

Original 931016

ATTESTATION PAPER.

No.

No. 2 CONSTRUCTION, B.D. C.F.F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? Harrison
- 1a. What are your Christian names? George Washington
- 1b. What is your present address? Fairview Halifax County
- 2. In what Town, Township or Parish, and in what Country were you born? Annapolis County
- 3. What is the name of your next-of-kin? Mr. Emma Harrison Mantley
- 4. What is the address of your next-of-kin? Fairview Halifax County
- 4a. What is the relationship of your next-of-kin? Mother
- 5. What is the date of your birth? April 12 - 1897
- 6. What is your Trade or Calling? Stevedore
- 7. Are you married? Single
- 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? no
If so, state particulars of former Service.
- 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, George Harrison, 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.

George Harrison (Signature of Recruit)
Date July 24th 1916. Sergt Geo Walsh (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, George Harrison, 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.

George Harrison (Signature of Recruit)
Date July 24th 1916. Sergt Geo Walsh (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 July 25th this 24 day of July 1916.
(Signature of Justice)

A Justice of the peace in and for The City & County of Halifax, N. S.

Description of George Washington Harrison Enlistment.

Apparent Age 19 years 3 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

scar of cut on ball of right thumb.

Height 5 ft. 8 3/4 ins.

Chest measurement: Girth when fully expanded 35 1/2 ins.
 Range of expansion 3 ins.

Complexion Dark

Eyes Black

Hair Brown

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

Weight 134 lbs

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 July 24 1916 *W. H. Sutherland*
 Place Halifax *bapt a.m.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.

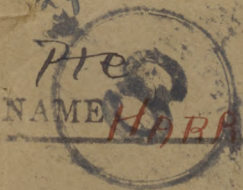
Geo. Washington Harrison having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

W. H. Sutherland (Signature of Officer)

AUG 1 0 1916

Date.....1916

2-19-49



REGIMENTAL DOCUMENTS

O. H. M. S.

NAME HARRISON - GEORGE WASHINGTON REGT. No. 931016 UNIT

#2 Const. BN.

NON-EFFECTIVE BY Discharged CATEGORY..... Demob.



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- 1 FIELD CONDUCT SHEET (M. F. W. 178 or A. F. B. 122)
- REGT. CONDUCT SHEET (M. F. B. 263 or A. F. B. 121)
- COMPANY CONDUCT SHEET (M. F. B. 263A or A. F. B. 121)
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- 2 PROCEEDINGS ON DISCHARGE (M. F. W. 218 or A. F. B. 121)
- PARTITION OF CHARACTER (A. F. W. 3238)
- 1 COPY OF THE MOST RECENT DISCHARGE CERTIFICATE (M. F. W. 304)
- 1 DENTAL CERTIFICATE ON DISCHARGE (M. F. A. D. C. 340)
- 1 UNIT INDEX CARD (M. F. W. 122)

11304



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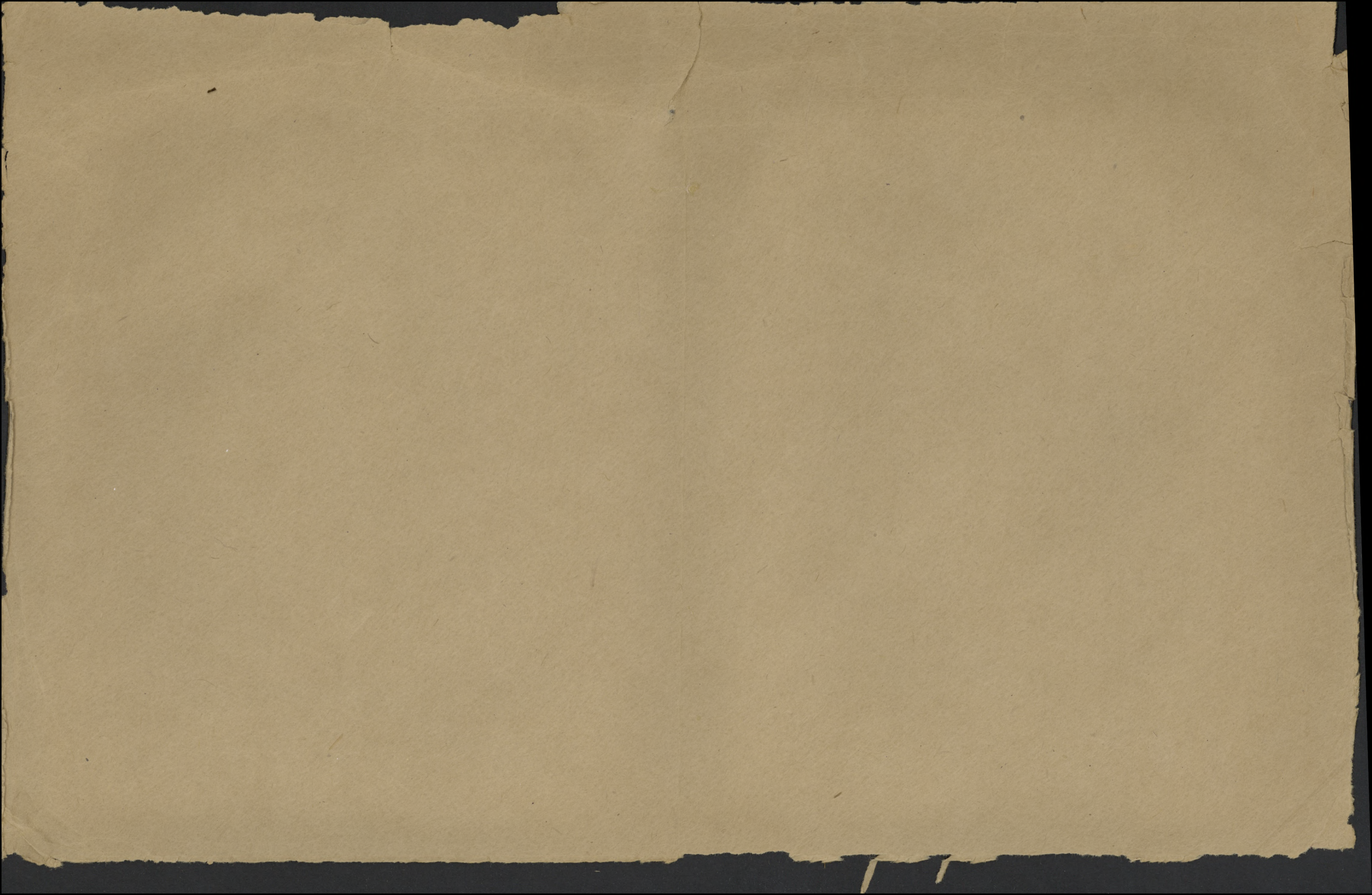
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R122
Ranc

M. F. B. 270.

850M-5-18

H. Q. 1772-39-87



931016-
I.D. number
No. d'identification

HARRISON
Surname
Nom de famille

GEORGE WASHINGTON
Given names
Prénoms

NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL DES DOCUMENTS
DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu

4104

« CONTENTS CONFIDENTIAL »
« CONTENU CONFIDENTIEL »



✓
Number

931016

Rank

✓
~~Plt~~ ^{Apr 13}

Surname

HARRISON ✓

Christian Name

George Washington ✓

Units

Co Pcc ✓

Theatre of War

France ✓

Date of Service

17.5.17 ✓

Remarks

Latest Address

Fairview, Halifax Co.,
N.S. ✓

Roll No

B. Page 15318

200m.-2-21.M.

DESP. JUL 28 1922

REGN. NO. *GVH7704*

No. 931016 RANK Pte.

NAME Harrison, George Washington

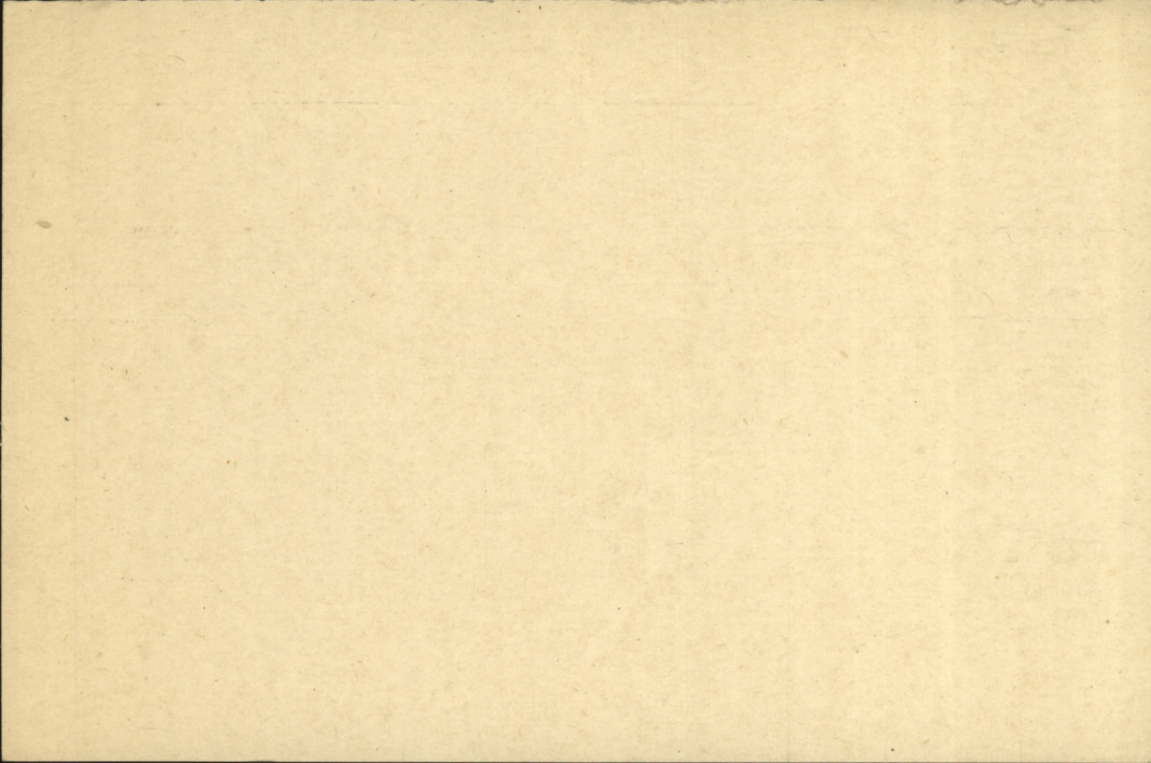
T. O. S. 24-7-16
 D.O. 2.28.7-16

UNIT

No 2 Construction Battalion

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
July 24	July 31	n.		
Aug.		n		
Sept.		n		
Oct.		n.		
Nov.		v		
Dec.		v		
1917	Jan 1917	v		
Feb.		n		
Mar.		n		



*Name Harrison, George Rank Pte Regtl. No. 931016
 Original unit 7th Coy. B. 2nd Div. 13th Present unit 2nd Coy. B. 2nd Div. 13th Fyle Depot.....
 or S. Age 21 Religion Methodist Ref. H.Q.....

Port, ship, and date of arrival.....

Next of kin Mrs Emma Muthus (Mother)

Address on leave Fairview, Halifax, N.S.

Address on discharge Fairview, Halifax, N.S.

Transportation issued Yes No Date..... Character on discharge.....

Previous occupation Stewardess Date and place of enlistment July 24/16. Halifax

Diagnosis..... Date of Medical Boards.....

Date.	Remarks	Pt. 2 Order No.
12/1/19.	<u>I.O.S. No 6 D.D.</u>	<u>Do 29.</u>
22/1/19.	<u>Posted to Casualty Co.</u>	<u>Do 29.</u>
16/2/19	<u>Discharged at Halifax</u>	<u>Do 45.</u>

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

Date.

Remarks.

Pt. 2 Order No.

M.F.W. 192
150M-6-18.
1772-39-1243.

SURNAME.

Harrison

CARD NO.

6.

✓

CHRISTIAN NAMES

George Washington.

SO S/6-279. Lembe

FOLL.

NO 458/14.279.#620

REGL. NO.

931016.

RANK

Pte

(Pte.)

UNIT

No. 2. Construction. (coloured)

Bn.

FORMER CORPS

Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Harrison, Mrs Emma.

RELATIONSHIP TO SOLDIER

Mother.

ADDRESS

Hairview Halifax Co. N.S.

COUNTRY OF BIRTH

Canada Annapolis Co. N.S.

DATE

April 12. 1897.

PLACE OF ATTESTATION

Halifax. N.S.

DATE

July 24. 1916.

Op. 28-3-17

R/c 25-1-19. 25^b/68.

From Halifax per S.S. "Souttelant" 28/3/19.

MARRIED

SINGLE *yes*

WIDOWER

TRADE OR CALLING

Stenedore

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

19 YEARS

3 MONTHS

HEIGHT

5 FEET

8 3/4 INCHES

CHEST MEASUREMENT

35 1/2 INCHES

EXPANSION

3 INCHES

COMPLEXION

Dark

EYES

Black

HAIR

Brown

DISTINGUISHING MARKS

Scar of cut on ball of right thumb

MEDICAL EXAMINATION.

PLACE

Halifax. N.S.

DATE

July 24th 1916.

Present Address. Fairview Halifax Co. N.S.

J.P. Rank Name HARRISON, George Washington. Reg'l No. 931016.
 Unit No2. Const Bn. If in perm. Corps }
 What Unit? } Married or Single Single.
 Place and Date of Enlistment Halifax, N.S. 24th July 1916. Place of Birth Annapolis. County
 Name and Address, Next-of-Kin Mrs. Emma Mantley.
 Fairview. Halifax. County. N.S. Relationship Mother.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E, R.B. NS 6660
 File R.L.
 OR CAN
 Category

Discharge, Date and Place

Reason

Character

H. W. V., Ld.-9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		Arrived in England ss "Southland"		7-4-17.	AWW 47
14.6.17	2. Com. Bn	Arrived in France	Fleury	14.5.17	RE 5 DO 115
16.12.18	W.R.D.	TOS from 2 nd CCCoy.	pt. Biskath	14.12.18	SO 305471 / 19.12.18 2 nd CCCoy.
27-12-18	W.S.R.D	O/C to C.D.D. Rhyll	-	27.12.18	- 3/3.
25.1.19	W.P.R.D.	Comm on Com to Rhyll. Rhos to C. & F. Canada	Rhyll	12.1.19	- 18

A.F.B. 103 CHECKED
 29 MAY 1917

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

Arms

M. F. W. 54. (A. F. E. 163.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form Active Service.

Unit, Regiment or Corps No. 2 Construction Batt. C.E.F.
 Regimental No. 931016 Rank pte Name Geo. Washington Harrison
 Enlisted (a) 24-7-16 Terms of Service (a) period of war Service reckons from (a) 24-7-16
 Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }
 Extended _____ Re-engaged _____ Qualification (b) _____

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

Report	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
From whom received				
	Embarked, Canada	Holifax	24/3/17	
	Disembarked, England	Liverpool	7/4/17	✓
	Proceeded Overseas	Leaford	17/5/17	
				PT 2. D.O. # A.P. Macleary Adjutant, No. 2 Construction Batt. C.E.F.
	Landed in France		17-5-17	N.R.
	Forfeits 5 days pay for M. King w.v. y with Iron Rations	Field	31.5.17	B. 213 J. 20. 26 7/9
	Still with unit	Sld	4-6-18	W.H. 8. 18/11784
	Granted 14 days leave.	wh.	12.8.18	B. 213 p. 50. 53 of. S. 4/1918
	Repaid from leave	Field.	29.8.18	B. 213

31.5.17
4-6-18
17.8.18
31.8.18

OC
OC
do
do

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.
 [P.T.O.]

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				

11 ¹² / ₁₈	Adg	Trans to Eng reported to N. S. Reg. Depot	Bramshott	14 ¹² / ₁₈	K R 344.
----------------------------------	-----	---	-----------	----------------------------------	----------

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

17-12-18	N.S. R.D.	T.O.S. 9 attached to 2nd C.B. D for Quarters & Rations.	B'shott.	14-12-18.	D.O. 5205
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NSRD ON COMMAND TO *CDD Kimmel*
 Rhyf
 BRAMSHOTT

PART II D.O. *MSRD 913 27/12/18*

12/1/19

Sos OMS Co on
Trans to CC 4
Disch Canada
Sailing w 4
Rm Hammond Lieut
Kimmel Park
Embarked for Canada 12/1/19

ba. Wright LIEUT.
 OFFICER IN CHARGE RECORDS,
 NOVA SCOTIA REGTL. DEPOT.

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

M. F. W. 54. (A. F. B.)

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps

Regimental No. 931016 Rank Pte. Name Harrison G.
C. E. F.

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

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

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				
12.1.19	Oreas. 1/0/S. No. 6 D. D. Hlfr. Coy. Co. 22.			22.1.19	Asst. Adj. No. 6 DISTRICT DEPOT <i>W. J. Ferguson</i> Lieut
16-2-19	DISCHARGED at Halifax, N. S.		D.D. 45 for		<i>W. J. Ferguson</i> Lieut O.C. DISCHARGE SECTION NO. 6 DISTRICT DEPOT

(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.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 931016 (Rank) Private
 Name (in full) George Washington Harrison enlisted in
 the No. 2 Construction Battalion
 CANADIAN EXPEDITIONARY FORCE at Halifax N.S. on the 24th
 day of July 1916
 HE served in France
 and is now discharged from the service by reason of Demobilization

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

Age <u>21 years 10 months</u>	Marks or Scars <u>Scar on</u>
Height <u>5 feet 8 ³/₄ inches</u>	<u>right thumb</u>
Complexion <u>Dark</u>	
Eyes <u>Black</u>	
Hair <u>Brown</u>	

Signature of Soldier G. Harrison

Issuing Officer J. J. Shaw CAPT. & ADJ.T.
 FOR LIENT. COL. No. 6 DISTRICT DEPOT,
 Rank

Date of Discharge February 16th 1919

Signed at Halifax N.S. this 16th day of February 1919
 in Military District No. 6

Appointment

File Reference No. _____

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.

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

On demobilization the particulars called for on the back of this certificate will not be completed. Uniforms not to be worn after Date of Discharge unless authority has first been obtained from G.O.C. District.

V+
NPRC PAC OTT

DVA HOSP SBLV
M. HEBERT
CANADIAN FORCES RECORDS CENTRE
RECORDS MANAGEMENT BRANCH
HEADQUARTERS RECORDS
CENTRE DIVISION
RECORDS CENTRE AMEX BUILDING
TUNNEY'S PASTURE
OTTAWA, ONTARIO
K1A 0N3

TELEX NO: 0533367

LE 8 AOUT 1984

TELEX -- PREUVE DE SERVICE--

PROOF OF SERVICE FOR ADMISSION AT STE ANNE'S HOSPITAL.
ANSWER BY TELEX PLEASE. U R G E N T

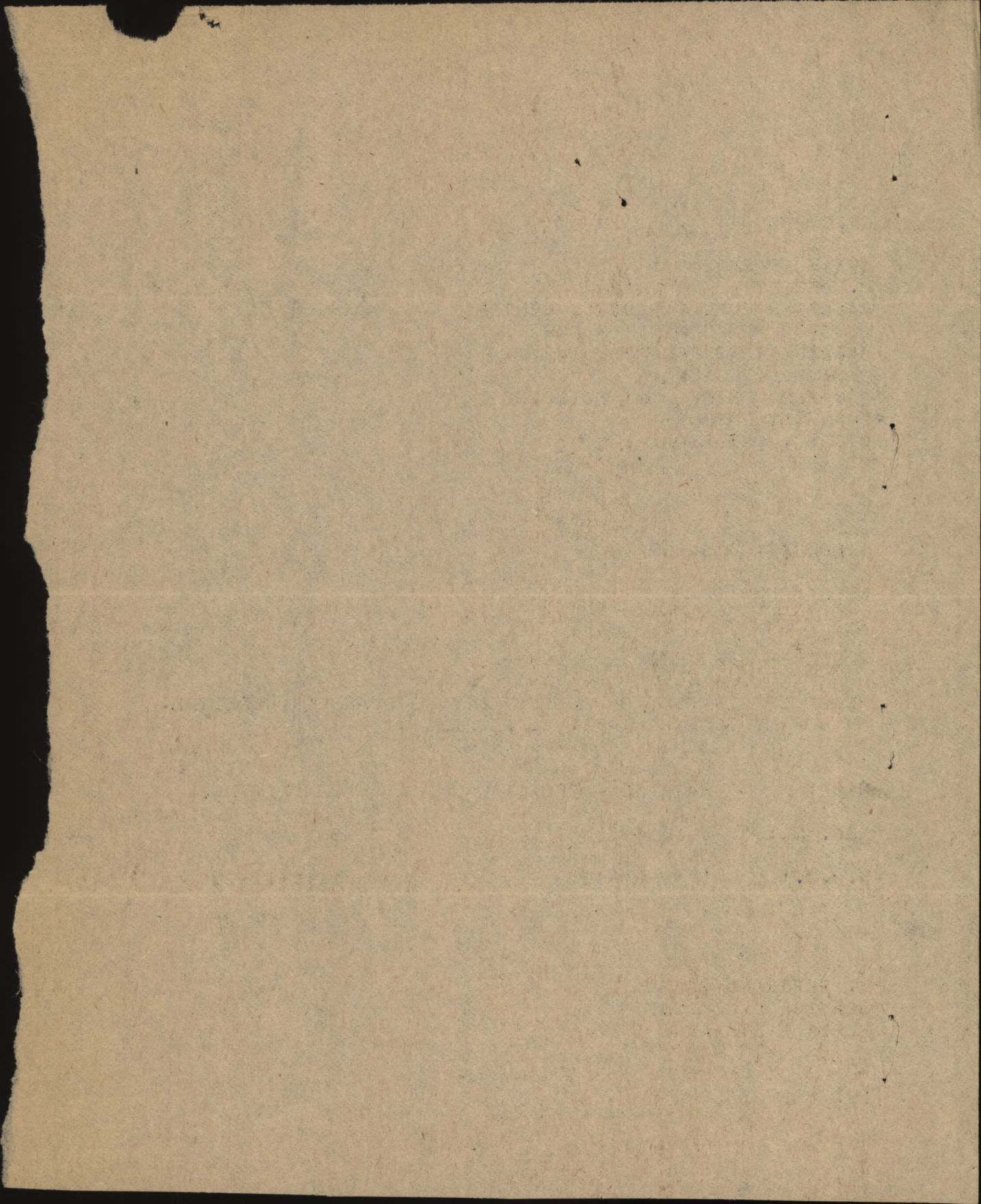
Handwritten signature and the word "telex" written vertically.

NAME:	HARRISON, GEORGE	LANDRY, NOEL
REG. NO:	931016	585222
D.O.B.:	1896-04-12	1916-12-25

M. BERTRAND GAGNE
SERVICE D. ADMISSION
HOPITAL STE-ANNE

DVA HOSP SBLV

*
NPRC PAC OTT



LOC0085.t71

15:37 08/13/84

PAOCOTT
TX
BT

TO M BERTRAND GAGNE (STE-ANNE HOSPITAL)

REF YR TLX 8 AUG 84 NO.0533367

RE 931016 HARRISON. GEORGE
SERVED AS HARRISON, GEORGE WASHINGTON

ENL CEF 24 JUL 16
SERVED CANADA, BRITAIN AND FRANCE
EMB FOR BRITAIN 28 MAR 17
DISCH 16 FEB 19

FOR JH PAVELING
DIRECTOR NPRC

01 05823550 DVA HOSP SBLV
02

*** RECEIVE TRAFFIC ***

B

131938 GME031

12:37 08/13/84

100088 231

BAOCOTT

TX
BT

TO H BERTRAND GAGNE (STE ANNE HOSPITAL)

REF YR TX 8 AND 84 NO. 082327

HE SERVED AS HARRISON. GEORGE WASHINGTON
HE SERVED AS HARRISON. GEORGE WASHINGTON

REF YR TX 24 JUL 84
SERVED CANADA, BRITAIN AND FRANCE
REF YR TX 24 JUL 84
SERVED CANADA, BRITAIN AND FRANCE
REF YR TX 24 JUL 84
SERVED CANADA, BRITAIN AND FRANCE

DIRECTOR WPCG
FOR IN PAVELING

01 0823280 DVA HOSE 88LV

02

*** RECEIVE TRAFFIC ***

12:38 08/13/84

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 Harrison Surname Geo
 Unit or Corps 17 Reserve (If a soldier) Regtl. No. 931016
 Born at Napoli's Nova Scotia on, date April twelfth 1896
 Signature (for identification) Harrison George

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

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

Weight 158 lbs.
 Height 5 10 ins.

no

2. **NUTRITION AND DIATHESIS?**

Yes

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

3. **NERVOUS SYSTEM?**

no

4. **RESPIRATORY SYSTEM.**

no

5. **HEART?**

Abnormal Sounds? no

Abnormal Size? no

Pulse Rate? 80

Intermittence or irregularity? no

6. **ARTERIES.**—Any hardening?

no

7. **DIGESTIVE SYSTEM?**

no

8. **GENITO-URINARY SYSTEM?**

Urinalysis—s.g. ? 1.012 Reaction ? acid Albumen ? nil Sugar ? nil

9. **SKIN, MIDDLE EAR, EYE**
or any other part?

no

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

no

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

Yes

Examined at Kenmore Park Signed [Signature] M.O.
 Date 2-1-19 Signed [Signature] M.O.

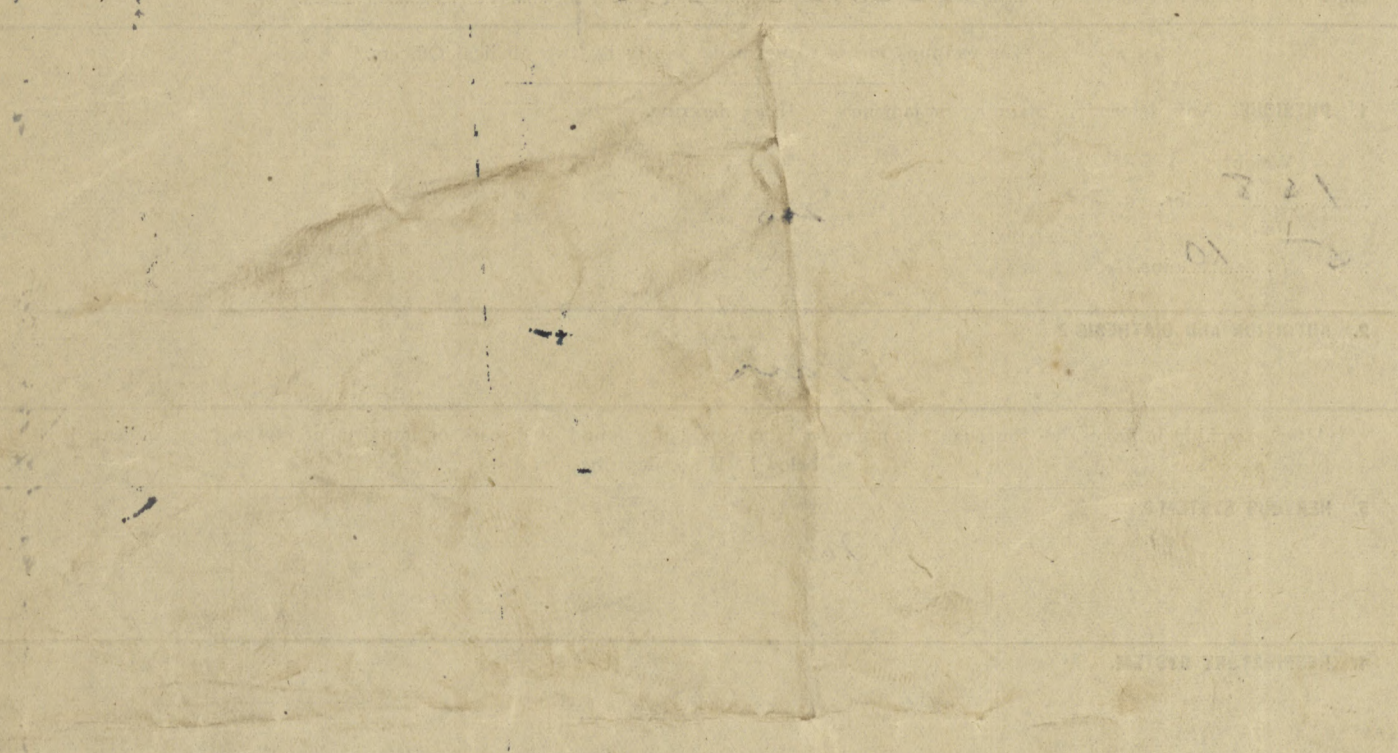
If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

Medical Examination of the ...
at an Office in the ...

1895
12 21

12 21

12 21



12 21

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

THIS SECTION FOR USE OVERSEAS

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. 931016 Rank Pte Surname Harrison
(Give name in full)

Unit or Corps DD # 6 Birthplace George Washington Annapolis N.S.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 134 lbs. Height 5 ft. 8 3/4 in. Colour of Eyes black

Nutrition Good

Pulse 80

Condition of arteries Normal

Vision Rt. 6/2 Left 6/6

Hearing (conversational voice) Rt. 15 ft.

Left 15 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)

Scar R. Thumb

Opinion as to general health and physical condition good

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 no 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.

Fairview P.O. Halifax N.S.

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

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date SignedM.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.....(Canada)

Date SignedM.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]

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

MD 6

NAME OF SOLDIER (Block Letters) HARRISON, G.

REGIMENT 2 Cons. Coy RANK PTE No. 931016

Date of Examination in England 31-12-18 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 21-30
2. EXTRACTIONS _____
3. CROWNS _____
4. DENTURES
 - (a) Full Upper _____
 - (b) Part Upper _____
 - (c) Full Lower _____
 - (d) Part Lower _____

HAS HE EVER REFUSED DENTAL TREATMENT? _____

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

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

KINMEL PARK,
NORTH WALES.

Signature of Dental Officer W. Kennedy



ms

HARRISON A.

2 Corps. Coy. Pte. No. 10000

3-12-12

Handwritten text at the bottom of the page, possibly a signature or date.

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.

(1) Name of Overseas Unit which Soldier joins No 2 Construction Battalion C.E.F.
Pictou N.S.

(2) Regimental Number 931016

(3) Full Name of Soldier George Washington Harrison

(4) Place of Birth Annapolis County N.S.

(5) Are you married, or not? No

(6) If married, state,
(a) Full name of your wife _____
(b) Present Postal Address ~~Fairview Post Office Halifax N.S.~~

(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 _____

(9) Is your Father alive? no

If so, state name and address

(10) Is your Mother alive? yes

If so, state name and address

Mrs John Mantly
Halifax Fairview

(11) If your Mother is a widow no

Are you her sole support, or not? yes

(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.

~~\$10.00.~~

(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.

~~Mother~~
~~Mrs John Mantly~~
~~Halifax Fairview~~

(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.

x yes
no

(15) Are you insured?

If so, in what Company? no

Have you made arrangements for payment of your Insurance premium no

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

C. H. Rejs Capt
for Officer Commanding.

Date OCT 23 1916

MEDICAL HISTORY SHEET

Surname Harrison Christian Name George Washington

Examined on 24th day of July 1916
at Halifax N.S.
Birthplace { City or Town Amnapolis
County Nova Scotia

Approved by C. C. Chisholm
Rank Capt a m c M.O.

Apparent age 19 years
Trade or occupation Stevadore
Height 6⁷ feet 8 ³/₄ Inches
Weight 134 lbs.
Chest measurement { Minimum 32 ¹/₂ inches
Maximum expansion 55 ¹/₂ inches
Physical development good
Small-pox Marks nil

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left
Number one
When Vaccinated last 1908

Date	Result	VACCINATIONS
<u>12/17</u>		<u>Don Murray</u> M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease
(b) Slight defects but not sufficient to cause rejection

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>19/10/16</u>	<u>L.S.R.</u>	<u>S. H. Murray</u> M.O.
<u>1/11/16</u>	<u>L.S.R.</u>	<u>S. H. Murray</u> M.O.
<u>15/11/16</u>	<u>L.S.R.</u>	<u>G. A. Dunn</u> M.O.

Enlisted on 24 day of July 1916 at Halifax N.S.

CORPS	REG'TL NUMBER	HABITS	DATE
	<u>931016</u>		<u>24/7/16</u>
Joined on enlistment			
Transferred to			

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

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT

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

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

To Whom *Mrs. John Mantley*
 Address *Fairview P.O.*
Halifax City.
N.S.

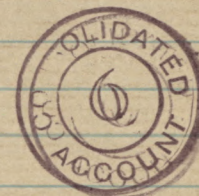
By Whom Assigned *Harrison George*
 Regtl. No. *931016*
 Rank *Pte*
 Corps *No 2 const. Bn.*

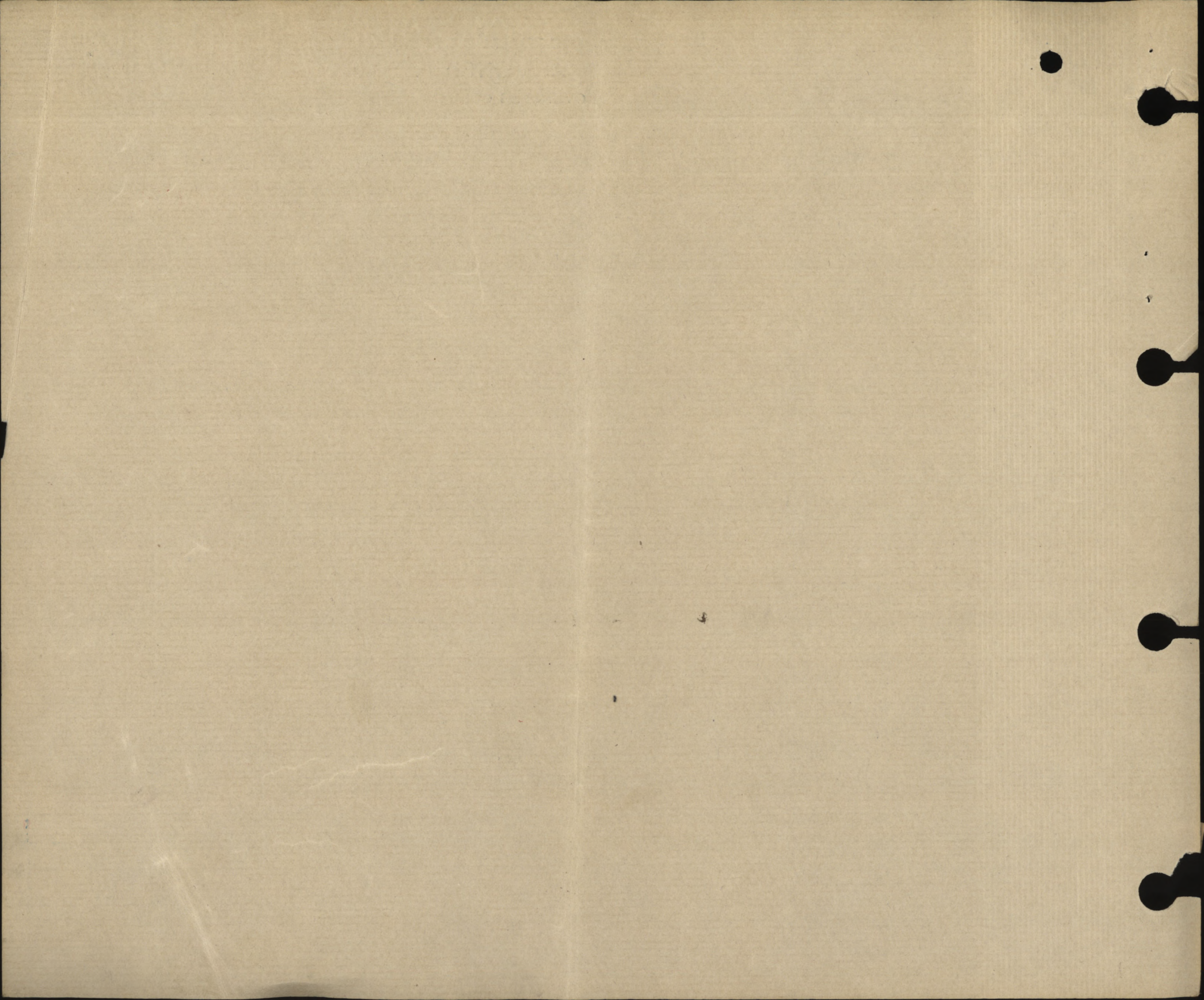
Rate *10⁰⁰*

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				





ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2

Mrs John Mantley
(Assigned)

PAYMENTS.

Name of Soldier

Harrison George
Pte No 2 const Bn

I. L. Job 5470—Req. 6888.

No 931016

Month.	Year.	Cheque No.	Amt.	Remarks.
			10 ⁰⁰	APR 1917
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		Z 4857	10	
May		I 8135	10	10 W.
June		P 15272	10	10 W.
July		M 23579	10	W
Aug.		Q 28957	10	
Sept.		C 35809	10	10 W.
Oct.		O 42277	10	
Nov.		K 49382	10	
Dec.		M 59500	10	
Jan.	1918			90-
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.				

P. 559
MARRIED OR SINGLE

S

PLACE OF BIRTH

Annapolis County

NAME AND ADDRESS OF NEXT OF KIN

Mrs Emma Mantley
Fairview, Halifax County N.S.

RELATIONSHIP OF NEXT OF KIN

Mother

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

AUTH

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED

DATE DISCHARGED

V. OR A.

NAME OF HOSPITAL

DATE	PAY			FIELD ALLOWANCE			WORKING OR SPECIAL PAY			ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								
	No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE	AMOUNT		No. OF DAYS				RATE	AMOUNT		1		2		3	
			\$	c.			\$	c.						\$	c.	No.	DATE	No.	DATE	No.	DATE
											12 64	12 64									
Apr 30	30	1 10	33	00								33 00									
MAY 1-31	31	-	34	10								34 10	40 1/5								
June 1-30	30	-	33	00								33 00	69 14/5								
July 1-31	31	-	34	10								34 10									
Aug	"	"	34	10								34 10									
Sept 1-30	30	-	33	-								33 -						61 20/5			
			201	30							12 64	213 94						129 14/6			

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. PAY	SEP. ALLGE. ENG.
Sept	bal		11 12						111 12		
Oct	P.P.	34 10		AR 573.27 26/27 26/27 att C.F.E.	3 57			10			
				462 13 27	3 57						
				622 11 27	3 57						
		34 10			10 71			10	124 51		

EFFECTIVE DATE
 AUTHORITY
 IF IN PERM. CORPS
 WHAT UNIT
 PERMANENT FORCE ALLOWANCES
 PLACE OF ATTESTATION
 DATE OF ATTESTATION
 ASSIGNED PAY MONTHLY \$
 DATE EFFECTIVE
 PAYABLE TO
 ASSIGNED PAY MONTHLY \$
 DATE EFFECTIVE
 NAME OF HOSPITAL
 PAYABLE TO
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE)
 EFFECTIVE
 REASON
 DISCHARGE DATE AND PLACE
 REASON AND AUTHORITY
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

REG'L No. 930016 RANK NAME Harrison Geo Washington
 UNIT 26008W TRANSFERRED TO DATE AUTHORITY
 PLACE OF ATTESTATION Halifax N.S. TRANSFERRED TO DATE AUTHORITY
 DATE OF ATTESTATION 24-4-16 TRANSFERRED TO DATE AUTHORITY
 ASSIGNED PAY MONTHLY \$ 10.00 DATE EFFECTIVE 1-4-17
 PAYABLE TO Mr John Mandley, P.O. Fairview, Halifax N.S. RELATIONSHIP Mother

NAME OF HOSPITAL
 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)

ATTENDANCE ROLLS
 3 4
 DATE No. DATE No. DATE
 61 20/5
 129 21/6
 156 22/6
 271 23/7
 294 25/7
 CE - SEP.
 -REQ. ALLCE.
 PAY ENG.

ATTENDANCE ROLLS					CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
DATE	No.	DATE	No.	DATE	1	2	3	4				CREDIT	DEBIT			
												12 64				Bal from Canada.
									10		10	35 64		5 -	30 64	
					9 73				10		24 60	45 14		10 -	35 14	
					4 87				10		14 87	63 27		15 -	48 27	
									10 -	5 50	15 50	81 87		20 -	61 87	Defects 5 do pay 21-5-17 D.O. 120. 26-7-17.
									10 -		13 57	102 40		25 -	77 40	
									10 -		24 28	111 12				
					19 47				60 -	5 50	102 82	111 12				

12.
 51

Pi 931016 Harrison, G. N

10.00

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS		
	No. OF DAYS	RATE	AMOUNT	No. OF DAYS	RATE	AMOUNT				No. OF DAYS	RATE	AMOUNT	1	2	3	4

MONTH PARTIALS CR. 1 CR. 2 PARTICULARS DR. 1 DR. 2 DR. 3 DR. 4 BALANCE DEFERRED PAY SEPARATE ALLG. ENG.

Nov																				
DEC																				
JAN	1918	PP.																		
FEB																				
MAR	1918																			

124 51
10
3 57
3 57
3 57
3 57
10 157 33
20
10
12 49
7 14
19 63 - - - 10
10
175 16
10
185 28
10

29

* Strike out whichever inapplicable.

ASSIGNED
PAY.

ENGLAND OR
CANADA.

SEPARATION
ALLOWANCE.

EFFECTIVE
DATE:- 1 APR 1917

EFFECTIVE
DATE:-

AMOUNT:- 10⁰⁰

AMOUNT:-

NAME, ADDRESS, RELATIONSHIP & AUTHORITY

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

*Wm John Mantley Mother
P.O. Fairview Halifax N.S.*

Stop 1. 1. 19

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

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

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY
9/12	6584	676	4 66			
18/12	7569	BRDG	9 73			
			<i>14 39</i>			

new ASPB 68446

PARTICULARS OF RENDERING NON-EFFECTIVE:-

Disch Can v 1.

1918 MONTH	PARTICULARS	CR. 1	CR. 2	PAR
MAR	<i>Bal Ford</i>			
<i>Apr</i>	<i>P.P.</i>	<i>33</i>		<i>b.a.P.</i>
				<i>AR 4 2/4 C</i>
				<i>AR 267 22/4</i>
<i>May</i>	<i>P.P.</i>	<i>33</i>		<i>b.a.P.</i>
		<i>34 10</i>		<i>AR 408 7/4</i>
				<i>v +22 23/4</i>
<i>June</i>	<i>P.P.</i>	<i>33</i>		<i>Can</i>
				<i>AR 709 7/4</i>
				<i>1 871 7/4</i>
<i>July</i>	<i>PP</i>	<i>32</i>		
		<i>34 10</i>		<i>Canada</i>
				<i>AR 949</i>
				<i>AR 1093</i>
<i>Aug</i>	<i>PP</i>	<i>34 10</i>		<i>Canada</i>
				<i>AR CP. 23</i>
				<i>CP 247 29</i>
				<i>AR 1256</i>
				<i>AR 1204</i>
				<i>CP. 26325</i>
				<i>AR 2687</i>
<i>Sep</i>	<i>P.P.</i>	<i>33</i>		<i>Canada</i>
				<i>AR. 1672</i>
				<i>AR 1876</i>
		<i>33</i>		

SEPARATION ALLOWANCE. ENGLAND OR CANADA.

NAME: *HARRISON Geo. Washington*

EFFECTIVE DATE:-

NUMBER:- *931016*

AMOUNT:-

PARTICULARS OF RANK OR APPOINTMENT

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

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>Plc</i>

UNIT AND TRANSFERS

ORIGINAL UNIT:- *2 Construction Bn*
 DATE ACCOUNT FIRST OPENED:- *1 APR 1917*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T 5 F D	UNIT TRANSFERRED TO
			<i>Canada</i>

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

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T 5 F D	UNIT TRANSFERRED TO
			<i>Canada</i>

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>1</i>	<i>-</i>	<i>-</i>	<i>10</i>

*new ASPB 68446 19/8/18 LN Red Bal *159.84*

Disch Canv 1.1.19 LK Bal 145.45 NR 161 17/12 NSR

CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
							<i>185 28 59</i>		
<i>33</i>		<i>b.a.p.</i>				<i>10 -</i>			
		<i>AR 4 9/4 C7C Jura</i>	<i>3 57</i>						
		<i>AR 267 23/4 - " -</i>	<i>3 57</i>				<i>201 14 65</i>		
<i>33</i>		<i>bas</i>	<i>7 14</i>			<i>10 -</i>			
		<i>AR 408 9/5 C7C Jura</i>	<i>3 57</i>						
		<i>v 422 23/5 - " -</i>	<i>3 57</i>				<i>218 10 70</i>		
<i>34 10</i>			<i>7 14</i>			<i>10 -</i>			
<i>33 2</i>		<i>Can</i>	<i>8</i>			<i>10 -</i>			
		<i>AR 709 7/6 646 5</i>	<i>3 57</i>					<i>75</i>	
		<i>871 27/6</i>	<i>3 57</i>				<i>233 96</i>		
<i>32</i>			<i>7 14</i>			<i>10</i>			
<i>34 10</i>		<i>Canal</i>				<i>10</i>			
		<i>AR 949 10/7 CFB 5</i>	<i>3 57</i>						
		<i>AR 1093 25/7</i>	<i>3 57</i>				<i>250 92 80</i>		
<i>34 10</i>			<i>7 14</i>			<i>10</i>			
<i>34 10</i>		<i>Canal</i>				<i>10</i>			
		<i>CP 23834 16/8 LN 4867</i>							
		<i>CP 24729 19/8 LN 1947</i>							
		<i>AR 1256 10/8 CFC 5</i>	<i>3 57</i>						
		<i>AR 1204 10/8 CFB 5</i>	<i>3 57</i>						
		<i>CP 26325 24/8 LN 973</i>							
		<i>AR 2687 10/8 CFB 5</i>	<i>97 33</i>				<i>9268 85</i>		
<i>34 10</i>			<i>18234</i>			<i>10</i>			
<i>33</i>		<i>Can AP</i>				<i>10</i>			
		<i>AR 1672 5/9 CFC 5</i>	<i>3 57</i>						
		<i>AR 1876 24/9</i>	<i>3 57</i>				<i>10854 90</i>		<i>at agreed</i>
<i>33</i>			<i>7 14</i>			<i>10</i>			

NUMBER 931016 RANK Pte NAME HARRISON Geo Washen 9

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.
				Foid.				
Oct	P.P.	3410		G.A.P.				10
				MR 2251 12/10 G.F.65	373			
				2721 9/10 ✓	373			
		3410			746			10
				G.A.P.				10
				MR 2686 11/11 G.F.65	373			
				2904 26/11 "	1306			
Nov	P.P. Nov - Dec	6710		G.A.P. Dec				10
	In on Dec Day	775		MR 6584 10/12 G.G.B.D.	466			
				✓ 3569 18/12 B.P.D.G.	973			
Jan/18	P.P.	3410		G.A.P.				10
		7145			3118			20
				MR 84 10/11 ^{L.P.C.C.} Kimmel	973			
					973			
				S.O.S. to Can 12/1/19 N.O. 18 70				

ARRISON

Geo Washington

DOLLARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Foid.					10854	90	
				10		96	
10 C.F.65	373						
	373				12518		
	746			10			
P				10		100	
C.F.65	373						
	1306						
Dec				10	15549	105	
2 C.G.B.D.	466				15984		
2 B.R.Dy.	973				14545		
				10			
	3118			20			
X.P.C.C. Kimmel	973				13572		
	973						

Can 12/1/19 N.D. 18 W.P.W. 11/1/19

3/13/19
435

War Service Badge
Class "A" # 76895 J.
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.	931016	
Rank	Private	
Surname	Harrison	
Christian Name	George Washington	
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company)	No 2. Construction Batta	
Date of Discharge	February 16th 1919	
Place of Discharge	Halifax N.S.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age	21 years 10 months	Descriptive Marks Scar on right thumb.
Height	5 feet 8 3/4 inches	
Complexion	Dark	
Eyes	Black	
Hair	Brown	
Trade	Stevedore	
Intended place of residence	Fairview	
<small>(To be given as fully as practicable.)</small> Halifax Co. N.S.		
2. The above-named man is discharged in consequence of Demobilization		
<small>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.</small>		
<small>To be in the hand writing of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.</small>	3. Conduct and character while in the service have been, according to the records, etc.	
	<small>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.</small>	
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

206
27-379

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.....

Three horizontal dashed lines for listing 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) *Halifax N.S.* *G. Harrison* (Signature of Soldier.)

(Date) *February 14th 1919* *H. Wren* (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) *Halifax N.S.*

(Date) *16.2.19*

(Signature) *Dunn*..... LIUT. COL. No. 6 DISTRICT DEPOT.

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.)

Nil
G Harrison

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263. Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Attestation Paper, Militia Form B. 235. 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 Cer- tificate, " 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.

This space

(When

No.

Rank

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Chris
NOTE—

Corps

Date

Place

1.

Age...

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Comp

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Hair

Trade

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(To be g
PR

2. T

certifica

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

M. F. I

100M.

H. Q. 177

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch **H**

8297 *Apr 17*

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

<i>10</i>			
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PARTICULARS OF SEPARATION ALLOWANCE

No. *931016*
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *George Harrison*
 Battalion *#2 Coast. Batta.*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Mrs John Mantley*
 Address *Pairview P.O.*
 Change of Address *Halifax City N.S.*
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1919</i>					
<i>Dec. 31 1918</i>			<i>90 -</i>	<i>90 -</i>	
<i>Jan.</i>	<i>D 65240</i>		<i>10</i>	<i>10</i>	<i>9</i>
<i>Feb.</i>	<i>E 69845</i>		<i>10</i>	<i>10</i>	<i>X</i>
<i>Mar.</i>	<i>H 98750</i>		<i>10</i>	<i>10</i>	<i>W</i>
<i>Apr.</i>	<i>I 10021</i>		<i>10</i>	<i>10</i>	<i>W</i>
<i>May</i>	<i>D 5480</i>		<i>10</i>	<i>10</i>	<i>W</i>
<i>June</i>	<i>A 16023</i>		<i>10</i>	<i>10</i>	<i>←</i>
<i>July</i>	<i>W 30967</i>		<i>10</i>	<i>10</i>	<i>←</i>
<i>Aug.</i>	<i>L 30557</i>		<i>10</i>	<i>10</i>	<i>←</i>
<i>Sept.</i>	<i>e 38014</i>		<i>10</i>	<i>10</i>	<i>←</i>
<i>Oct.</i>	<i>E 44892</i>		<i>10</i>	<i>10</i>	
<i>Nov.</i>	<i>C 52970</i>		<i>10</i>	<i>10</i>	
<i>Dec.</i>	<i>E 64418</i>		<i>10</i>	<i>10</i>	
<i>1919 Jan</i>	<i>C 72257</i>		<i>10</i>	<i>10</i>	
			<i>220</i>	<i>220</i>	

REMARKS *8064-9-15*
M.O. 60092-D-29-1-19 JAW

M. F. W. 128
 400M-6-17-177-38-141
 L. L. 22520-M. & D. 7683.

M.D. 6
 A/c Closed *31-1-19*
 Ret'd per *Empress Britain*
 Date *22-1-19* *29-1-19*
 M.F.W. 187
 Closed *Wilson*



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.				
Rank	Promoted	Reverted	Discharge	
Soldier's Name				
Battalion				
Beneficiary				
Relationship				
Address				

Name	
Address	
Change of Address	
1	
2	
3	
4	

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
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M. F. W. 128
 400M-6-17-1772-89-141
 L. L. 223A-M. & D. 7583.

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

REGT. NO. **931016** RANK **Pto** NAME (IN FULL) **Harrison G. W.**

M. OR S.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS			<i>1/10</i>		<i>U.S.A.</i>		
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
TO WHOM PAID	RELATIONSHIP				DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
ADDRESS					ASSIGNED PAY \$	DATE EFFECTIVE	
					<i>10.00 pd. to 31-1-19</i>		
					PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
					<i>Mrs. John Montley</i>		
					ADDRESS		
					<i>P. O. Fairview</i>		
					<i>Halifax, N.S.</i>		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE	DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY
						<i>16-2-19</i>	<i>Demob. Do45</i>

133

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGIMENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2					COL. NO. 3	DEBIT	
1-1-19			<i>85 85</i>					<i>50</i>									<i>C.L.P.C.</i>
16-2-19	<i>47</i>	<i>110</i>	<i>57 70 35 =</i>	<i>172 55</i>									<i>172 55</i>				
																	<i>W.L.S.</i>
	<i>153</i>		<i>350</i>	<i>350</i>													<i>March 15/19 448 70 00</i>
			<i>11 20</i>	<i>361 50</i>													<i>April 18/19 1518 04 70 00</i>
																	<i>May 9/19 555 43 70 00</i>
																	<i>June 13/19 6000 40 81 70</i>
																	<i>June 14/19 6001 45 81 20</i>
																	<i>Completed</i>
			<i>350 00</i>	<i>11 20</i>	<i>442 40</i>								<i>70 00</i>	<i>442 40</i>			<i>Completed</i>

Certified that all payments due by the Government to the undersigned for Service Officer Pay, Service, M. D. 6

[Signature]

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 931016 Rank Pvt Name Harwin, G.W.
 Corps Inf R who was* Discharged
 On 16-2-19 191... to 1-1-19 191...
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1-19 191... to 16-2-19 191..., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month	25	85
Advances by Cheques } No. <u>AR 703</u>	50	=	Reg'tl. Pay <u>47</u> days at \$...c.	47	-
} No. <u>73999</u>	70	=	Field Allow. <u>9.7</u> days at \$...c.	4	70
Assigned Pay and Sep'n Allee. No.			Separation Allowances* (Monthly)		
Other charges <u>Key paid</u>		05	Other Allowances* <u>Christy allow</u>	35	-
Payment on transfer or discharge No. <u>13998</u>	122	50	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)	70	-
Total	242	53	Total	242	53

*Give particulars.

A monthly stoppage of \$ 10.00 (†) has (‡) been paid on account of Assigned Pay for the month of January 1919 and Sep'n Allee. for month of 191... (to) Assignee Mrs John Monthly
 (Address) Aspd by Ottawa PO Harwin
Halifax NS

(†) Insert amount to be assigned, whether it has been paid or not.
 (‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Out Allowance of \$..... has been paid by Paymaster, Military District No.

REMARKS:—

- State (1) date of enlistment
- (2) if married and if a Separation Allowance Card has been submitted
- (3) cause of discharge Desert authority Dr 45
- (4) authority for transfer

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

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

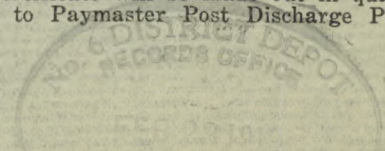
Date 18-2-19
 Place Halifax NS
 Paymaster No. 6 District W. B. ... Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster; triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.



CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all ranks (VMS Numbers 122, 123 and 124) Expeditionary Instructions, PWV (C.E.F. 1916)

UNIT OF RECORD

Regimental No.

Other No.

Date of discharge or transfer

The following is a statement of the account of the above named man

Table with columns for Debit and Credit, listing various financial items such as Advances, Allowances, and Other Credits.

A monthly stoppage of ... has ... The ... and ...

On transfer of an Officer ... has been paid by ...

REMARKS: (1) ... (2) ... (3) ...

I have carefully examined the statement of account and find it to be a correct extract from the Pay Book of the Unit

Signature and name of the certifying officer.