TRIPLICATE

931776

ATTESTATION PAPER.

No.

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

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?	William
1b. What is your present address?	Detroit, Mich. U.S.A.
2. In what Town, Township or Parish, and in what Country were you born?	New Orleans, La. USA.
3. What is the name of your next-of kin?	~~Mrs Rose English~~ Winnie Harris
4. What is the address of your next-of-kin?	7301 Burthe St. New Orleans La.
4a. What is the relationship of your next-of-kin?	~~Mother~~ Wife
5. What is the date of your birth?	Sept. 28th
6. What is your Trade or Calling?	Laborer
7. Are you married?	Yes
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

TELEGRAPHIC ADDRESS No.

3731 Annette, New Orleans, Louisiana, U.S.A.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, 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.

William Harris (Signature of Recruit)

Date January 30th 1917. Sgt O. Humphrees (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, 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.

William Harris (Signature of Recruit)

Date January 30th 191 . Sgt O. Humphrees (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 Windsor, Ont. this 30th day of January 1917.

James G. Chryan (Signature of Justice)

M. F. W. 23
750M—3-16
H. Q. 1772-39-341

Description of William Harris on Enlistment.

Apparent Age 23 years 4 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 5 1/2 ins.

Chest measurement: Girth when fully expanded 34 ins.
Range of expansion 3 ins.

Complexion Colored

Eyes Dark

Hair Dark

Religious denominations:
Church of England
Presbyterian
Methodist Yes
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).

Both eyes 20/20

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 January 30th 1917.

Place Windsor, Ont.

[signature] Capt CAMC
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.

William 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.

J. Davie Capt for
Lieut-Col. (Signature of Officer)
No. 2 Construction Batt'n. C. E. F.
(a.o.t.)

Date January 30th 1917.

M.S.H. 16-4-19

REGIMENTAL DOCUMENTS

NAME Harris, William (Pte) REGT. NO. 931776 UNIT #2 Constr. Bn H. Q. FILE NO. H

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)	M				DEATH
	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	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)				10943	
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob.
1	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)					DESERTION
1	LAST PAY CERTIFICATE (M.F.W. 44)		H			
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)					15-4
1	M.F.W. 192					18-4
1	Cascard					29-5
1	M.F.W. 67					
1	R 1 2 3					
1	Pay C					
					406028	3

PUBLIC ARCHIVES RECORDS CENTRE

W. 2589
100M-11-18
1273-39-1277

.....M. D.....Depot Battalion.....Regiment

Regtl. No.....

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class.....)

1. Surname.....
2. Christian name.....
3. Present address.....
4. Military Service Act letter and number.....
   (If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension. or surrender)
5. Date of birth.....
6. Place of birth.....
   (town, township or county and country)
7. Married, widower or single.....
8. Religion.....
9. Trade or calling.....
10. Name of next-of-kin.....
11. Relationship of next-of-kin.....
12. Address of next-of-kin.....
13. Whether at present a member of the Active Militia.....
14. Particulars of previous military or naval service, if any.....
15. Medical Examination under Military Service Act :—

    (a) Place.....(b) Date.....(c) Category.....

DECLARATION OF RECRUIT

I,....., do solemnly declare that the above particulars refer to me, and are true.

.....(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... yrs..... mths.

Height.....ft.....ins.

Chest measurement: fully expanded.....ins.

Chest measurement: range of expansion.....ins.

Complexion.....

Eyes.....

Hair.....

Distinctive marks, and marks indicating congential peculiarities or previous disease.

.....

O. C.....Depot Btln.

.....Regt.

Place.....Date.....

M. F. W. 133.
500M.—5-18.
1772—39—1158.

10-Ha-244

ORIGINAL

LAST PAY CERTIFICATE

Regt. No. 931776 Rank Pte Name Harris. Wm

Corps ? Const who was Dis

on 22-3-19 to

The following is a statement of the account of the above named from 1-1-19 to 22-3-19

Bal Dr from mon. of / from L.P.C.	117	21	Bal, Cr. from mon. of / from L.P.C.		
ASSIGNED PAY:			Regt. Pay 81 dys. @ $1.00	81	00
			F'ld. All. 81 dys. @ $.10	8	10
SEPARATION ALLOWANCE:			SEPARATION ALLOWANCE:		
OTHER CHARGES:			OTHER CREDITS: Clothing Allowance	35	00
PAYMENTS:	35	00	Subsistence, 15 days	12	00
$3273					
Bal. Credit (to be pd.)			Bal. Dr. (to be deducted)	16	11
			(from soldier $)		
			(from Dependent $)		
PDL	152	21		152	21

SEPARATION ALLOWANCE	ASSIGNED PAY	VICTORY BOND
at $ per month has been Nil to	at $ 15 per month has been Chgd to 31-3-19 No M.F.C.	Subscribed $ Pd. by other Units $ Pd. by this Unit $ Nil

Dependent or Beneficiary: Mrs M Harris
Address: New Orleans La. U.S.A.

REMARKS: DO 66 Dis 22-3-19 Demob

Date of Enlistment 30-1-17
If married and if Separation Allowance card submitted No No

I have carefully examined this statement of account and find it to be a correct extract from the Paylist of this Unit.

Date: 8-3-19
London, Ontario. Captain.

Paymaster No. 1 District Depot.

MG

*Name HARRIS, William Rank Pte Regtl. No. 931776

Fyle Depot IDD-10-H-591

Original unit 2nd.Con.Bn. Present unit 2nd.Con.Bn. M. or X. Age 26 Religion Meth. Ref. H.Q.

Port, ship, and date of arrival Halifax, N.S. Lapland, 1-3-19

Next of kin Wife, Winnie Harris, 7301 Burthe St. New Orleans La.

Address on leave

Address on discharge 2731 Peneston St., New Orleans, Ia.

Transportation issued Yes No Date Character on discharge

Previous occupation Laborer Date and place of enlistment Jan.30-17 Windsor, Ont.

Diagnosis N.A. Date of Medical Boards 5-3-19, London, Ont.

Date.	Remarks	Pt. 2 Order No.
T.O.S.		
20-2-19	No. 1. D.D.	
3-3-19	Posted to Cas. Coy.	63

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

(over)

Date.	Remarks.	Pt. 2 Order No.
22-3-19	Discharged from H. M. S. On demobilization. (P.DP.)	66

M.F.W. 192
150M—6-18.
1772-39-1243.

FORM D.M.S. 1300.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
Harris	W.	93176

RANK	UNIT	CO.	TROOP	BATTY.
Pte.	N. S. 2 Con.			

HOSPITAL		DATE OF ADMISSION
1.	Jura H. La' Joux (Jura)	Hosp. 3.10.17
2.		Hosp.
3.		Hosp.
4.		Hosp.

DIAGNOSIS

1. Tonsillitis H.O.

2-

3.

DISPOSITION

C. L. 13.10.17 A 35.(2)

10-11-17 A 59-4

DATE Dis 30-10-17

REMARKS

A.M.D. 2 DEPT.

Bch. of ... London

EPITOME OF HOSPITAL TREATMENT

Hospital	Adm.
1.	
2.	
3.	
4.	
5.	
6.	
7.	

FORM R. 149.
7106—250m—7/2/17.

William

Name HARRIS Rank Pte Reg. No. 931776

Unit 2nd Const ~~C F C~~

Next of Kin U.S.A.

Date		Movement	Place	Casualty	List No.	Notified N/K	O.	W.O. List
3.10	17	Jura H La Jour		Tonsillitis	A35			
War	Office list HA 14792							
28.10	17	Disch'd do		do	A59			
R 228		WO no 15751						

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

1/

CARD NO. X

S.O.S. Elis 22-3-19
Demob ~~FOLL.~~ #1 [illegible]
D.O. 66-7-3-19

SURNAME. Harris,

CHRISTIAN NAMES William

REGL. NO. 931776 **RANK** Pte.

UNIT No 2. Construction Bn.

FORMER CORPS Nil.

NEXT OF KIN.

NAMES IN FULL English, Mrs. Rose

RELATIONSHIP TO SOLDIER Mother

ADDRESS 7301 Burthe St., New Orleans La. U.S.A.

also notify.
~~CHANGE OF ADDRESS~~
Mrs M. Harris,
2731 Peniston St.
New Orleans, La.
U.S.A.

S.A.O.P 27-6-17.

HR.

COUNTRY OF BIRTH U.S.A, New Orleans, La. **DATE** Sept. 28th. 1894

PLACE OF ATTESTATION Windsor Ont. **DATE** Jan. 30th. 1917

R/C 1-3-19 973/12 -T Pte.

L. L. 10437. M. & D. 7253. M. F. W. 22. 100M.—11-16. H. Q. 1772-39-339.

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

MARRIED Yes SINGLE WIDOWER

TRADE OR CALLING Labourer RELIGION Methodist.

DESCRIPTION.

APPARENT AGE 23 YEARS 4 MONTHS

HEIGHT 5 FEET 5 1/2 INCHES

CHEST MEASUREMENT 34 INCHES EXPANSION 2 INCHES

COMPLEXION Colored EYES Dark HAIR Dark

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Windsor, Ont. DATE Jan. 30th. 1917

Present address. Detroit, Mich. U.S.A.

NAME Harris W.

RANK AND CORPS Pte. 2nd Con.

REGT'L No. 931776

H. Q. FILE No. 649.

FOLLOWS

No.

FOLLOWS

CABLE	
NO.	DATE

NATURE OF CASUALTY

L. L. 26438. M. & D. 8207.

M. F. W. 42—50M.—8-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A35-2	Jura La Jonx (Jura)	3-10-17	Tonsillitis
A.59.(4)	" " " "	28-10-17.	" " Discharged.

No. 931776. Rank Pte. Name Harris. William

T. O. S. 30-1-17. Unit No 2. Construction Battalion
D.O.32. 6-2-17.

M. D. 6

Paid From	Paid To	Sig. or Rec't	Promotions, Transfers, Discharges, Etc.	
			Particulars	Authority
1917 Jan 30	1917 Feb. 28	✓		
Mar.		m		

MD

Number 931776 Rank ~~PTE~~ Spr. B

Surname HARRIS

Christian Name William

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

Date of Service 17/5/17

Remarks

Latest Address 2731 Penestan St
New Orleans
La. U.S.A

Roll No. B. Page 14501

200m.-2-21.M.

DEEP JUL 4 1922
W43818

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER HARRIS Wm

RANK Pte

REGIMENT #2 C.Bn.

DISTRICT

No. 931776.

M.F.B. 465.
150M.—6-18.
772-39-930.

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 1919		Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	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	Mar	6																			Rg McMillan Capt.		Cav. 19.20.29.30.

Form R 122.
2353—100M—9-12-16.

J.P. Rank — Name HARRIS, William — Reg'l No. 931776.

Unit No2. Const Bn. — If in perm. Corps What Unit? — Married or Single Married.

Place and Date of Enlistment Windsor. Ont 30th Jan 1917. — Place of Birth New Orleans. La. U.S.A.

Name and Address, Next-of-Kin Mrs. WILLIAM Harris.
7301 Burthe St. New Orleans. La. U.S.A. — Relationship Wife.

Assigned Pay Monthly $ — Payable to — Relationship

N/E. R.B. No. 2079
File R.L.
Category OR CAN

Separation Allowance $ — Payable to — Relationship

Pte

Discharge, Date and Place — Reason — Character

H. W. V., Ld.—9546-16.

A.F.B. 103 CHECKED 29 MAY 1919

Report. Date.	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 "Southland"		7-4-17	[illegible]
14:6:17	2-Con Bn	Arrived in France	Field	14:5:17	Pt II DO 115
12.10.17	W.S. Rgt	Jura Hosp. La'Joux Jura (2 Con)		3.10.17	CLA 35 Tonsillitis.
9.11.17	"	Disc " " " " " "	"	28.10.17	CLA 59
16-12-18	NSRD	TOS from 2nd CC Coy Pte	Bramshott	14-12-18	305 + 71 d/19-12-18 2nd CC Coy
27-12-18	N.S.R.D	O/C to C.D.D. Rhyl	–	27.12.18	313 & 444 of 20.2.19 M.D.1
20.2.19	M.D.1	Proc to Canada	Rhyl	20.2.19	444 – NSRD Pt II DO 158 d/9/7/19

931776 Harris 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.						

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps. NO. 1 DISTRICT DEPOT

Regimental No..... Rank..... Name..... C. E. F.

Enlisted (*a*)..... Terms of Service (*a*)..... Service reckons from (*a*).....

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

Extended..... Re-engaged..... Qualification (*b*)..

Report. 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
FEB 20 1919	from U/S	Taken on strength No. 1 District Depot	London	D.O. 63	F. G. Herman Lieut for C. NO. 1 DISTRICT DEPOT

LONDON, ONT.

DISCHARGED DEMOBILIZATION

MAR 22 1919

S. C. Discharge Section, No. 1 D.D.

Lieut. Col.
Commanding District Depot No. 1

(*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				

B. B. Category A2.

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 931776 Rank Pte. Surname Harris
(Given name in full) William

Unit or Corps 1 D.D. Birthplace New Orleans, La. U.S.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique Good Weight 143 lbs. Height 5 ft. 6½ in. Colour of Eyes. Brown.

Nutrition Good

Pulse 74

Condition of arteries Good

Vision Rt. 20x20 Left. 20x20

Hearing (conversational voice) Rt. 21x ft.

Left 21x ft.

Identification marks, scars, or deformities. (Give cause and date of origin.)
Linear scar left shin 8".

Opinion as to general health and physical condition Good. A2.

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System Yes Cardio-Vascular System No

Special Senses No Integumentary System No Respiratory System No

Disturbance of mentality No Muscular System No Digestive System No.

Osseous and Joint System. No. Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

V.D.S. June 1917. 8 injections 606. Wassermann taken.
Man warned and advised.

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at..... (Overseas)

Date ..... Signed .....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at...London, Ont. (Canada)

Date .....March 5/19..... Signed .....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature ...

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

"WAR SERVICE BADGE"
CLASS "A" No.

Awards

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

M. F. W. 54. (A. F. B. 10
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps #2 Construction Battalion CEF.

Regimental No. 931776 Rank Pte Name Harris, William

C. E. F.

Enlisted (a) 30/1/17 Terms of Service (a) Duration of war ~~and 6 mo~~ & 6 months Service reckons from (a) 30/1/17

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

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

Report: 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
		Embarked, Canada	Halifax N.S.	25/3/17	
		Disembarked, England	Liverpool	7/4/17	
17/5/17	O.C. 2nd Constr Battn	Proceeded Overseas	Seaford	17/5/17	Pt 2. D.O. # H. B. Maclean Capt Adjutant, No. 2 Construction Battn, C.E.F.
		Landed in France 17-5-17 N.R.			
3-10-17.	Jura Hosp	Tonsillitis	adm	3-10-17.	to 3034/a 3907
28-10.17	"	"Discharged"		28/10/17	" a 9095.
2-11-17	OC	Rejd Unit	Fld	28/10/17.	B 213
30/10/17	OC Jura hospital	Forfeits Fd Allce & 50 Cents per day whilst in hosp P.V.D.G. from 4/6/17 to 25/6/17 (22 days)			P 295 8 dj 13/1/18 A701643
do	do	Forfeits Fd Allce & 50 cents per day whilst in hosp (Chancroid) from 9-8-17 to 23-8-17 (15 dys)			

CERTIFIED CORRECT. 6 JUN. 1917 CAN. RECORDS, LONDON.

Name of Ship LAPLAND
Embarked........
Disembarked........ FEB 20 1919

(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.

Casualty Form—Active Service.

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
23/2/18.	Unit	V. D. to Hosp.	Jura.	9.8.17	B213
"	"	Disgd to duty		24.8.17	B213
29.6.18	do	Granted 14 day leave UK		29.6.18 to 13.7.18	B213 / A.F.0.40 7 July 1918
20.7.18	do.	Rejoined from leave	Field	16.7.18	B213
11 12/18	AAG	Tran to Eng & posted to N.S. Reg. Depot	Bramshott	14 12/18	KR 3 [illegible]
					C A Hewett Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.
14.12.18	N.S.R.D.	S.O.S. & attached to 2.C.C.D. for Qrs. & Rations	B'shott	14.12.18	D.O 305.
	NSRD	ON COMMAND TO C.D.D. Kinmel Pk Rhyl	BRAMSHOTT		PART II D.O. NSRD 313 27 12/18
					C.A. Knight LIEUT, OFFICER i/c RECORDS. NOVA SCOTIA REGT. DEPOT.
28/12/18	NSRD	T.O.S. M.D. Conc. Camp.	Rhyl	P.II O	
					A. E. Avery Lt. [illegible] for O/C M.D. 1 Wing

Embarked for Canada 12-2-19 Pt II #20.37

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 931776 (Rank) PRIVATE

Name (in full) HARRIS William enlisted in

the 2nd CONSTRUCTION BATTALION (CO.E.F.)

CANADIAN EXPEDITIONARY FORCE at WINDSOR, ONT. on the THIRTIETH

day of JANUARY 19 17.

HE served in FRANCE (with 2nd Construction Battalion)

and is now discharged from the service by reason of

ON DEMOBILIZATION

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

Age	20	Marks or Scars	Scar Left Shin.
Height	5'5½"		
Complexion	Colored		
Eyes	Black		
Hair	Dark		

Signature of Soldier

DISCHARGE SECTION
MAR 22 1919
No. 1 District Depot

Date of Discharge

Issuing Officer

CAPTAIN Lieut. Col.

Rank

Commanding Discharge Section, No. 1 D.D.

Appointment

Signed at LONDON, ONT. this EIGHTH day of MARCH 19 19

in Military District No. ONE

File Reference No. EDD-10-H-591

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
200m.—2-18.
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

.....
Name of Officer

.....
Rank

.....
Appointment

MILITIA AND DEFENCE

M. F. W. 12a.
50m.—7-16
1772—39—819.

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

Sheet No. 2 Mrs Minnie Harris (Assignee)

Name of Soldier Harris William

No 931776 Pte No 2 const Bn

L. L. Job 5470—Req. 6888.

APR 1917

Month.	Year.	Cheque No.	Amt.	15.00 Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		Z 4856	15	
May		H 8789	15	15 W.
June		O-18592	15	15 Cn 273 Pension St. New Orleans
July		P 22426	15	Ba USA 23.6.17
Aug.		P 29704	15	
Sept.		Y 36324	15	C
Oct.		O 42187	15	
Nov.		K 49292	15	
Dec.		M 59-414	15	$135.00
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

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. 6388

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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

To Whom Mrs. Minnie Harris

Address ~~7301 Berth st~~
273 Peniston New Orleans La.
U. S. A.

Rate 15.00

By Whom Assigned Harris William

Regtl. No. 931776

Rank Pte

Corps No 2 const. Bn.

APR 1917

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 7 ACCOUNT

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

MILITIA AND DEFENCE

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

ASSIGNED PAY

OVERSEAS CONTINGENTS

To Whom Mrs. Winnie Harris,
Address 2731 Penston St.
New Orleans,
La.
U. S. A.
Rate * 25.00

By Whom Assigned Harris, W.
Regtl. No. 931776.
Rank Pte.
Corps 2 Con Bn.

SPECIAL REMITTANCE

Sched.* 473 13-12-17

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.	1918 1916	U 49063	25 -	
Feb.				
March				

P 820
12474--375M--13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND or~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND or CANADA.
EFFECTIVE DATE:- 1 APR 1917		EFFECTIVE DATE:-	
AMOUNT:- 15⁰⁰		AMOUNT:-	

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

Mrs Minnie Harris wife
7301 Bertha St Orleans, La. USA.

Stopped Effect 1/1/19

NAME:- H
NUMBER:- 9
PARTI
AUTHORI
ORIGINAL UN
DATE ACCOU
AUTHORITY
DAIL
AUTH

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | 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	DATE OF PAYMENT	NUMBER OF A R	UNIT PAID BY	AMOUNT
9/12	6585	C.F.C	~~4 66~~				
18/12	3869	BRDG	~~9 73~~				
			14 39				

PARTICULARS OF RENDERING NON-EFFECTIVE: Ret'd to Can 1/1/19 Ledger Bat Auth. WSR WR 161 E1241-17/12/18. L.P.C.-

1918 MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS		DR. 1
MAR	Bal Ford					
apl	P. Pay	33 -		C.a.P.		
				aR 4 8/4 CFC Jura	✓	3 5
				aR 267 - 23/4 - " -	✓	3 5
		33				7 1
May	P.P.	34 10		CaP		
				aR 408 9/5 CFC Jura	✓	3 5
				" 422 23/5 - " -	✓	3 5
		34 10				7 1
June	P.P.	33 -		CaP		
				aR 709 7/6 CFC 5		3 5
				aR 921 28/6 ✓		3 5
				aR 458 27/6 ✓		73.0
				aR 871 ✓ ✓		3 5
		33				83 7
July	PP	34 10		Can aP		
				CP 14273 L/N 3/7/18		24 3
				CP 15327 L/N 9/7/18		2 4
				aR 1093 25/7 CFC 5		3 5
		34 10				30 3
Aug	PP	34 10		Can aP		
				aR 1256 10/8 CFC 5		3 5
				aR 1482 25/8 ✓		3 5
		34 10				7 1
Sep	PP	33		Can aP		
				aR 1672 5/9 CFC 5		3 5
				aR 1876 24/9 ✓		3 5
		33				7 1

~~ENGLAND or~~ * CANADA.	SEPARATION ALLOWANCE.	* ENGLAND or CANADA.
1917	EFFECTIVE DATE:-	
	AMOUNT:-	

NAME:- *Harris William*

NUMBER:- *931776*

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

…LATIONSHIP & AUTHORITY	WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.
…Harris wife	
…Orleans, La. U.S.A.	
…Effect 1/1/19	

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

126

…TIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

…IT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A R	UNIT PAID BY	AMOUNT
…C.F.C	~~*4 66*~~				
…RDG	~~*9 73*~~				
	14 39				

DAILY RATES OF PAY AND ALLOWANCES

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

…ENDERING NON-EFFECTIVE:- *Ret. to Can 1/1/19 Ledger Bal a/c 72.61 LPC " " 58 22* *Auth. NSR NR 161 E 1241 - 17/12/18.*

PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
…d								*71 96*		
	33 -		*C.a.P.*				*15 -*			
			aR 4 8/4 CFC Jura ✓	*3 57*						
			aR 267 22/4 — " — ✓	*3 57*				*82 82*		
	33			*7 14*			*15 -*			
	34 10		*Ca P*				*15 =*			
			aR 408 9/5 CFC Jura ✓	*3 57*						
			" 422 23/5 — " — ✓	*3 57*				*94 78*		
	34 10			*7 14*			*15 -*			
	33 -		*C a P*				*15 -*			
			aR 709 7/6 CFC 5	*3 57*						
			aR 921 28/6 ✓	*3 57*						
			aR 458 27/6 ✓	*73 00*						
			aR 871 ✓ ✓	*3 57*				*29 07*		
	33			*83 71*			*15*			
	34 10		*Can aP*				*15*			
			CP 14273 L/N 3/7/18	*24 33*						
			CP 15327 L/N 9/7/18	*2 43*						
			aR 1093 25/7 CFC 5	*3 57*				*17 84*		
	34 10			*30 33*			*15*			
	34 10		*Can aP*				*15*			
			aR 1256 10/8 CFC 5	*3 57*						
			aR 1482 25/8 ✓	*3 57*				*29 80*		
	34 10			*7 14*			*15*			
	33		*Can aP*				*15*			
			aR 1672 5/9 CFC 5	*3 57*						
			aR 1876 24/9 ✓	*3 57*				*40 66*		*[illegible]*
	33			*7 14*			*15*			

NUMBER RANK NAME

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	D
				Toit.				
Oct	O.P.	34 10		C.A.P				1
				AR 2251 12/10 C.F.C.S	3 73 ✓			
				4371 26/10 ✓	3 73 ✓			
		34 10			7 46			1
Nov	O.P. N&L	67 10		C.A.P				1
				AR 2686 11/11 C.F.C.S	3 73			
				✓ 2904 26/11 ✓	13 06			
				C.A.P				1
				AR 6585 10/12 C.G.B.H	4 66			
				✓ 3569 18/12 B.R.L.G	9 73			
		67 10			31 18			3
				L.O.C.C. ~~[illegible]~~ AR N1072 2/1 Kimmel	19 47			
				✓ N1234 9/1 L.O.C.C. ✓	4 87			
				✓ N1115 4/1 L.O.C.C. ✓	9 73			
				ARA 1345 18/1 L.O.C.C. Kimmel	24 33			
				AR M&L 27/1 L.O.C.C. Kimmel	2 43			
					60 83			

NAME

Cr. 2.	Particulars	Dr. 1	Dr. 2	Dr. 3.	Dr. 4.	Balance	Deferred	Separation
	Foit.					4066		
	C.A.P				15			
	AR2251 12/10 C.F.C.S	373 ✓						
	4371 26/10 ✓	373 ✓				5230		
		746			15			
	C.A.P				15			
	AR2686 11/11 C.F.C.S	373						
	✓ 2904 26/11 ✓	1306						
	C.A.P				15	7261		
	AR6585 10/12 CGBA	466						
	✓ 3569 18/12 BRLG	973				5822		
		3118			30			
	AR N1072 2/1 LPGE. ~~[illegible]~~ Kinmel	1947						
	✓ N1234 9/1 LPGE ✓	487						
	✓ N1115 4/1 LPGE ✓	973						
	ARA1345 18/1 LPGE Kinmel	2433						
	AR MHD 27/1 LPGE Kinmel	243				261	Ldr	
		6083						

P. 550

Married or Single: Wo

Place of Birth: New Orleans La.

Name and Address of Next of Kin: Mrs. Wm Harris 4301 Burke St New Orleans La

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
4/6	25/6.	V.	Jura
9/8	23/8.		DOS. 13/2/18

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
							Sep																
														3 60	3 60								
apr 1/30	30	1 10	33	00											33 00								
MAY 1.31	31	–	34	10											34 10	54 52 26	1/5 1/5 19/4						
June 1.30	30	–	33	00											33 00	80	14/5						
July 1-31	31	–	34	10											34 10								
Aug "	"	–	34	10											34 10					61 196 270 294	30/5 25/6 12/7 25/7		
Sep 1.30	30	–	33	–											33 –								
			201	30										3 60	204 90								

Month	Particulars	CR. 1	CR. 2	Particulars	DR. 1	DR. 2	DR. 3	DR. 4	Balance	Deferred Pay	Sep. Allce. Eng.
Sep	Bal	~~71 43~~ 86							71 43		
Oct	P.P.	34 10		AR.585. 27/8/17. 2 Canadian Bn att. C F C	3 57			– 15			
				622 11/9/17 " " " "	3 57				83 39		
		34 10			7 14			15.			

PROMOTIONS, &c.	EFFECTIVE DATE	AUTHORITY

HOSPITAL, &c.	
NAME OF HOSPITAL	
Aura	
DOS.	13/2/18

REG'L NO. 931776 RANK NAME Harris W W

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

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Windsor TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 30 Jany 1917 TRANSFERRED TO DATE AUTHORITY

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

PAYABLE TO Mrs. Minnie Harris, 7301 Berth St, Orleans La USA RELATIONSHIP wife

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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)

ACQUITTANCE ROLLS 2 No.	2 DATE	3 No.	3 DATE	4 No.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY $	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
													3 60				Back from Canada
										15		15 -	21 60			21 60	
						4 87											
						9 73											
						4 87				15		34 47	21 23			21 23	
						9 73				15 -		24 73	29 50			29 50	
										15 -		15 -	48 60			48 60	
		61	30 15					3 57		15 -		18 57	64 13			64 13	
		196	25 16					3 57									
		270	12 17					3 57		15 —		25 70	71 43				
		294	25 17					3 56									
						29 20		14 27		90 —		133 47	17 43				

BALANCE	DEFERRED PAY	SEP. ALLGE. ENG.
71 43		
83 39		

Pte 931776 Harris. W

15.00

DATE	PAY: No. of Days	PAY: Rate	PAY: Amount $	PAY: Amount c.	Field Allowance: No. of Days	Field Allowance: Rate	Field Allowance: Amount $	Field Allowance: Amount c.	Working or Special Pay: No. of Days	Working or Special Pay: Rate	Working or Special Pay: Amount $	Working or Special Pay: Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	Acquittance Rolls 1 Date	Acquittance Rolls 2 No.	Acquittance Rolls 2 Date	Acquittance Rolls 3 No.	Acquittance Rolls 3 Date	Acquittance Rolls 4 No.	Acquittance Rolls 4 Date	Cash Payments 1	Cash Payments 2	Cash Payments 3	Cash Payments 4
MONTH	PARTICULARS				CR. 1	CR. 2			PARTICULARS					DR. 1	DR. 2	DR. 3	DR. 4	BALANCE		DETER. REG. PAY.	SEP. ALLOCE. ENG.						
	Oct Pay																	83	39								
Nov.	P.P.				33	–											15.										
									AR.822.	28 9/17.	C.F.C.			3	57													
									" 864	12 10/17	"			3	57													
									" 968	25 10/17	"			3	57													
									" 1086.	10 11/17	"			3	57													
DEC	"	"			34	10			R.R.130.	13 12/17	V.N. 11615			25	–		15.	81	21								
					67	10								39	28		30										
JAN 1918	P.P.				34	10											15.										
									AR.1256.	23 11/17.	2 Consols R.			12	49													
									" 1429.	21 1/17	"	"		7	14			80	68								
					34	10	–	–						19	63.	–	–	–	15								
FEB	–				30	80			Assigned Pay								15.										
									" 1852.	24 1/16.	C.F.C.			3	57.													
									VD 4/16 - 25 6/17.		DO 13 8/18.					13	20											
									" 9/8 - 23 8/17		"					9												
									aR1595	4/4/18.	C.F.C. Jura			3	57			67	14								
					30	80								7	14	22	20										
MAR 1918	"				34	10			Ass Pay								15.										
									aR2012	14 2/18.	"			7	14													
									" 2319.	18 3/18	"			7	14			71	96								
					34	10								14	28		15										

CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1	2	3	4				CREDIT	DEBIT			

67.

This space to be for numbers

War Service Badge
Class A No. 245481 Issued

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page).

No. 931776

Rank PRIVATE

Surname HARRIS

Christian Name William

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

Corps (Squadron, Battery or Company) 2nd Construction Bn. (C.O.M.F.)

Date of Discharge MAR 22 1919 80 66 7/3/19

Place of Discharge LONDON, ONT.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive Marks
Age	20 years months.	
Height	5 feet 5½ inches.	
Complexion	Colored	
Eyes	Black	Scar Left Shin.
Hair	Dark	
Trade	Laborer,	
Intended place of residence (To be given as fully as practicable.)	2731 Penestan St. New Orleans, La.	

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

ON 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 soldiers and the Officer Commanding his Squadron, Battery or Company.

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

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

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

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

(Place).....

(Date).....

Commanding .....

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

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

(Place) LONDON, ONT. .....(*Signature of Soldier.*)

(Date) MAR 22 1919 .....(*Signature of Witness.*)

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

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

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

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

10. **Statement of Service.**

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

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

11. **Confirmation of Discharge.**

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

(Place) LONDON, ONT.

(Date) MAR 22 1919

(*Signature*) ..... Lieut. Col.

O.C. Discharge Section, No. 1 D.D.

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.)

W Harris

(OVER)

List of Discharge Documents.

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

*Only if discharged "Medically unfit."

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

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

931776

ORIGINAL

MEDICAL HISTORY SHEET

Surname Harris *Christian Name* William

Examined { on 30th day of Jan. 1917 / at Windsor, Ont.

Approved by Dan Murray

Rank Capt AMC M.O.

Birthplace { City or Town New Orleans, La. / County USA.

Apparent age 23yrs

Trade or occupation Laborer

Height 5 feet 5 1/2 Inches

Weight 136 lbs.

Chest measurement { Minimum 34 inches / Maximum expansion 36 inches

Physical development fit

Small-pox Marks None

Vaccination Marks { Arm Right Left / Number 1

When Vaccinated last unknown

(*a*) Marks indicating congenital peculiarities or previous disease None

(*b*) Slight defects but not sufficient to cause rejection Both eyes 20/20

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	L&R	SS Shefly M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
27/2/17	L&R	SS Shefly M.O.
7/4/17	L&R	Dan Murray M.O.
29/4/17	L&R	Dan Murray M.O.

Enlisted on 30th *day of* January *1917 at* Windsor, Ont.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment				
Transferred to	No 2 Construction Co	931776		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Windsor, Ont. [signature] Major, A. M. C.	JAN 31 1917	on enlistment [signature] Major Capt., A. M. C.	Fit [signature] Capt.

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Harris Christian Name Wm

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				

DUPLICATE

To be made out in 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.

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(1) Name of Overseas Unit which Soldier joins: 2 CONSTRUCTION, B'n, C.E.F.

(2) Regimental Number: 931776

(3) Full Name of Soldier: William Harris

(4) Place of Birth: Louisiana, U.S.A.

(5) Are you married, or not? Married

(6) If married, state,
(a) Full name of your wife: Mrs Minnie Harris

(b) Present Postal Address: 301 Burthe St, New Orleans, La, U.S.A.

(7) Are you a widower? No

(8) Have you any children? Yes Two.

If so, give number of boys and girls: One boy, one girl

Also their names and ages: 7yrs, Carl ; 4yrs, Althea

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 x

(10) Is your Mother alive? Yes: Mrs Rosa Englesh

If so, state name and address #7301 Burthe St,

New Orleans. U.S.A

(11) If your Mother is a widow Yes

Are you her sole support, or not? No

(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.

x

(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.

x

(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.

Yes

(15) Are you insured? Yes

If so, in what Company? Metropolitan

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.

No. 2 CONSTRUCTION BATTALION C.E.F.
ORDERLY ROOM
MAR 16 1917

Date

[signature] Capt
Lieut.-Col.
No. 2 Construction [...] C.E.F.

Officer Commanding.

P.878. Extract D.O. No. 17 Unit.- 2 C C D. Date:-

SAILING LIST:-

Reg. No.	Rank	Name	
931776.	PTE	HARRIS. W. Canada	Struck off Strength of O.M.F of C. on transfer to C.E.F. Canada. 20-2-19. Acted on MED 1. Ledger Ck.

Date of Enlistment

O/BofR 30-1-17

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

American a/c 3279 H

Date of Assignment

103

apr 1/17

RATE OF SEPARATION ALLOWANCE

20%	25 1-12-17	30 1-9-18	

RATE OF ASSIGNMENT

15			

PC 20872
PC 2753

PARTICULARS OF SEPARATION ALLOWANCE

No. 931776

Rank Pte Promoted Reverted Discharge

Soldier's Name William Harris

Battalion No 2 Const Batty.

Beneficiary Mrs Winnie Harris

Relationship Wife

Address New Orleans La U.S.A

M F.W 2554 8-8-18 Rec 24-11-18

PARTICULARS OF ASSIGNMENT

Name Mrs Winnie Harris

Address 2731 Peniston St.

Change of Address New Orleans La U.S.A.

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
1917						8059-W-44
Dec 31	P —		135	135		open S/a to wife from 30-1-17 auth S/B Tyle 0-8059-W-44
Jan 1918	P 69024		15	15	M	M.R.O. 1B Rendered 27-2-18 27-2-18
~~Feb~~	~~F 70637~~		15	15		
Feby	U 77514	300		300		U 77514 Mailed 1-3-18
Mch	~~Y 94872~~	~~25~~	~~15~~	~~40~~		25 Y 94872. 4p Concld 25-3-18
Mch	U 86227		15	15		a.c.o issued U 86227 Mailed 28-3-18
apr	I 9910	25	15	40		M.o. 68638-D-6-3-19
May	I 5363.	25	15	40		
June	Z 10948	25	15	40		
July	Z 22107	25	15	40		
Aug	Z 34376	25	15	40		
Sept	Z 47891	25	15	40		
Oct	Z 62573	25	15	40		
Nov	Z 77128	25	15	40		
Dec	Z 89370	45	15	60		
1919 Jan	Z 107885	30	15	45		
Feby	Z 121388	30	15	45		
Mch	Z 133672	30	15	45		
		635	360	995.		

M.D. 1

A/c Closed 31-3-19

Ret'd per Lapland

Date 1-3-19 M.F.W. 187 6-3-19

Closed J Willson

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7593.

CONSOLID. ACCO.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

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—1772-39-1141
L. L. 22320—M. & D. 1293.

10 - Ha - 244

3636

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

AUDITOR	PAYMASTER
DM	

M. OR S. Married

REGT. NO. 931776 RANK Pte NAME (IN FULL) HARRIS Wm

NEXT OF KIN: Mrs M Harris. RELATIONSHIP: Wife

ADDRESS: 2731 Peneston St. New Orleans La. USA.

IS SEPARATION ALLOWANCE PAID? Yes. Ptd to by Ottawa & closed. DATE EFFECTIVE 31-3-19

TO WHOM PAID: Mrs M Harris RELATIONSHIP

ADDRESS: 2731 Peneston St New Orleans La USA

PARTICULARS	EFFECTIVE DATE	AUTHORITY
		P.D.D. 2731 Peneston St.

ORIGINAL UNIT C.E.F.: Forest

IF IN P.F. WHAT UNIT? ~~Franklin Hotel Bank, 35 Michigan Ave Chicago, Ill~~

PLACE OF ATTESTATION

TRANSFERRED TO: 2731 Peneston St. New Orleans La. U.S.A. DATE AUTHORITY

DATE OF ATTESTATION 30-1-17

TRANSFERRED TO

ASSIGNED PAY $ 15 — DATE EFFECTIVE 31-3-19 No. M.F.C. ~~Off. 31-12-18~~ Held

PAYABLE TO: Mrs. M. Harris RELATIONSHIP: W.

ADDRESS: New Orleans La w.

ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE: London — DATE: 22-3-19 — REASON: Dem — AUTHORITY: DOG — IF ENTITLED TO POST DISCHARGE PAY: 70

MONTH	Pay: No. of Days	Rate	Amount	Other Credits		Total Credits	Acquittance Rolls	Cash Payments Col. 1	Col. 2	Col. 3	Assigned Pay	Regimental Charges	Other Charges		Total Debits	Balance Debit	Balance Credit	Particulars or Remarks
Balance from previous account 31-12-18					58 22						45 —		19 42 9 73 4 87 24 33 2 43 9 73 4 87 50 — 5 —		195 43	117 21		U.S. Jan. Feb. & March
Jan. 22/3/19	81.	110	89 10	35 00 12 00		136 10	S.3273 3-8-19		35 00				117 21		152 21	16 11		10520-2-19 2063; 8-3-22-3-20071; 15 days pd. Dost Eq. alle disch post dated; ReOpened to adjust S/a as per Obs 3rd/8-3-19; Pd by Ottawa to 31-3-19; Dis. on 22-3-19; Opaid 80
													A.R. Mortimore			Maj		
WAR SERVICE GRATUITY													8 00		8 00	8 00		
153 days 8/3/19			350			350		70							70	280		#4692
8/4/19			280	SA 150		~~280~~ 500							16 11			263 89		
													8 00			255 89		
								45 89								210		8/4/19 — 68466
					8			70								148	150	8/5/19 78662
									82				8 SA				142	8 SA: 69616 mon & now re credited (charged twice) (82 c)
																	60	29/5/19 9/7/19 103898
								78	30							70	30	7-6-19 89082-3
								70	30									8/7/19 102831-2
				150	8 —	508		333 89	142				32 11		508			

Capt.

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

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