

bound
No. 46.
28/8/16.

Duplicate

931010

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? *Jabb*
- 1a. What are your Christian names? *Harold Coleman*
- What is your present address? *169 Creighton St Halifax NS*
- In what Town, Township or Parish, and in what Country were you born? *Halifax Nova Scotia*
3. What is the name of your next-of-kin? *Samuel Jabb*
- What is the address of your next-of-kin? *169 Creighton St Halifax NS*
- What is the relationship of your next-of-kin? *Wife*
5. What is the date of your birth? *April 27 - 1893*
6. What is your Trade or Calling? *Electrician, Operator*
- Are you married? *Married*
8. Are you willing to be vaccinated or re-vaccinated and inoculated? *yes*
9. Do you now belong to the Active Militia? *no*
10. Have you ever served in any Military Force? *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, *Harold Jabb*, 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.

Date *July 24th* 1916 *Harold Jabb* (Signature of Recruit)
Sgt. G. Walsh (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Harold Jabb*, 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.

Date *July 24th* 1916 *Harold Jabb* (Signature of Recruit)
Sgt. G. 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 *Halifax NS* this *24* day of *July* 1916.
[Signature] (Signature of Justice)

92-072

Description of Yank Harold Coleman on Enlistment.

Apparent Age 28 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.)

Height 5 ft 4 1/4 in

Chest measurement { Girth when fully expanded 30 ins.
 Range of expansion 3 ins.

Complexion Dark

Eyes Brown

Hair Black

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

Weight 110 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 27 1916 CC Archibald
 Place Halifax bapt a me
 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.

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

D.H. Sutherland (Signature of Officer)

Date 10 AUG 1 0 1916 1916

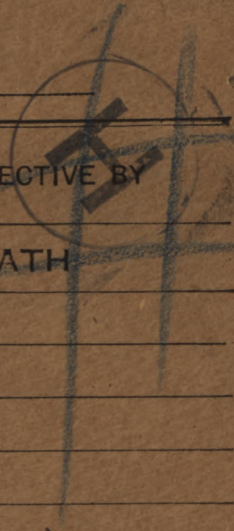
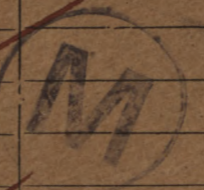
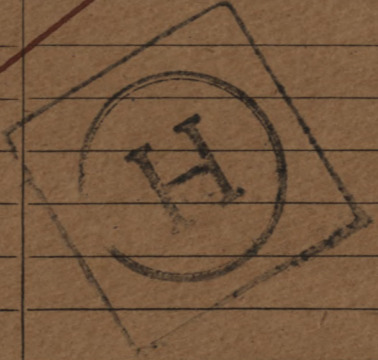
REGIMENTAL DOCUMENTS

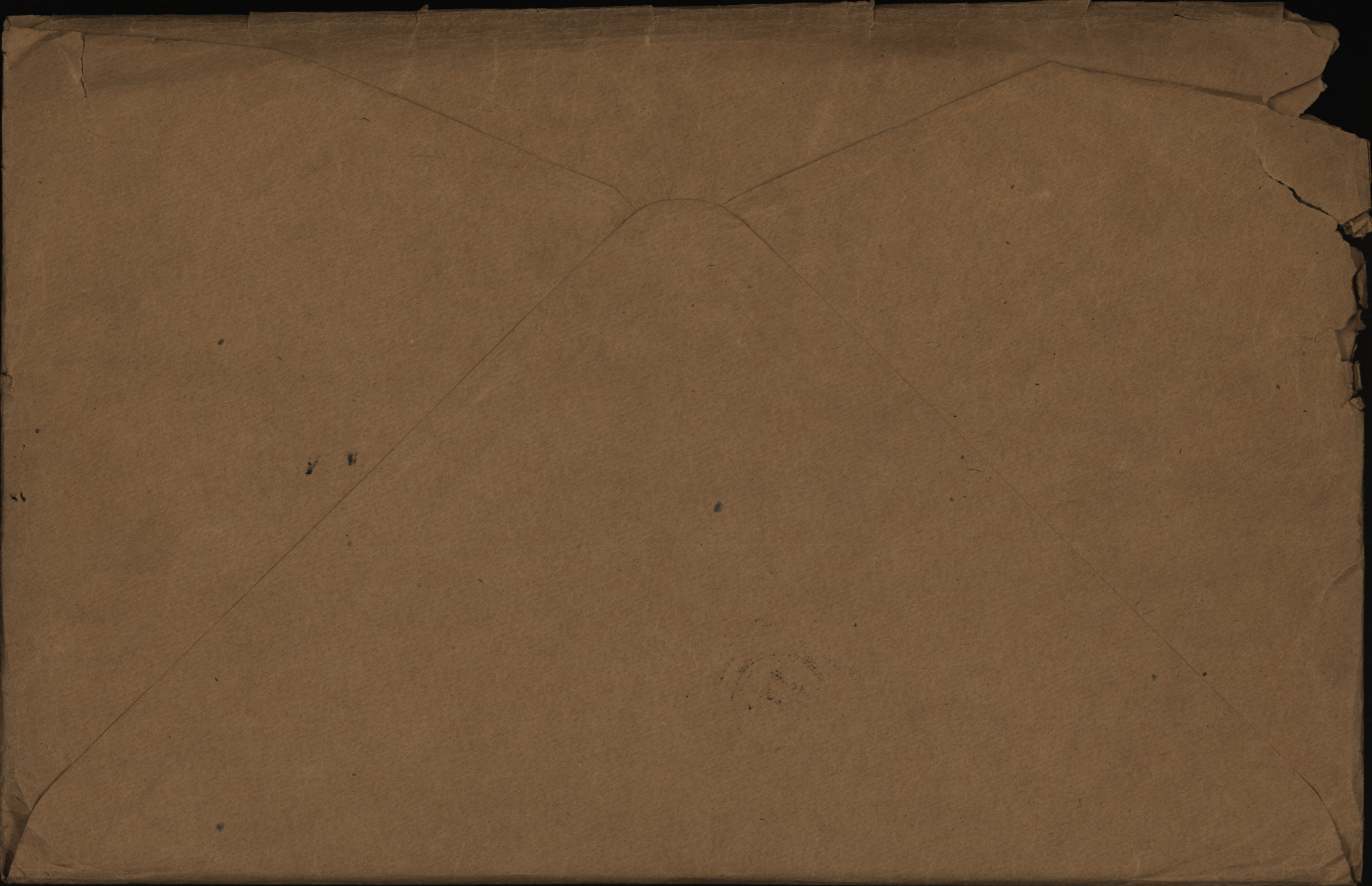
144M

NAME TABB, HAROLD COLEMAN REGT. NO. Rte 931010 UNIT 2nd Long. Cpt H. Q. FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2 ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2 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)					
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1 DENTAL HISTORY SHEET (M.F.B. 465)					Category <u>Resmob</u>
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
1 MEDICAL EXAMINATION (M.F.W. 129)					
1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 263)					
PARTICULARS OF CHARACTER (A.F.W. 3226)				00014	
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1 M.F.W. 67					
2 Discharge					
1 Form R 122					

Decasoc 26-7-55





HAROLD COLEMAN

Name TabbRank Plt.Reg. No. 931010Unit 2 Const. CoNext of Kin CANADA.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
11-11-18	G. B. D. E. Tables. correct copy should read:		42.	A. 375	113	5638-3.
18-12-18	1 Sgt. Bowen	A 375. 20-	11-18.	A. 382		5638-3.
9-1-19	G. B. D. H. Gamiers Discharged.		"	A. 399		6305-2
			"	A. 430		6951-4

NAME

Tubb, Harold Coleman

REGT. No.

931010

RANK AND UNIT

Pte

Nova Scotia Regt Can

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

WSM. 408	5-3-19	Disch from Hosp Jan 1919
1-2		
6225	28-3-19	Ref. your cable 3519 on command Tunnel Park in good health will be returned as early as possible
1-6		

WSM S1858. 193-19

Enquire WSM. 6577 District Officer Commanding Military District No. 6. Halifax N.S.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
9375.	Int. Conv. Sp. Chapter	11/11/18	42
as per d. 93822	No 1 Stat. Rouen		
9399-1	No 7 Can Stat. Camerai	10-12-18	42
9430.	Discharged	19-1-19	42

SURNAME.

Yalib.

CHRISTIAN NAMES

Harold Coleman.

REGL. NO. *931010.*

RANK *Pte.*

UNIT *No 2. Construction. (coloured.)*

FORMER CORPS *Nil.*

6. CARD NO.

S.S. 14/4/19. Demd.

D.O. 105-1574/19.

M. O. 99. FOLL. 680.

Bn.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Yalib, Mrs Laura.*

RELATIONSHIP TO SOLDIER *Wife.*

ADDRESS ~~*169 Brighton St. Halifax. N.S.*~~
#6 Market St.

soa.p. 24-10-18

COUNTRY OF BIRTH *Canada Halifax. N.S.*

DATE *April 27th 1893.*

PLACE OF ATTESTATION *Halifax. N.S.*

DATE *July 24th 1916.*

R/C. 10/4/19. $\frac{300}{9}$ B.

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

MARRIED

yes

SINGLE

WIDOWER

TRADE OR CALLING

Elevator Operator

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

23 YEARS

3 MONTHS

HEIGHT

5 FEET

4 1/4 INCHES

CHEST MEASUREMENT

30 INCHES

EXPANSION

3 INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Black

DISTINGUISHING MARKS

Not Stated

MEDICAL EXAMINATION.

PLACE

Halifax, N.S.

DATE

July 24th 1916

Present Address. 169. Creighton St. Halifax, N.S.

Mom
Number

931010

Rank

Spr ~~P/10~~

Surname

TABB

Christian Name

Harold Coleman

Units

C.O.R. CC

Theatre of War

France

Date of Service

17-5-17

Remarks

Latest Address

167 Weynton St
Halifax N.S.

Roll No.

200m-2-21.M.

"B" Page 10709

DESP. FEB 22 1922

REGN. No. *70945*

No. 931010

RANK

Pte

NAME

Tabb. Harold. Coleman

T. O. S.

24-7-16

UNIT

No 2. Construction Battalion

D.O.2. 28-7-16

M. D.

6

PAID
FROMPAID
TOSIG.
OR
REC'T

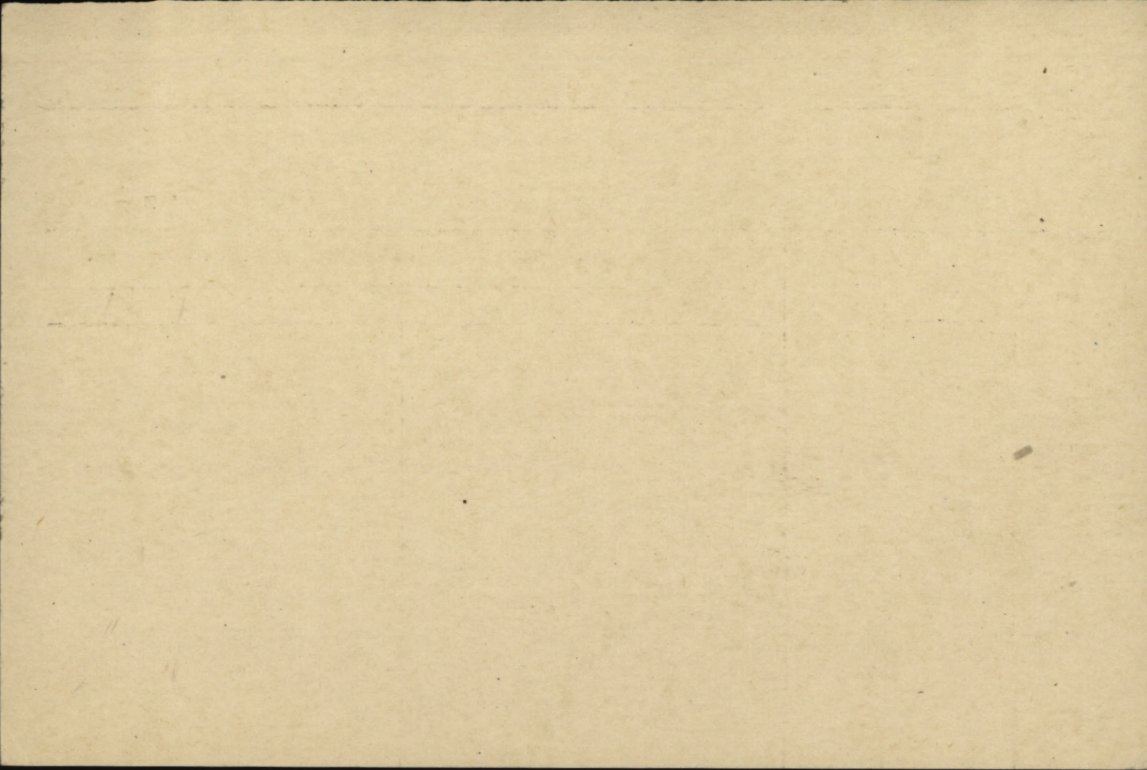
PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

1916	1916	
July 24	July 31	n.
Aug 1	Aug. 16	n.
Aug 17	Sept 30	n.
Oct.		n.
Nov.		✓
Dec.		✓
1917	Jan 1917	✓
Feb.		✓
Mar		n.

Temporarily S.O.S. while att. course. D.O. 13. 16-8-16



Surname

Christian Name or Names

Reg. No.

TABB

H.C.

931010

Rank

Unit

Pte.

NB 2Con.

Cas. List.

1 Staty. P. Rowen
~~6 Conval. D. Staples~~ → 11-11-18.

~~20~~ 11-18A375

VDG. 6.

28. 11.18 a382.2

Wasp corrected as above.

18-12-18 4399-1

7 B. P. Camiers.

10-12-18

V.D.S. above

27-1-18 @ 1130

Miss. 19-1-19

A.M.D. 2 DEPT.

Cas. List.

V.D.S. Clinic,
Camp 34, RIFORD

Talb. A. B. R. 931010.

27.2.19.

The marginally named other rank has received a full Army course of treatment for V.D.S. and is free from syphilitic lesions. He may be permitted to proceed to Canada, where he should be placed under observation and given treatment, if necessary.

J. K. Butler

Major, C.A.M.C.
Officer i/c V.D.S. Clinic

300 13-6-17
Form ADMS, B12

Return showing inoculation state of
officers and other ranks.

Army Council Instruction No.1339 /1916.

Unit _____	Strength		Number Inoculated		
	Officers	Other Ranks	Officers	Other Ranks	Remarks

Date

Signature

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

M. F. W. 54. (A. F. B. 103.)

350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. ^{no 2} N S Ry Const & Forestry Denot

Regimental No. 931010 Rank Pte Name TABB Coleman Harold
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				
30-3-19	O/S	T.O.S. 6DD. posted Disch Sta B.	Hfx	11-4-19	D.O. 105 <i>W. J. ...</i>
14-4-19.	—	S.O.S. on Discharge	—		D.O. 105 <i>W. J. ...</i>

(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, Shoening Smith, etc., etc., also special qualifications in technical Corps duties.

AWD

War Service Badge
Class "A" No.

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

M. F. W. 53. (A. F. D. 43.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps Nav Construction Batt C.E.F.

Regimental No. 931010 Rank pte Name Hatold Coleman Tabb
C. E. F.

Enlisted (a) 24-7-16 Terms of Service (a) 6 months 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.
461
LAST AMP 9 1917
CAN. 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.
Date	From whom received				
		Embarked from Canada Halifax N.S.		25/3/17	
		Disembarked England Liverpool	Seaford	7/4/17	Pt 2 Lt 0#
		Attached C.C.C. Kinmel Park for return to Canada. Part 11 Orders No. _____ Ceases to be attached C.C.C. Kinmel Park on embarking for Canada, Part 11 Order No. _____		MAY 17 1917	H. P. Macleagan Adjutant, No. 2 Construction Battalion, C.E.F.
80 MAR 1917	OC	Commanding 6 Wing Kinmel Camp		17-5-17 N.R.	
8/7	OC	Absent 10 days from 10.15 pm 7/7	Sea.	8/7	B2069. O. 123 M 7/17
6-9-17	OC	10 days 7 P No 2. for absent from Recruit Duty.		3-9-17	B2069. P. 132 18/10/17

(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.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
5/1/18	oc Unit	attached 1 Dist 6 Co ps.		30/5/18	B213.
30.5.18	426.6.7.6.	5 Days F.O. No. 2 for wood working work without permission at 7 a.m. until 9 a.m. and from 1 P.m. until 7 P.m. 24.5.18. 8 hrs.			
		Forfeits 1 Days pay under R.W.		25.5.18	B2069. 0/33. D/5.6.18.
14.9.18	oc 200	Evacuated to Selerken Hospital		11.9.18	B213
21.9.18	oc	To Selerken Hospital		13.9.18	B213
11.11.18	no 1. Stat. 14p	V.S.D.M. admitted		11.11.18	W1470
29/19	Col. B.D.	Trans to Regt full rank Spaced to R.S.R.	Ripon	20/19	W. B. Chaffwell.
16.2.19	N.S.R.D	T.O.S. FROM No 2 C.C.C.	Ripon	5-2-19	
		POSTED TO P. Coy		12-3-19	PART II D.O. 28
12 MAR 1919	S.R.D.	S.O.S. to Mil. Dist. No. 6	RHYL		P. II D.O. To 57

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

E. J. B. Chaffwell
LIEUT.
OFFICER IN CHARGE RECORDS,
NOVA SCOTIA REG'TL. DEPOT.

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

THIS SECTION FOR USE OVER PAGE 1

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. 931010 Rank Plt. Surname TABB
(Given name in full)
Harold C.
 Unit or Corps M.S.P.D. Birthplace Halifax, N.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. 10 in. Colour of Eyes

Nutrition good

Pulse 90 regular

Condition of arteries soft

Vision Rt. 6 Left 6

Hearing (conversational voice) Rt. 21 ft.
 Left 21 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin).
no scars

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 Sytem 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.

V.D.S 11/11/18 No 11 Stat Staff
clearance certificate attached

EXAMINATIONS.
OFFICERS AND OTHER RAANKS WHO HAVE NO DISABILITY

THIS SECTION FOR USE OVERSEAS—

Examined at Refr (Overseas)

Date 24/2/19 Signed [Signature] 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 H. E. Tabb

(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 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

NAME OF SOLDIER (Block Letters) TABB, H.C.

REGIMENT NSRD. RANK PTE. No. 931010

Date of Examination in England 2-3-19 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 1. 7. P. 9. 19. 20 30. 24.
2. EXTRACTIONS 3. 4. 15. 18. 31.
3. CROWNS _____
4. DENTURES
 - (a) Full Upper _____
 - (b) Part Upper _____
 - (c) Full Lower _____
 - (d) Part Lower _____



HAS HE EVER REFUSED DENTAL TREATMENT? No

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

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

Signature of Dental Officer W. Brown Capt

STATION

TABER, H.C.

131010

PTE

NR RD.

1930 30 34
1930 19 3



9-1-30
10-1-30
11-1-30

CANADIAN EXPEDITIONARY FORCE

M. D. 6.

DISCHARGE CERTIFICATE

War Service Badge Issued
No. 147189

THIS IS TO CERTIFY that No. 931010 (Rank) Pte

Name (in full) Tabb, Harold Coleman enlisted in
the #2 Construction Corps

CANADIAN EXPEDITIONARY FORCE at Halifax on the 24th
day of July 1916

HE served in France and Belgium (2nd Const Corps)

and is now discharged from the service by reason of
Demobilization.
Medical Unfitness.

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

Age 25 yrs. 11 mos.

Height 5 ft. 4 1/2 ins

Complexion Dark

Eyes Brown

Hair Black

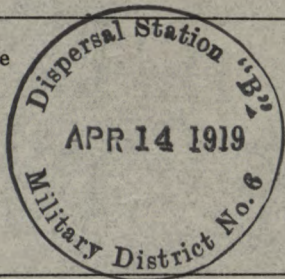
Marks or Scars

Colored man.

Tabb H. C.
Signature of Soldier

Major
G. C. Dispersal Station "B"
Issuing Officer

Date of Discharge



Rank

APR 11 1919

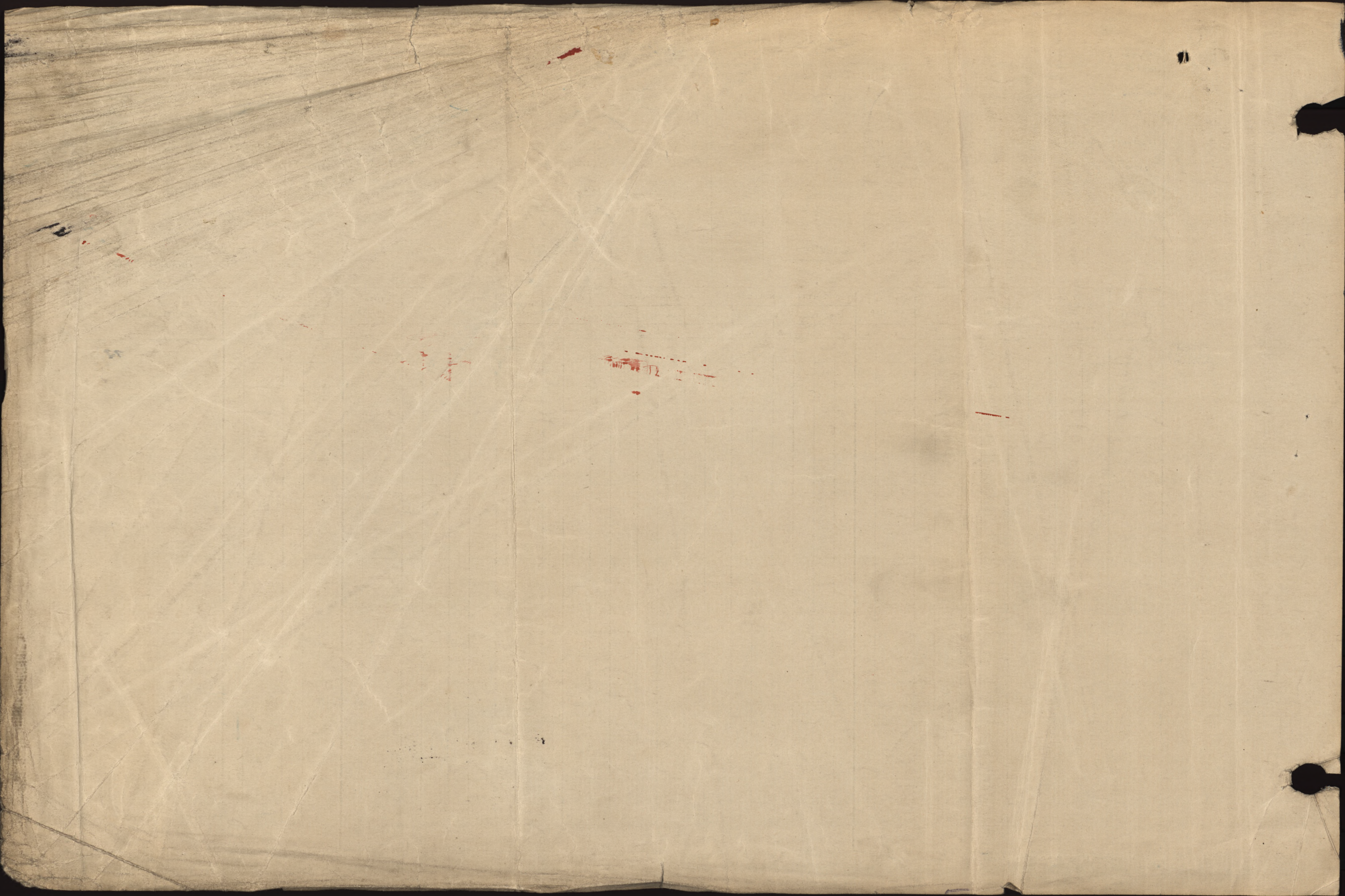
Date 19

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.

1918 NUMBER 931010 RANK NAME TABB H. C.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Nov	ple pay	670		Forward					19251		
		30 10		C.A.P.				15			
				Dec				15			
								15	248 71		
1919		10 120						45			
Feb	"	30 80						15			
				3209 20/1 Dgails Paris	4 66						
				Al.							
				6309 12/2 Ripon	58 93						
				7008 25/2 R.R.D G	973						
				10/12/18 - 10/1/19 = 40 d day							
				D.O. 6 4/3/19 2 hours Co							
				3622 17/3 Ena. N.P.	973						
				12/1/18 - 9/12/18 = 28 day							
				D.O. 7 24/3 2 hours Co					16 80		
				10/19/18 - 11/1/18 = 58 day							
				D.O. 7 24/3 2 hours Co					534 80		
		30 80			63 05 75 60			15	125 46		

10/1/18 - 11/1/18 = 58 day
 D.O. 7 24/3 2 hours Co



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

24.7.16

Separation and Assigned Pay Branch

Apr 1-17

OVERSEAS CONTINGENTS

T

007

RATE OF SEPARATION ALLOWANCE

20	\$ 25.00	30
----	----------	----

1-12-17 PC2753
P.O.3257 1-9-18
no. 34285

RATE OF ASSIGNMENT

15		
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PARTICULARS OF SEPARATION ALLOWANCE

No. 931010
 Rank Pte Promoted Reverted Discharge
 Soldier's Name Harold Coleman Gabb
 Battalion #2 Const. Battn
 Beneficiary Mrs Laura Gabb M7M2584 24/7/18
 Relationship wife Retd OK 23/18 eoa.
 Address

PARTICULARS OF ASSIGNMENT

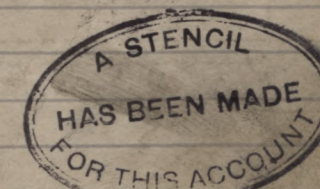
Name Mrs Laura Gabb
 Address 469 Creighton St. Halifax N.S.
 Change of Address N.S.
 1 # 6 Market St Halifax N.S. 18-10-18 B
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total
Dec 31	—	344 00	135 00	479 00
Jan 18	A 64983	30	15	45
Feb.	D 70454	25	15	40
Mar.	V 92908	25	15	40
Apr.	V 8123	25	15	40
May	J 14106	25	15	40
June	P 21123	25	15	40
July	G 31732	25	15	40
Aug	R 40194	25	15	40
Sept	T 41132	25	15	40
Oct	A 48141	25	15	40
Nov	F 56286	25	15	40
Dec	G 65832	45	15	60
Jan	L 70076	30	15	45
Feb	O 80874	30	15	45
Mar	B 86513	30	15	45
April	R 3674	30	15	45
		789	375	1164

17765-H-1 REMARKS

MROLD 15039 alt add rend. 18-10-18 B
 A/c Closed 30 4/19
 Ret'd per Saturnia
 Date 10 4/19 M W 187 15 4/19
 Closed 4.00 onneulle m.d. 6
 m.o. 70500 - Destroy - 15 4/19
 OK 15 4/19 RW

M. F. W. 128.
400M. 6-17-1772-38-1141
L. L. 22320-M. & D. 1993.



ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

(Assignee)

I. L. Job 5470—Req. 6888.

PAYMENTS.

Name of Soldier

Tabb Harold Pleman

Pte. 931010.

Month.	Year.	Cheque No.	Amt.	Remarks.
			15 ⁰⁰	
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		Z 5118	15	
May		F 12169	15	
June		E 19310	15	
July		O 26035	15	Ob to
Aug.		E 32905	15	
Sept.		O 40232	15	135
Oct.		N 45583	15	
Nov.		X 51374	15	
Dec.		J 63206	15	
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.				

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

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

To Whom *Mrs Laura Tabb*
Address *169 Brighton St.
Halifax
N.S.*
Rate *15⁰⁰*

By Whom Assigned *Tabb Harold Coleman*
Regtl. No. *931010.*
Rank *Pto.*
Corps *No 2.*

wife

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				



141 X

SEPARATION ALLOWANCE

Name

Laura Yabb

Name of Soldier

Yabb Harold C.

Address

169 Brighton St
Halifax
N.S.

Regtl. No.

Rank

Pte.

Corps

#2 Construction Batt

Relation to Soldier

wife, child or mother

}

Wife

To what Corps belonging

when called out

}

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



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در آنجا

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SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2

Laura Yabb.

Wife
PAYMENTS.

Name of Soldier

Yabb H. C.

L. L. Job 310.-Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		P 14144	24	24
Sept.		C 17349	20	20
Oct.		D. 20162	20	20
Nov.		O 24381	20	20
Dec.		O 27215	20	20
Jan.	1917	K 29963	20	20
Feb.		X 33221	20	20
March		L 35053	20	20
April		H 2862	20	20
May		L 6036	20	20
June		P 9560	20	20
July		L 12874	20	20
Aug.		W 15760	20	20
Sept.		C 20060	20	20
Oct.		M 21787	20	20
Nov.		V 24084	20	20
Dec.		L 28705	20	20
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

344.
10.

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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.				

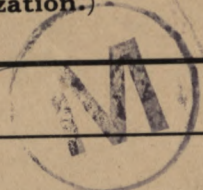
13 MAR 1919

Coloured

SHORT FORM.
PROCEEDINGS ON DISCHARGE.

M. D.
6.

(Demobilization.)



1. No. 931010

2. Rank. Pte

3. Name. Tabb, Harold Coleman

4. Unit. Res. NSRD. Orig. #2 Conet Corps

5. Date of Discharge 14-4-19 Place

6. Reason for Discharge Demobilisation.

Next of Kin Mother

Occupation Labourer Group 7

Service in France 20 mos Group

Category A
2nd Conet Corps Grand

Embarked S S Saturnia
Glasgow March 20 19

7. Authority. R. O. 1420

8. Proposed Residence after Discharge Halifax N.S.

167 Craythorn St.

Discharged

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate
M. F. W.?

Tabb H. C.
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

HALIFAX, N.S. APR 11 1919

Place.....

Date.....

Signature..... Major
O. C. Dispersal Station "B"
(O. C. Discharging Unit.)

AS
10-4-53

M. D. 1920

PROCEEDINGS ON EXCHANGE
(Description)

1. Name of Party	
2. Rank	
3. Name of Regiment	
4. Name of Division	
5. Name of Brigade	
6. Name of Corps	
7. Name of Army	
8. Name of Theater	
9. Name of Campaign	
10. Name of Battle	
11. Name of Action	
12. Name of Place	
13. Name of Date	
14. Name of Time	
15. Name of Weather	
16. Name of Terrain	
17. Name of Obstacles	
18. Name of Casualties	
19. Name of Wounded	
20. Name of Killed	
21. Name of Captured	
22. Name of Surrendered	
23. Name of Escaped	
24. Name of Retreated	
25. Name of Advanced	
26. Name of Held	
27. Name of Lost	
28. Name of Gained	
29. Name of Destroyed	
30. Name of Saved	
31. Name of Burned	
32. Name of Frozen	
33. Name of Starved	
34. Name of Thirsted	
35. Name of Exhausted	
36. Name of Discouraged	
37. Name of Encouraged	
38. Name of Inspired	
39. Name of Defeated	
40. Name of Victorious	
41. Name of Brave	
42. Name of Cowardly	
43. Name of Heroic	
44. Name of Despicable	
45. Name of Noble	
46. Name of Base	
47. Name of Honorable	
48. Name of Dishonorable	
49. Name of Glorious	
50. Name of Shameful	
51. Name of Proud	
52. Name of Humiliated	
53. Name of Proud	
54. Name of Humiliated	
55. Name of Proud	
56. Name of Humiliated	
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95. Name of Proud	
96. Name of Humiliated	
97. Name of Proud	
98. Name of Humiliated	
99. Name of Proud	
100. Name of Humiliated	

CERTIFICATE TO BE SIGNED BY SOLDIER

I hereby acknowledge that the material above and date received are true and correct.

Signature of Soldier

CONFIRMATION

The accuracy of the above named and hereby confirmed.

Signature of Officer

Signature of Chaplain

LIST OF DISCHARGED DOCUMENTS

Medical Form No. 1	Statement Form (English)
Medical Form No. 2	Statement of Personal
Medical Form No. 3	Medical History Sheet
Medical Form No. 4	Medical History Sheet
Medical Form No. 5	Medical History Sheet
Medical Form No. 6	Medical History Sheet
Medical Form No. 7	Medical History Sheet
Medical Form No. 8	Medical History Sheet
Medical Form No. 9	Medical History Sheet
Medical Form No. 10	Medical History Sheet
Medical Form No. 11	Medical History Sheet
Medical Form No. 12	Medical History Sheet
Medical Form No. 13	Medical History Sheet
Medical Form No. 14	Medical History Sheet
Medical Form No. 15	Medical History Sheet
Medical Form No. 16	Medical History Sheet
Medical Form No. 17	Medical History Sheet
Medical Form No. 18	Medical History Sheet
Medical Form No. 19	Medical History Sheet
Medical Form No. 20	Medical History Sheet
Medical Form No. 21	Medical History Sheet
Medical Form No. 22	Medical History Sheet
Medical Form No. 23	Medical History Sheet
Medical Form No. 24	Medical History Sheet
Medical Form No. 25	Medical History Sheet
Medical Form No. 26	Medical History Sheet
Medical Form No. 27	Medical History Sheet
Medical Form No. 28	Medical History Sheet
Medical Form No. 29	Medical History Sheet
Medical Form No. 30	Medical History Sheet
Medical Form No. 31	Medical History Sheet
Medical Form No. 32	Medical History Sheet
Medical Form No. 33	Medical History Sheet
Medical Form No. 34	Medical History Sheet
Medical Form No. 35	Medical History Sheet
Medical Form No. 36	Medical History Sheet
Medical Form No. 37	Medical History Sheet
Medical Form No. 38	Medical History Sheet
Medical Form No. 39	Medical History Sheet
Medical Form No. 40	Medical History Sheet
Medical Form No. 41	Medical History Sheet
Medical Form No. 42	Medical History Sheet
Medical Form No. 43	Medical History Sheet
Medical Form No. 44	Medical History Sheet
Medical Form No. 45	Medical History Sheet
Medical Form No. 46	Medical History Sheet
Medical Form No. 47	Medical History Sheet
Medical Form No. 48	Medical History Sheet
Medical Form No. 49	Medical History Sheet
Medical Form No. 50	Medical History Sheet

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

Group..... A
 Checked by No. 26
ADM
 Date..... 29/3/19

C.T. Rank Name **TABB Harold Coleman** Reg'l No. **931010**
 Unit **No.2.Construction Bn.** What Unit? **What Unit?** If in perm. Corps, }
 Married or Single **Married**
 Place and Date of Enlistment **Halifax.N.S.24th July.1916** Place of Birth **Halifax.Nova Scotia.**
 Name and Address, Next-of-Kin **Laura Tabb,**
169,Creighton St, Halifax, Nova Scotia. Relationship **Wife**

Assigned Pay Monthly \$

Payable to

Separation Allowance \$

Payable to

Relationship

Relationship

1056
 N/E. R.B. No. *9125*
 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.				
<i>14.6.17</i>	<i>Arrived in England. via S.S. Southland</i>			<i>7.4.17</i>	<i>AWW</i>
<i>14.6.17</i>	<i>Construction Bn</i>	<i>Arrived in France</i>	<i>Field</i>	<i>17.5.17</i>	<i>115</i>
<i>31.1.19</i>	<i>2nd C.C.Co.</i>	<i>Trans. Eng. Posted to 1st D.</i>	<i>Pte. Field</i>	<i>30.1.19</i>	<i>2/6-2-19 NSRD.</i>
<i>4.3.19</i>	<i>2nd cco.</i>	<i>forfeits fld allowances & Hosp. Stopp. 50¢ per diem 18.1.19 to 10.12.18 (40 days)</i>	" "	<i>18.6.19</i>	<i>- 6.</i>
<i>12.3.19</i>	<i>M.R.D.</i>	<i>505 to M.D. 6</i>	" <i>Ripon</i>	<i>12.3.19</i>	<i>- 37475 / M.D. 6</i>
<i>Posting to 35 of 30/3/19 Dis Bree B Norm Roll 6</i>					
<i>3-4-19</i>	<i>M.D. 6.</i>	<i>SOS to Canada</i>	<i>Pte Phyl.</i>	<i>30-3-19</i>	<i>- 93</i>

A.F.B. 103 CHECKED
30 MAY 1917

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. 9. Construction Battalion

(2) Regimental Number 931010

(3) Full Name of Soldier Harold Coleman Tabb

(4) Place of Birth Halifax N.S.

(5) Are you married, or not? yes

(6) If married, state,
(a) Full name of your wife Mrs Lura Tabb

(b) Present Postal Address 109 Brighton St
Halifax N.S.

(7) Are you a widower? no

(8) Have you any children? one

If so, give number of boys and girls. —

Also their names and ages. —

(9) Is your Father alive? yes Albert Tabb
If so, state name and address 169 Brighton St Halifax N.S.

(10) Is your Mother alive? yes
If so, state name and address Mrs. Al. Tabb
169 Brighton St. Halifax N.S.

(11) If your Mother is a widow no
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.

(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.
Wife
Mrs Lura Tabb
169 Brighton St - Halifax N.S.

(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?
If so, in what Company?
Have you made arrangements for payment of your Insurance premium?
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

C. W. Reis Capt
for Officer Commanding.

Date OCT 23 1916