10		Can aP				15			
		aR 9364 28/6/18 Details 337 hq med Bn Displ	3 57						
		aR 9632 5/7 Details 337 hqr Med Bn Displ	1 78						
		aR 1504 22/7 CFb 1	3 57				74 61		
34 10			8 92			15			
34 10		Can aP				15			
		aR 1702 6/8 CFb 1	3 57						
		CP 27785 28/8 L IN	4 87						
		aR 1998 26/8 CFC1	1 78						
		CP 29486 31/8 L/N	2 43						
		aR 3186 24/8 CFC1	73 00						
		aR 1950 22/8 ✓	3 57				4 49		
34 10			89 22			15			

NUMBER 931583 RANK Pte NAME HARRIS A W

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1
1918				Brotforward	
Sep	P.P.	33		Loan AP	
				AR 2756 10/9 CFB 1	1 78
				AR 2445 23/9 ✓	3 57
				AR 6510 5/9 Can Det Paris	2 68
		33			8 03
Oct	P.P	34 10		C.A.P	
				AR 2683 7/10 C.F.C 1	3 73
				✓ 2935 23/10 ✓	3 73
		34 10			7 46
Nov	P.P N+D	67 10		C.A.P	
				AR 3102 8/11 C.F.C 1	3 73
				✓ 3309 25/11 ✓	13 06
				C.A.P Dec	
				AR 6582 10/12 CGBD	4 66
				✓ 3570 18/12 BRDG	4 57
				✓ 3569 ✓ ✓	9 73
		67 10			36 05
				AR 6168 9/11 E.F.P.C Kimmel	9 73
					9 73

a W. Cap. 15 EEF 1/4/17

	Dr. 1	Dr. 2	Dr. 3.	Dr. 4.	Balance	Deferred	Separation
d					449		
				15			
Feb 1	1 78						
✓	3 57						
at Paris	2 68				1446		
	8 03			15			
				15			
F.61	373						
✓	373				2610		
	746			15			
				15			
F.61	373						
✓	1306						
Dec				15	4641		
GBD	466						
BROG	487						
✓	973				2715		
	3605			30			
6							
mul	973				1742		
	973						

WAR SERVICE BADGE CLASS "A"
No. 63796 ISSUED

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. 931583

Rank Pte

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

Corps (Squadron, Battery or Company) 2nd Constr. Bn

Date of Discharge 26. 3. 19

Place of Discharge Vancouver B.C.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 31 years months.
Height 5 feet 7½ inches.
Complexion Dark
Eyes Brown
Hair Black
Trade Mechanic
Intended place of residence (To be given as fully as practicable.) 2749 Main St. Vancouver B.C.

Descriptive Marks
Scar over rt eye

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

DEMOBILIZATION

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 soldier 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.—6-16.
H. Q. 1772-39-113

Les Marshall

MEDICAL DOCUMENTS FORWARDED TO ~~S. C. R. OR~~ B. P. C. ON 8/4/19

(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.

District Depot M.D. XI MAR 26 1919 Discharge Section

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

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

District Depot M.D. XI MAR 26 1919 Discharge Section

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

(Place).....

(Signature) ..... Capt. for O. C. District Depot, XI

(Date) .....

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.)

None

A. V. Harris.

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263.
Squadron / Battery / Company Conduct Sheet,	"	B. 263a.
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."

Attestation Paper,	Militia Form	B. 235.
Proceedings on Discharge	"	B. 218.

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.

Date of Enlistment 19-10-16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

H 2992

Date of Assignment Apr 1/17. 735

RATE OF SEPARATION ALLOWANCE

~~20.~~	25 1/17	30 1-9-18 PC 2753 M.O. 20765	

RATE OF ASSIGNMENT

15			

PARTICULARS OF SEPARATION ALLOWANCE

No. 931583.

Rank Pte. Promoted Reverted Discharge

Soldier's Name Arnold William Harris.

Battalion No 2. Const. Battn.

Beneficiary Ada Harris.

Relationship Wife.

Address Box 311 Victoria B. C. Chambers P.O.

M.F.W. 2554 7-8-18 Rev 24-11-18

PARTICULARS OF ASSIGNMENT Wife.

Name Mrs Ada Harris.

~~Box 311~~ Address ~~1902 Chambers P.O. Victoria~~

~~Box 489~~ Change of Address Vancouver — B.C.

① 1 ~~P.O. Box 311 Vancouver " "~~

② 2 161 - 12th Ave East. Vancouver. B.C.

3

4

1914 Date	Cheque No.	Amount S/A	Amount A/P	Total	
Dec 31		288	135	423	
Jan 1918	P 68762	30	15	45	M
Feb	F 70190	25	15	40	
Mch	98384	25	15	40	
Apr	I 96444	25	15	40	
May	B. 12846	25	15	40	
June	A 15658	25	15	40	
July	W 30594	25	15	40	
Aug	D 30171	25	15	40	
Sept	C 37622	25	15	40	
Oct	E 44492	25	15	40	
Nov	C 52569	25	15	40	
Dec	J. 63160	45	15	60	
1919 Jan	C 71904	30	15	45	
		643	330	973	

REMARKS 8051 - a - 12

② Per Picard 22-2-18

① 2 M. 20-12-17 3-1-18

M.O. 61302 D. 31-1-19

CANADIAN ASSIGNED PAY AUDITED

O.K. J. Moore

AUDIT CLERK

DATE 6/6/19

M.D. 11 31-1-19

A/c Closed

Ret'd per Aquitania

Date 25-1-19 M.F.W. 187 31-1-19

Closed J. Willson

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22520—M. & D. 7993.

CONSOLIDATED ACCOUNT

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—1772-39-141
L. L. 22320—M. & D. 7493.

7232. Pm 14280

AUDITOR Amd | PAYMASTER 2

M. OR 1.

Aquitania 25·1·19

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

REGT. No. 931583 RANK PTE NAME (IN FULL) HARRIS A.W. (BLACK LETTERS SURNAME FIRST)

NEXT OF KIN RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? YES DATE EFFECTIVE 1·2·19

TO WHOM PAID Same as Assignee RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Eng LPC		
adj to	31·12·18	
P.O.P.	1-1-19	D.O. 50-

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

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY $ 15 DATE EFFECTIVE 1·2·19 Contd by New Unit

PAYABLE TO Mrs A Harris RELATIONSHIP Wife

ADDRESS ~~H. 12 Ave. E.~~ 2749 Main St
~~Vancouver B.C.~~ Vanc.

ANY CHANGE IN ASSIGNEE OR ADDRESS ~~2749 Main St~~
~~Vancouver B.C.~~
Royal Bank of Canada. 25/6/19
Mount Pleasant Branch

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE Vancouver DATE 26-3-19 REASON AUTHORITY D.O. 87 IF ENTITLED TO POST DISCHARGE PAY Vanc

A.McD.
31
38
36

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.	$ c.	TOTAL DEBITS $ c.	BALANCE DEBIT $ c.	BALANCE CREDIT $ c.
BALANCE FROM PREVIOUS ACCOUNT 31·12·18		1 10			27 15	27 15													27 15
							9/1/19												
				11 20			1 Emmel			9 73									
							25·1·19												
				30 00			Boat			4 87	50 00	5 00	15						
				26 00			a.R. 34												
26-3-19	85	1 10	93 50	35 00		222 85	27-2-19			15 00			30607 45						
							34717			38 25			34713 40				222 85		

2 years.

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $ c.	OTHER CREDITS $ c.	$ c.	TOTAL CREDITS $ c.	ACQUITTANCE ROLLS	CASH PAYMENTS	ASSIGNED PAY $ c.	REGIMENTAL CHARGES $ c.	OTHER CHARGES $ c.	$ c.	TOTAL DEBITS $ c.	BALANCE DEBIT $ c.	BALANCE CREDIT $ c.	PARTICULARS OR REMARKS
153				350 -	150 -	500 -			70	30			100 Rhm	380 -	120 -	34712-13
days							May 4	163867 68	70 -	30 -			100 Rhm	410 -	90 -	
							May ~~June~~ 26	176264 5	40	30			100 - Haas	140 -	60	Cheques G 17365 30.00 G 810242 30.00 G 829798 30.00
							June ~~July~~ 26	810241 2	70	30			100 Haas	70.	30.	Redeposited 20/8/19
							July ~~Aug~~ 26	829797 798	70	30.			100 Rhm			
						500							500. Rhm			
G 176365				30 00												
G 810248				30 00												
G 829798				30 00		90 00 Bln.										

WAR GRATUITY

Redeposit 20-8-19

I certify that all payments of War Service Gratuity have been made on this account according to the period of Service shown on the M.F.W. received.

Capt.
Officer i/c War Service Gratuity
M.D. No. 11

Certified that all payments have been made on this account for which covering authority has been received to date.

Lieut.,
Paymaster, Demobilization Pay
M.D. No. 11

Make no S A payments as Mrs Harris left & he does not know her address

90 00 Cr Card Created 25-11-20

TRANSFERRED TO CDT.SUSP LDGR. Folio 446 Kepp 3 Bk.

100M-1-19.—L. L. 53962—M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

19 10/16

L 114

MILITIA AND DEFENCE

M. F. W. 11.
50m.—6-16.
H. Q. 1774-39-813.

SEPARATION ALLOWANCE

Name Ada Harris

Address ~~c/o Royal Bank~~ ~~William St.~~ Victoria ~~c/o Mrs. W. Estes~~ ~~B. C.~~

Relation to Soldier wife, child or mother } Wife

~~Box 311 – 1902 Chambers St~~

Name of Soldier Harris Arnold Wm

Regtl. No. 931583.

Rank Pte.

Corps No 2 Construction Batt

To what Corps belonging when called out } ✓ ✓

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug. 22/10/16	1914	1058		Burnaby St Vancouver BC Box 489
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

THIS FORM WILL BE USED FOR ALL RANKS

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 invalid 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 invalid'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 invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such 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 7, 8, 9 and 10 be communicated to the invalid, 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: Shaughnessy Vancouver B.C. Date: 19.3.19.

1. 1 (a) Unit: 2 C.C.E. (b) Regimental No. 931583 (c) Rank: pte

(d) Surname: HARRIS (e) Christian name: Arnold Wm.

(f) Home address: 2749 Main Street Vancouver.B.C.

(g) Next of Kin: Mrs Ada Harris (h) Relationship: wife

(i) Address of Next of Kin: Same address

2. Age last birthday: 30 Date of birth: 17 Oct.1888

3. Enlistment, or Appointment (if an Officer) (a) Place: Revelstoke.B.C. (b) Date: 19.9.16

4. Personal description:

(a) Height: 5'10" (b) Weight: 185 (stripped) (c) Complexion: (African)

(d) Colour of hair: black (e) Colour of eyes: brown (f) Identification marks, Scars, etc.: scar overrt eye

5. Former trade or occupation: sailor

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

2.

A.D.M.S., M.D. XI. 186
MAR 22 1919
VICTORIA, B. C.

	Periods From	Periods To
Canada Sep.1916-Fev.1917	Jan.1919	Present.
England Feb.1917-March 1917	Dec 1918	Jan 1919
France or other theatres of War	Mch 1917	Dec 1918

7. Original disease, or injury: Obstructed nasal ducts.

(a) Date of origin: Dec.1917 (b) Place of origin: Billicot Woods

(c) Cause: conjunctivitis

M. F. B. 227.

400M.—11-18.
1772-30-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, moderate, marked, etc; (*b*) Loss, complete or partial, of an organ or member, or of its functions; (*c*) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

Obstructed nasal ducts

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Healthy looking colored man in good general condition. Had conjunctivitis in France and both nasal ducts became obstructed. On March 6th both pubcti were excised and canalicali opened. The eyes have since greatly improved. No weeping noticeable. Heart and lungs normal. G.U. system normal. Specialist's report attached. Can walk confortably 5 or 6 miles and can resume former occupation of tailoring.

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System... no ... Cardio-Vascular System ... no ... Genito-Urinary System ... no
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses ... no ... Respiratory System ... no ... Integumentary System ... no

Disturbances of Mentality ... no ... Digestive System ... no ... Muscular System ... no

Osseous and Joint Systems ... no ... Any other general condition ... no

10. (*a*) History (of the condition referred to in Section 9 (*a*).)

France March 1917 till July 1918. Eyes inflamed. Hospital Rouen 3 weeks; returned to duty. Then carried on till armstice. Then evacuated to Canada.

Pte Harris A. **EYE REPORT** March 19.1919

Pathological condition present.

Epiphora both eyes dates to about July 1918. Both fundii and canaliculii incised and permanently kept open by daily probing. Bowman probe No.6. and solution pass easily into nose.

Estimated percentage of disability?...

Is this due to service? Probably

If not has it been aggravated by service?...

If yes give percentage due to such aggravation?...

Will further treatment be of benefit? I think not.

Probable duration of disability?...

Recommendation?... E.H.Sanders Capt.

A.R.T. Ophthalmic department.

EAR REPORT

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

n.a.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) 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? cured

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

operative.

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? yes

(If not, briefly state why)

17. Recommendations discharge

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned.....have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of.....

A.R.T.

A A Harris Pte Rank.

Signature of invalid examined.

no sickness before enlistment

(c) (Here give a description of wounds, scars and deformities.

no wounds scars or deformities.

11.—(a) Did the disabling condition have its origin before enlistment? no

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

n.a.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) 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? cured

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

operative.

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? yes

(If not, briefly state why)

17. Recommendations discharge

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned ..... have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

A.R.T.

..... Rank.

Signature of invalid 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 criticised.

YES

19. Is the invalid fit for

(*a*) General service,	(Category A)	(Yes or No.)	no
(*b*) Service abroad, not general service,	(" B)	(Yes or No.)	Yes B2
(*c*) Home service (Canada only),	(" C)	(Yes or No.)	no
(*d*) Temporarily unfit.	(" D)	(Yes or No.)	no
(*e*) Unfit for service in Categories A, B and C	(" E)	(Yes or No.)	no

20. It is certified that the invalid

(*a*) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

no

(*b*) Does not require treatment.

(*c*) ~~[illegible]~~

(*d*) ~~Should not pass under his own control.~~ should not pass under his own control

(Strike out condition not applicable.)

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

No return to duty

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

A. P. Thomson Capt. ..... *President.*

PLACE Vancouver B.C.

J. H. Macdermot Capt. ..... } Members

DATE March 20.1919.

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

..... *President*

PLACE ..... } Members

DATE .....

APPROVED BY J. Allingham Capt. A.M.C. M.D. 11 *For Assistant Director of Medical Services.*

DATE MAR 22 1919

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

DATE .....