

WRA  
Card written  
15.6.1818

PARTICULARS OF RECRUIT  
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class I)

1. Surname..... Harrison

2. Christian name..... Lawrence Albert

3. Present address..... Carnarvon, Ont. Gen. Dely.

4. Military Service Act letter and number..... PC 92572I

5. Date of birth..... 3rd Dec., 1895.

6. Place of birth..... Carnarvon, Ont.  
(town, township or county and country)

7. Married, widower or single..... Single

8. Religion..... Methodist

9. Trade or calling..... Farmer

10. Name of next-of-kin..... William Harrison

11. Relationship of next-of-kin..... Father

12. Address of next-of-kin..... Gen. Dely. Carnarvon, Ont. Gen. Dely.

13. Whether at present a member of the Active Militia..... No

14. Particulars of previous military or naval service, if any..... Nil

15. Medical Examination under Military Service Act:—  
(a) Place. Barriefield, Ont. (b) Date. 15th May, 18 (c) Category..... A II

DECLARATION OF RECRUIT

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

L. A. Harrison

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... 23..... yrs..... 5..... mths.

Height..... 5..... ft..... 10..... ins.

Chest measurement } fully expanded..... 35½..... ins.  
range of expansion..... 2½..... ins.

Complexion..... Medium.

Eyes..... Blue.

Hair..... Dark.

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

J. P. ...  
O. C. 1st Depot Bn., E.O. Regt., C.E.F.

O. C. Depot Btln. Regt.

Place. Barriefield, Ont. Date. 15th May, 1918

DUPLICATE

Regiment

Battalion

No. 8

Regiment

# PARTICULARS OF RECRUIT DRAFTER UNDER MILITARY SERVICE ACT, 1917

(Class)

1. Surname  
2. Christian name  
3. Present address  
4. Military service number and number  
5. Date of birth  
6. Place of birth  
7. Married, widowed, 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 etc.  
14. Particulars of previous military or naval service, if any  
15. Medical Examination under Military Service Act

(a) Place of birth (b) Date of birth (c) Category A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z

## DECLARATION OF RECRUIT

I, the undersigned, do solemnly declare that the above particulars are true and are true to the best of my knowledge and belief.

(Signature of Recruit)

## DESCRIPTION ON CALLING UP

Appearance	
Height	ins.
Chest	ins.
Measurement	ins.
Complexion	
Eyes	
Hair	
Distinctive marks and marks indicating congenital peculiarities or previous disease	

Drafting Officer

Regiment

Date

M. F. W. 113

NAME HARRISON, LAWRENCE ALB. REGT. NO. 3059 413 UNIT 1<sup>st</sup> L.B.C.O. H. Q. FILE NO.



**CONTENTS**

DATE RECEIVED

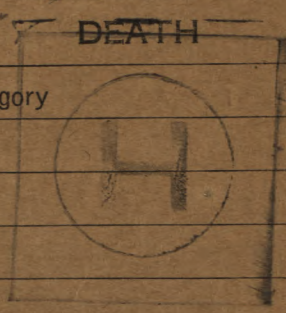
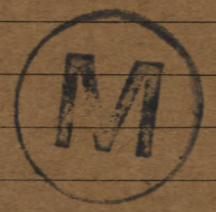
TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

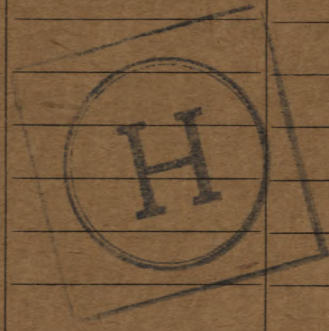
NON-EFFECTIVE BY

- ATTESTATION PAPER (M.F.W. 23, 133, or 51)
- CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
- TRAINING HISTORY SHEET (M.F.W. 113)
- / FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)
- REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)
- COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)
- / MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)
- / ~~DENTAL HISTORY SHEET (M.F.B. 465)~~ *Cert.*
- MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)
- / MEDICAL EXAMINATION (M.F.W. 129)
- TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)
- PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)
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- LAST PAY CERTIFICATE (M.F.W. 44)
- / PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)
- PARTICULARS OF CHARACTER (A.F.W. 3226)
- / COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)



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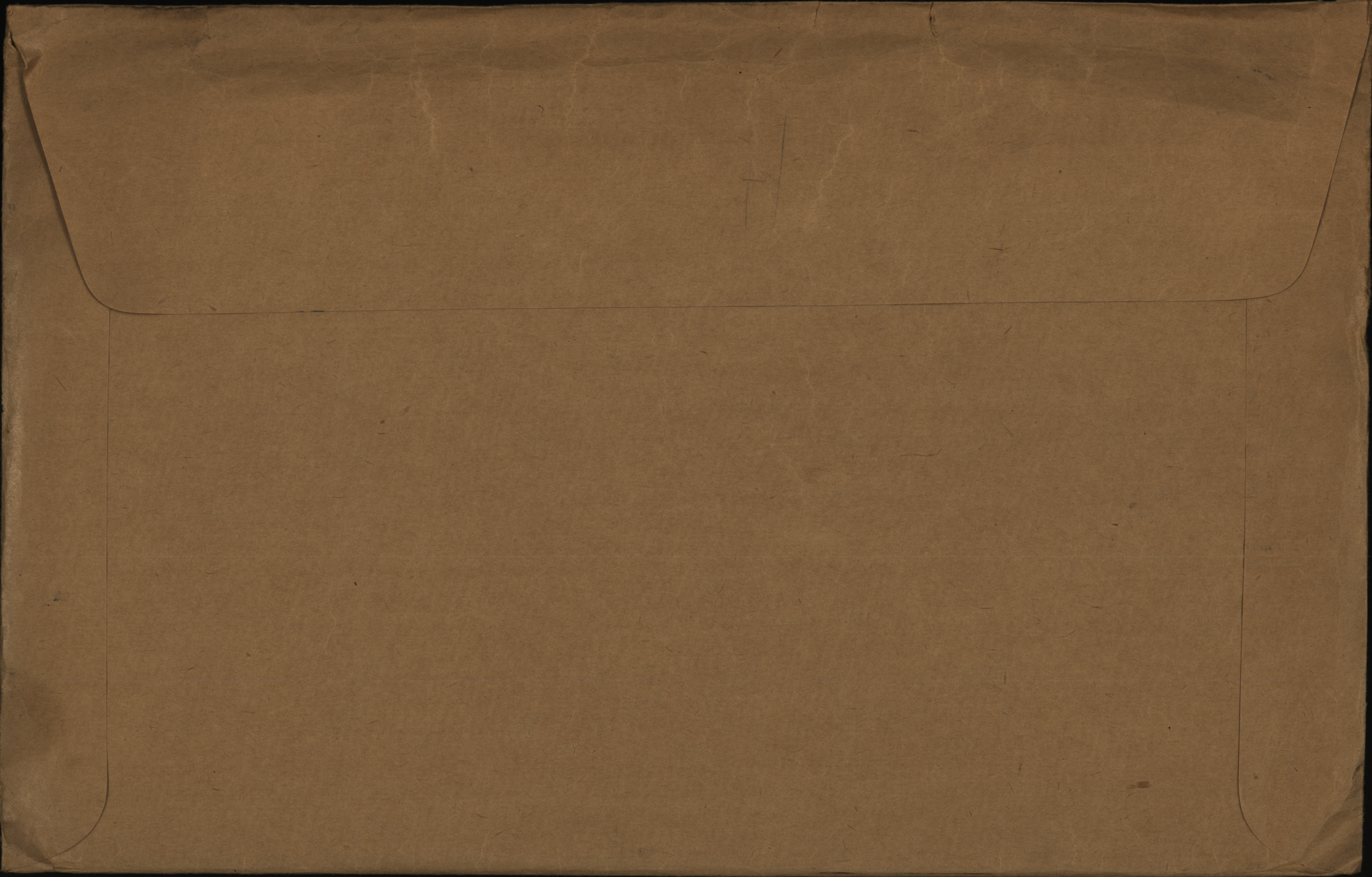
*Remob.*



DESERTION

*4. P. 10. 3*  
*Head card*  
*P. 122*  
*Bayford*

*2-5-*  
*33-5-*



SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

Harrison L A

3059743

RANK

UNIT

CO.

TROOP

BATTY

PLT  
HOSPITAL

S.A. 6 L.

DATE OF ADMISSION

mit Isol Aedershot

31.7.18

1.

HOSP.

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

mumps

1.

2.

3.

DISPOSITION

CP 31-8-18 6297

dis 19-8-18

DATE

REMARKS

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.







No. 3059743 RANK

Pvt.

NAME

Harrison L. A.

T. O. S. 15-5-18

UNIT

1st Dept. Bn. E. O. Reef

DO 134. 14-5-18

M. D. 3.

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1918 May 15	1918. May 15	<i>m</i>	Leave from 16.5.18	DO 136. 16.5-18
June		<i>m</i>		

UNIT

M. B.

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

NO.  
OF  
REG.

DATE  
TO

NAME

PARTICULARS

REGISTRY

NAME

*Harrison L. A.*

REG'T'L. No.

*3059743*

RANK AND CORPS

*Pte*

*6th R.*

*E. O. P.*

H. Q. FILE NO. 649

FOLLOWS

NO,

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST NO.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

C297	Mil. Isol. Aldershot	31-7-18	Mumps.
C297	" " "	19-8-18	" Disch.

*Dus*

Number

3059743

Rank

1 RR Lt

*Hon*

Surname

HARRISON

Christian Name

Laurence Albert

Units

E. O R

Theatre of War

England

Date of Service

22-7-18

Remarks

Latest Address

G. P.O. Carnarvon

Roll No.

*A Page 3336*

*Out.*

DESP. DEC 28 1926

REQN. NO. 28148

NAME *Harrison Lawrence*

RANK. *Pte. 9.3.*

REC. FILE.

*Albert*

No. *3059743*

*3*

*East. Ont. Regt. 1<sup>st</sup> Hops Bn.*

CORPS.

H. Q. FILE.

ENLISTMENT, PLACE. *Barnesfield Ont.*

DATE. *May 15th. 1918*

BIRTH

~~DISCHARGE, PLACE,~~ *Canada. Parnarvon Ont.*

DATE. *Dec 3rd. 1895*

REASON.

*T. O. S. May 15. 1918*

ADDRESS ON DISCHARGE.

*D.O. Part II No. 34*

*Col. Dis 3-7-19 Demosh.  
No. 1899 8-7-19 #3. D. O.*

DOCUMENTS.

NEXT OF KIN *Harrison William*

RELATIONSHIP *Father*

ADDRESS *Gen Hl. Parnarvon. Ont.*

*o/s 11-7-18 1313  
3.*

*RIB. 1-7-19. 356  
14. Pte.*

CHARGED OUT

RETURNED

CHARGED OUT

RETURNED

TO

DATE

BY

RECEIVED  
BY

DATE

TO

DATE

BY

RECEIVED  
BY

DATE



Handwritten red text, possibly a date or signature, located in the bottom right corner of the page.



*Temporary*  
**Casualty Form—Active Service.**

Regiment or Corps E. D. Regt. 2nd Lt. 1st Bn. 506 Res Bn

Rank P.T.C. Surname Harrison Christian Name Lawrence Albert

Religion Meth. Age on Enlistment ..... years ..... months.

Enlisted (a) 15-5-18 Terms of Service (a) Defn Service reckons from (a) 15-5-18

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... } Re-engaged { ..... } Qualification (b) Framer  
or Corps Trade and Rate .....

Signature of Officer. \_\_\_\_\_

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked ...	<u>Halifax</u>	<u>11-7-18</u>	<u>AMT</u>
		Disembarked...	<u>London</u>	<u>22-7-18</u>	<u>Thongwa</u>
	<u>20/1/19. 6th Res Bn.</u>	<u>205 6th Res Bn.</u>	<u>Seaford</u>	<u>22/7/18</u>	<u>Plu. 178</u>
			<u>Br. S. Honey</u>		<u>Lieut.</u>
<u>14.6.19</u>	<u>6th Res</u>	<u>AD, en transfer to</u>	<u>Seaford</u>	<u>14.6.19</u>	<u>P. S. Co # 434</u>
<u>23.6.19</u>		<u>EEA, in Canada</u>		<u>23.6.19</u>	<u>141</u>
		<u>AD Aquitania</u>			

CERTIFIED CORRECT.  
 3 APR 1919  
 CAS. REC.

OFFICER IN RECORDS OR CAS. REC. BR.

(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) Signaller, Shoeing-Smith, &c.

[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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		EMBARKED L'VE POOL SS- BE GI 23.6.9 D SEM 3/R E) M L F X 17.9 Trooper LT FOR CAPT & DJT.			
		23-6-19. T. O. S. 310.10. Discharged 11-7-19. Kingston P.R. Pt. 2 Order: 1.P.9 for Lt. Robert Major O. C. Dispersal Area Station			





# CANADIAN EXPEDITIONARY FORCE

## DISCHARGE CERTIFICATE

No. .... Issued  
Service Badge Class. *b*

THIS IS TO CERTIFY that No. *305-9743* (Rank) *private*  
Name (in full) *Harrison Lawrence Albert* enlisted in  
the *1st Depot Battalion C.O. B.*  
CANADIAN EXPEDITIONARY FORCE at *Kingston* on the *fifteenth*  
day of *May* 19 *18*  
HE served in *England, 6th Can. Res. Bn*  
Demobilization.  
and is now discharged from the service by reason of ~~Medical Unfitness.~~

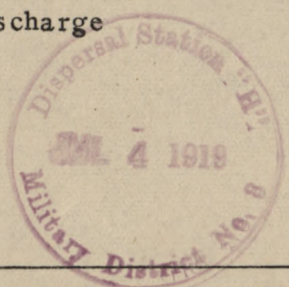
THE DESCRIPTION OF THIS SOLDIER on the Date below is as follows:

Age *23 years*  
Height *5-11"*  
Complexion *Fresh*  
Eyes *Blue*  
Hair *Light*  
*H. Harrison*  
Signature of Soldier.

Marks or Scars *Scar on right knee*  
*J. Sullivan Lt.*  
Issuing Officer.

*J. Sullivan* Captain  
for Dispersal Area Station II

Date of Discharge



Rank

Date ..... 19 .....

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 EXPERIMENTAL FORCE

DISCHARGE CERTIFICATE

Name		Rank	
Service No.		Date of Discharge	
Place of Discharge		Remarks	
Signature of Officer		Signature of Soldier	
Date		Place	

11/1/1914

# 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. 3029443 Rank Private Surname Harrison  
(Given name in full)  
Laurence Albert  
 Unit or Corps 6th Res. Coy Birthplace Minden, Is. E. Ontario

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

**I. GENERAL DESCRIPTION:**

Physique Slight Weight 165<sup>est</sup> lbs. Height 5-10 ft. in. Colour of Eyes Blue  
 Nutrition good  
 Pulse 74  
 Condition of arteries good  
 Vision Rt. eye Left eye  
 Hearing (conversational voice) Rt. no ft.  
 Left no ft.

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

wart rt wrist - smoke on chin

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 yes

**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.**

Mumps - 30-7-18 - good recovery  
"flu" October 1918 - good recovery

# EXAMINATIONS

## THIS SECTION FOR USE OVERSEAS—

Examined at Seaford (Overseas)

Date 3-6-19

Signed G. W. Gunning Smith M.O.  
Capt

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 X. L. Harrison

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

## THIS SECTION FOR USE IN CANADA—

Examined at .....(Canada)

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 a Medical Board.)

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



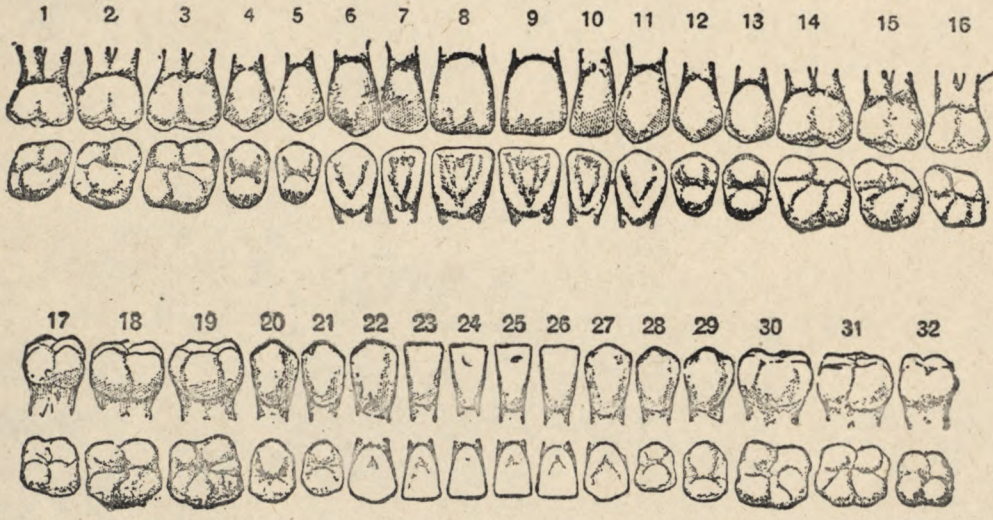
CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) HARRISON L. A. REGIMENT 6th Res RANK Pte No. 3059743

Date of Examination in England 4/6/19 Date of Examination in France



DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 12 2. EXTRACTIONS 3. CROWNS 4. DENTURES (a) Full Upper (b) Part Upper 2 3 4 5 13 14 (c) Full Lower (d) Part Lower 18 19 30 31

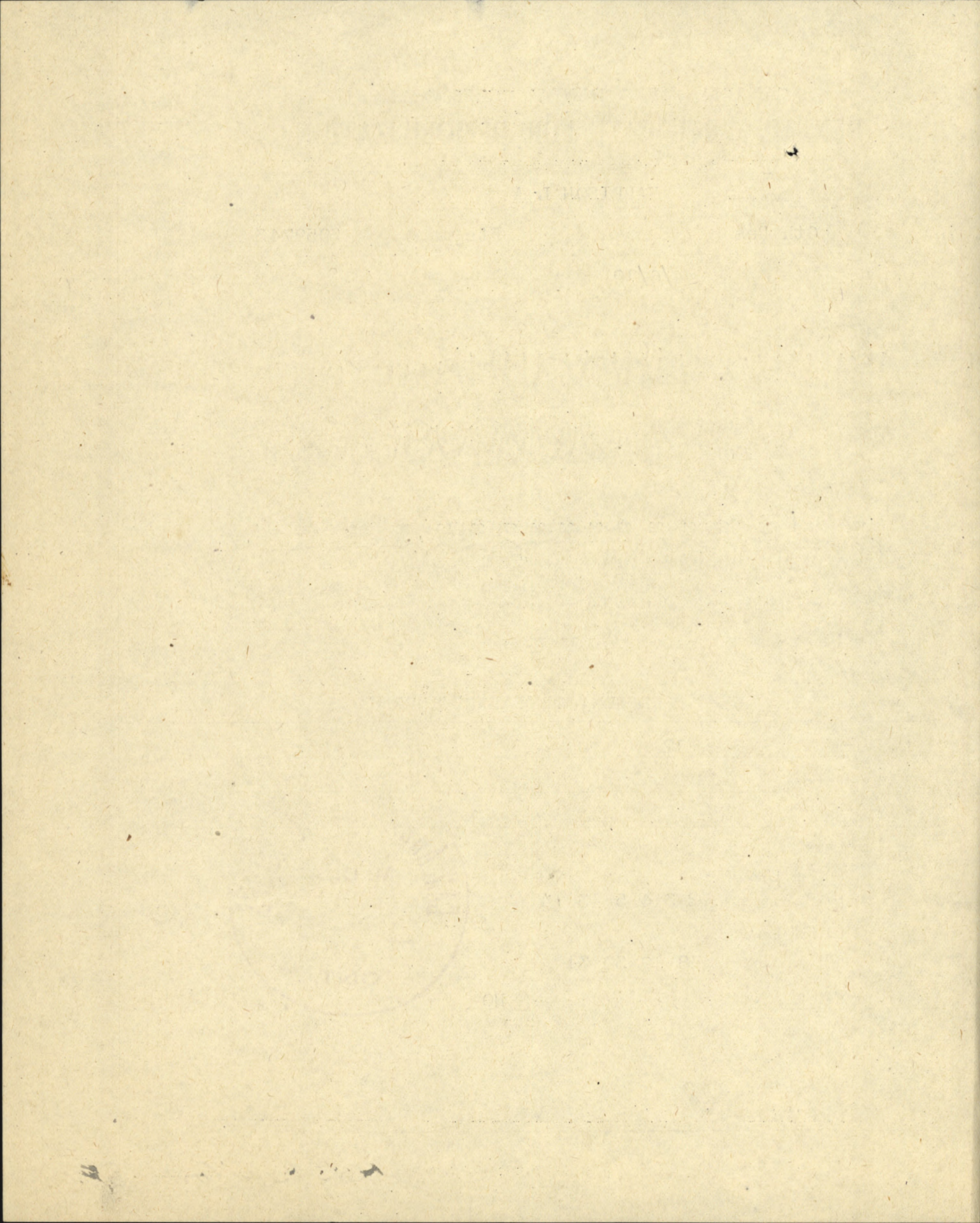


HAS HE EVER REFUSED DENTAL TREATMENT? NO

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

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

Signature of Dental Officer B. B. Beaton Capt







\* Strike out whichever inapplicable.

ASSIGNED PAY. ENGLAND OR CANADA. SEPARATION ALLOWANCE. ENGLAND OR CANADA.

EFFECTIVE DATE:- 1-7-18 EFFECTIVE DATE:-  
AMOUNT:- 15 00 AMOUNT:-

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

*Wm. Harrison (Father)  
Carnarvon, Ontario,  
Can.*

*Stopped Effective 1.6.19*

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CA 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
<i>26.5.1745</i>		<i>Food</i>	<del><i>2900</i></del>			<i>Peel Barber H.B. Br</i>

PARTICULARS OF RENDERING NON-EFFECTIVE *Discharged to Canada 1.6.19 189860*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS
JUNE, 30.	CR BAL. CANADA			
<i>July, Aug 1/19</i>		<i>6820</i>		<i>bal July, au A.R. H N a ✓ 2038. 27/7/18. 594 28/8/18 c.a.p.</i>
<i>Sept.</i>		<i>33</i>	<i>6820</i>	<i>" 4335. 6 Res.</i>
<i>Oct.</i>		<i>33</i>	<i>3410</i>	<i>" 4142- "</i>
<i>Nov.</i>		<i>33</i>	<i>3410</i>	<i>cap. A.R. 4963. 10/10</i>
<i>Dec.</i>		<i>33</i>	<i>3300</i>	<i>" 5840. 15/11/18 " 6273 28/11/18 cap.</i>
<i>Jan.</i>		<i>3410</i>		<i>6786 13/12 6995 19/12 bal.</i>
<i>Feb.</i>	<i>Feb &amp; March</i>	<i>6490</i>		<i>cap. A.R. 7428 23/1/19 ✓ 8260 24/1/19 ✓ 826. 13/2/19 ✓ 8993 25/2/19 cap. "</i>
				<i>7414 13/3/19 9772 20/3/19</i>

COMPILED BY *[Signature]*  
CHECKED BY *[Signature]*

*6490*

*Forward*

GLAND or CANADA. SEPARATION ALLOWANCE. ENGLAND or CANADA. NAME:- *HARRISON Lawrence Albert*

EFFECTIVE DATE:-

NUMBER:- *3059743*

AMOUNT:-

PARTICULARS OF RANK OR APPOINTMENT

& AUTHORITY { 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

*(Father)*  
*Ontario,*  
*Can.*

*60178* *22-7-18* *Pte*

UNIT AND TRANSFERS  
*No 47 Draft 2<sup>nd</sup> P. Res. 2.0. Ref*  
ORIGINAL UNIT: **5th CANADIAN RESERVE BATTALION**

DATE ACCOUNT FIRST OPENED:- *1-7-18.*

AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T'S' D UNIT TRANSFERRED TO

*6th Res*

THE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK.

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

~~2900~~  
*Del Balbu \$3931*  
*SPB. br \$1011*

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY PAY F.A. P.F.A. SUBS'CE ALL'CE

*1 - 10*

ON-EFFECTIVE *Discharged to Canada 16.19 Regs 29.5.19 No 2 Seafront to Seafront Disposal L.P.C.*

CR. 1 CR. 2 PARTICULARS DR. 1 DR. 2 DR. 3 DR. 4 BALANCE DEFERRED SEPARATION

CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
							23 30		
<i>6820</i>		<i>bar July 1 aug</i>				<i>20</i>			
		<i>art. 4 N. a. b. s.</i>	<i>5</i>						
		<i>✓ 2038. 27/7/18 Del. Trans.</i>	<i>487</i>						
		<i>✓ 2594 28/8/18 6 Res.</i>	<i>973</i>				<i>4190</i>		
<i>6820</i>	<i>33</i>	<i>c. a. p.</i>	<i>1960</i>			<i>30</i>			
		<i>" 4335 6 Res. 17.9.18.</i>	<i>2920</i>			<i>15</i>			
		<i>" 4142 - " 14.9.18.</i>	<i>487</i>			<i>15</i>	<i>2583</i>		<i>Balance 20/10/18</i>
<i>33</i>	<i>3410</i>	<i>cap</i>	<i>3407</i>			<i>15</i>			
	<i>3410</i>	<i>art. 4963. 10/10/18. 6 Res.</i>	<i>730</i>			<i>15</i>	<i>3763</i>		
	<i>3300</i>	<i>" 5840. 15/11/18. "</i>	<i>973</i>			<i>15</i>			
		<i>" 6243 28/1/18. "</i>	<i>973</i>			<i>15</i>			
<i>3410</i>		<i>cap</i>				<i>1500</i>			
		<i>6786 13/12/18 "</i>	<i>973</i>						
		<i>6995 19/12/18 "</i>	<i>973</i>						
<i>2110</i>		<i>bar</i>				<i>15</i>	<i>5190</i>		
<i>10120</i>		<i>cap</i>	<i>5895</i>			<i>45</i>			
		<i>art. 7428 23/12/18 6 Res</i>	<i>1947</i>			<i>15</i>			
		<i>✓ 8260 24/1/19 ✓</i>	<i>973</i>						
		<i>✓ 826. 13/2/19 ✓</i>	<i>730</i>						
		<i>✓ 8993 25/2/19 ✓</i>	<i>973</i>						
		<i>cap. March</i>	<i>4653</i>			<i>15</i>			
		<i>7414 13/3/19 6 Res</i>	<i>730</i>						
		<i>9772 20/3/19 ✓</i>	<i>973</i>				<i>2654</i>		
<i>6490</i>			<i>6326</i>			<i>30</i>			

*Forward*

NUMBER

3059743

RANK

He

NAME

HARRISON, L. A.

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	
1919	Forward								
Apr	P.P. Apr-May	6710		DR. 753 10/4/19 6 Res.	730				
				6.00 Apr-May				30	
				763 20/4/19 6 Res	973				
				1207 12/5/19 ✓	730				
		6710			24 33			30	
June				1748 26/5/19 Ford.	2920				
				3212 17/6/19 ✓ (end)	973				
					3893				
				S.O.S. to ban. 23/6/19. S.L. 7/6 Res.					

NAME *HARRISON L.A.*

CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
						<i>2654</i>		
	<i>DR. 753 10/4/19 6 Res.</i>	<i>730</i>						
	<i>6.00 Apr. &amp; May</i>				<i>30 -</i>			
	<i>763 20/4/19 6 Res</i>	<i>973</i>						
	<i>1207 12/5/19 ✓</i>	<i>730</i>				<i>3931</i>		
		<i>2433</i>			<i>30 -</i>			
	<i>1748 26/5/19 Sford.</i>	<i>2920</i>						
	<i>3212 17/6/19 ✓ (end)</i>	<i>973</i>				<i>- 38</i>		
		<i>3893</i>						
	<i>S.O.S. to Gen. 23/6/19. S.L. 7/6/19.</i>							



War Service Badge Class B Dispersal Area 2  
No. 6 Occ. Group 1

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

War Service Badge Class *b.*

No. .... Issued

*Badge not available*

1. No. *3059743*

2. Rank. *Private*

3. Name. *Harrison Lawrence Albert*

4. Unit. *6th Can Res. Batt.*

5. Date of Discharge *4-7-19* Place *Kingston Ont*

6. Reason for Discharge *Demobilization*

7. Authority. *P.O. 1894*

8. Proposed Residence after Discharge *Cornarvon P.O. Ontario*

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

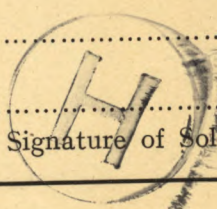
I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F.  *B. 39*

*L. A. Harrison*

Signature of Soldier.

E. BARRED LVEDPOORSS  
 DE GR: 236.9.D. EIM-RE  
 144F X 17.9  
 LI FO: CAP. & D.



10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place .....

Date .....

*J. Williams*

Signature .....  
(O. C. Discharging Unit.)



for O. C. Dispersal Area Station H

PROCEEDINGS ON DISCHARGE  
SHORT FORM

1. Name of Soldier	
2. Grade	
3. Branch	
4. Unit	
5. Date of Discharge	
6. Reason for Discharge	
7. Authority	
8. Proposed Release after Discharge	
9. Remarks	
10. Signature of Soldier	
11. Signature of Officer	
12. Signature of Chaplain	
13. Signature of Adjutant	
14. Signature of Inspector	
15. Signature of Discharge Agent	
16. Signature of Discharge Agent	
17. Signature of Discharge Agent	
18. Signature of Discharge Agent	
19. Signature of Discharge Agent	
20. Signature of Discharge Agent	
21. Signature of Discharge Agent	
22. Signature of Discharge Agent	
23. Signature of Discharge Agent	
24. Signature of Discharge Agent	
25. Signature of Discharge Agent	
26. Signature of Discharge Agent	
27. Signature of Discharge Agent	
28. Signature of Discharge Agent	
29. Signature of Discharge Agent	
30. Signature of Discharge Agent	

RECEIVED  
 OFFICE OF THE  
 ADJUTANT GENERAL  
 WASHINGTON, D.C.  
 JUL 11 1918

CONFIRMATION

The discharge of the above named man is hereby confirmed.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature of Discharge Agent: \_\_\_\_\_

(O. C. Discharge Unit)

LIST OF DISCHARGE DOCUMENTS

Attestation Paper, Form 100	Medical History Sheet
Statement of Patient, Form 101	Physician's Report
Medical History Sheet, Form 102	Registration Card, Form 103
Statement of Patient, Form 104	Discharge Summary, Form 105
Medical History Sheet, Form 106	Physician's Report, Form 107
Statement of Patient, Form 108	Registration Card, Form 109
Medical History Sheet, Form 110	Discharge Summary, Form 111
Statement of Patient, Form 112	Physician's Report, Form 113
Medical History Sheet, Form 114	Registration Card, Form 115
Statement of Patient, Form 116	Discharge Summary, Form 117
Medical History Sheet, Form 118	Physician's Report, Form 119
Statement of Patient, Form 120	Registration Card, Form 121
Medical History Sheet, Form 122	Discharge Summary, Form 123
Statement of Patient, Form 124	Physician's Report, Form 125
Medical History Sheet, Form 126	Registration Card, Form 127
Statement of Patient, Form 128	Discharge Summary, Form 129
Medical History Sheet, Form 130	Physician's Report, Form 131
Statement of Patient, Form 132	Registration Card, Form 133
Medical History Sheet, Form 134	Discharge Summary, Form 135
Statement of Patient, Form 136	Physician's Report, Form 137
Medical History Sheet, Form 138	Registration Card, Form 139
Statement of Patient, Form 140	Discharge Summary, Form 141
Medical History Sheet, Form 142	Physician's Report, Form 143
Statement of Patient, Form 144	Registration Card, Form 145
Medical History Sheet, Form 146	Discharge Summary, Form 147
Statement of Patient, Form 148	Physician's Report, Form 149
Medical History Sheet, Form 150	Registration Card, Form 151
Statement of Patient, Form 152	Discharge Summary, Form 153
Medical History Sheet, Form 154	Physician's Report, Form 155
Statement of Patient, Form 156	Registration Card, Form 157
Medical History Sheet, Form 158	Discharge Summary, Form 159
Statement of Patient, Form 160	Physician's Report, Form 161
Medical History Sheet, Form 162	Registration Card, Form 163
Statement of Patient, Form 164	Discharge Summary, Form 165
Medical History Sheet, Form 166	Physician's Report, Form 167
Statement of Patient, Form 168	Registration Card, Form 169
Medical History Sheet, Form 170	Discharge Summary, Form 171
Statement of Patient, Form 172	Physician's Report, Form 173
Medical History Sheet, Form 174	Registration Card, Form 175
Statement of Patient, Form 176	Discharge Summary, Form 177
Medical History Sheet, Form 178	Physician's Report, Form 179
Statement of Patient, Form 180	Registration Card, Form 181
Medical History Sheet, Form 182	Discharge Summary, Form 183
Statement of Patient, Form 184	Physician's Report, Form 185
Medical History Sheet, Form 186	Registration Card, Form 187
Statement of Patient, Form 188	Discharge Summary, Form 189
Medical History Sheet, Form 190	Physician's Report, Form 191
Statement of Patient, Form 192	Registration Card, Form 193
Medical History Sheet, Form 194	Discharge Summary, Form 195
Statement of Patient, Form 196	Physician's Report, Form 197
Medical History Sheet, Form 198	Registration Card, Form 199
Statement of Patient, Form 200	Discharge Summary, Form 201

115  
 20  
 20  
 20

## LIST OF DISCHARGE DOCUMENTS.

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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)  
(Enclosed in special envelope (260M) ),
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D 3)
11. Equipment Statement Q, M.G. Form (D.O.S. 2), and Clothing
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595),
15. Sundry Documents.

Group..... *a 11*

Checked by *JA 25*

Date..... *11 JUN 1919*

Date of Enlistment 15-5-18

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

# H

13082 July 1st 1918

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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969 4/2

RATE OF ASSIGNMENT

15.00			
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### PARTICULARS OF SEPARATION ALLOWANCE

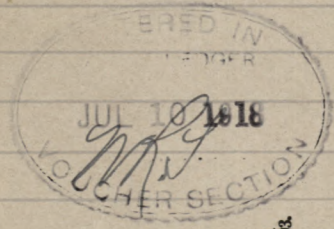
No. 3059743  
 Rank *plie* Promoted Reverted Discharge  
 Soldier's Name *Lawrence Albert Harrison*  
 Battalion *1st Sep. Bn. E. O. Rgt. 47 Spt.*  
 Beneficiary  
 Relationship  
 Address

### PARTICULARS OF ASSIGNMENT

Name  
 Address  
 Change of Address  
 1 WM. HARRISON  
 CARNARVON  
 2 ONT. 15 15.00  
 3 % 3059743 PTE LAWRENCE ALBERT HARRISON  
 FIFTEEN DOLLARS  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total
July 1918				
July	W 31099		15	15
Aug	L 30622		15	15
Sept	C 38085		15	15
Oct	E 44964		15	15
Nov	C 53040		15	15
Dec	E 64463		15	15
1919 Jan	C 72323		15	15
Feb	B 79204		15	15
Mar	E 84788		15	15
Apr	D 2094		15	15
May	R 5756		15	15
June	Q 8948		15	15
July	O 12524		15	15
			195	195

REMARKS 8067-2-16



M. F. W. 128.  
 40M. 6-17-1772-38-141  
 L. L. 2320-M. & D. 7583.

A/c Closed 3/7/19  
 Ret'd per *Belgie*  
 M.D #3 Date 1/7/19 M.F.W. 187 7/7/19  
 Closed *C. S. Johnstone*  
 M. R. O. 93918

AUTHORITY *h. R. No 3 B 7*  
 FOR *M. Jurski*  
 NEW ACC'T. 5-7-18

AUDITED.

S



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

M. OR S. \_\_\_\_\_ REGT. No. *305 9743* RANK *Plc.* NAME (IN FULL) *HARRISON Lawrence Albert*

NEXT OF KIN *hid.* RELATIONSHIP \_\_\_\_\_ ORIGINAL UNIT C.E.F. *1st. Dep. Bn.* IF IN P.F. WHAT UNIT? \_\_\_\_\_

ADDRESS *hid.* PLACE OF ATTESTATION \_\_\_\_\_ TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY \_\_\_\_\_

DATE OF ATTESTATION \_\_\_\_\_ TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY \_\_\_\_\_

IS SEPARATION ALLOWANCE PAID? \_\_\_\_\_ DATE EFFECTIVE *15-5-18.* ASSIGNED PAY \$ \_\_\_\_\_ DATE EFFECTIVE \_\_\_\_\_

TO WHOM PAID *hid.* RELATIONSHIP \_\_\_\_\_ PAYABLE TO *W.M. Harrison, Father* RELATIONSHIP \_\_\_\_\_ ANY CHANGE IN ASSIGNEE OR ADDRESS \_\_\_\_\_

ADDRESS *hid.* ADDRESS *Carnarvon, Ont.*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE \_\_\_\_\_ EFFECTIVE \_\_\_\_\_

DISCHARGED \_\_\_\_\_ PLACE *Ottawa* DATE *4-7-19.* REASON *Resub.* AUTHORITY \_\_\_\_\_ IF ENTITLED TO POST DISCHARGE PAY \_\_\_\_\_

*94-1645*

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	
																	<i>1364</i>
																	<i>Returned "Belgie"</i>
																	<i>Bat. per Eng L. P. G.</i>
																	<i>Clothing Allow. and 1st Payment W. 8 G.</i>
																	<i>Pay to Es. Unit and of B. No.</i>
																	<i>Overpaid 4 on a. charge.</i>
																	<i>M. F. W. 2595 Rec.</i>
																	<i>1st. Payt. W. J. G. above.</i>
																	<i>9959006 Aug. 1-19.</i>
																	<i>Balance of above.</i>
																	<i>1305295 Sep 4/19</i>
																	<i>1319806 Oct 1/19</i>

*OR*

