

REGIMENTAL DOCUMENTS

NAME

*Webster Harrison*

REGT. NO.

*931597*

UNIT

*C.F.C.*

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

*Demol.*

DESERTION

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)

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)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

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)

*Misc.*

*1 A + 10*

*1 Washcard*

*SM*

*D*

*H*

*24-13*  
*14-15*  
*1-16*  
*2*

Number

931597

Rank

~~PT~~ Sp. 3

Surname

WEBSTER

Christian Name

Harrison

Units

C.O.R.C.C.

Theatre of War

France

Date of Service

17-5-17.

Remarks

Latest Address

~~G.P.O. Nevis, Minnesota~~  
USA

Roll No.

B Page 13154

200m.-2-21.M.

109 Mill St., Fergus Falls, Minn.,  
U.S.A.

DESP. MAY 31 1922

REGN. NO.

W 36136

WEBSTER, Harrison 931597 Spr. CORCC. 649-W-30134

Medals desp.

P. & S. widow

Mem X widow: - nil- married after discharge  
mother: - Mrs Susan Webster, 816 Summit Ave.E.,  
Fergus Falls, Minn., U.S.A.

Death attributable to  
Military Service.

W.A.P. Sept. 25 1930

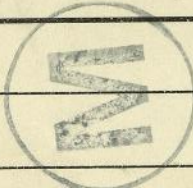

REAN. No. 251

M. 19-7 2038 23  
7465

66 30 7294

SHORT FORM.  
PROCEEDINGS ON DISCHARGE.  
(Demobilization.)

Group. 1.

1. No.	931597		
2. Rank.	L/Cpl.		
3. Name.	Webster. H. W.		
4. Unit.	CFC	CFC	
5. Date of Discharge	13. 6. 19	Place	Winnipeg
6. Reason for Discharge	Demob. A Mother		
		War Service Badge Class "A" No. 163600	
		Deceased 29/30 649-W-30134	
7. Authority.	Do 169		
8. Proposed Residence after Discharge	Nevis. U.S.A.		
<p>106 25 11 38 951 87</p>			
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.?	94 59 52 00		
		146-87	
A. Webster			Signature of Soldier.
10.	CONFIRMATION.		
The discharge of the above named man is hereby confirmed.			
Place	JUN 13 1915		
Date	Military District No. 10		
Embarked Liverpool Disembarked 8-6-19 Halifax H M T Lapland			
Signature		 (O. C. Discharging Unit.)	

## 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 and Clothing Statement Q.M.G. Form (D.O.S. 2).
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  
 Checked by No. 28  
B.H.S.  
20-579.

# CANADIAN EXPEDITIONARY FORCE

## WAR SERVICE BADGE DISCHARGE CERTIFICATE

CLASS "A" NO. 163600 ISSUED

THIS IS TO CERTIFY that No. 931594. (Rank) Lieut. Corp.  
 Name (in full) Harrison Webster enlisted in  
 the N<sup>o</sup> 2 Consts. Bn.  
 CANADIAN EXPEDITIONARY FORCE at Luskatoon on the twentieth  
 day of October 19 16.  
 HE served in C. F. C. in France.  
 and is now discharged from the service by reason of Demobilization.  
Demobilization R.O. 1420  
~~Medical Unfitness.~~

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

Age <u>26</u> Height <u>5' 3"</u> Complexion <u>Med.</u> Eyes <u>Brown</u> Hair <u>Black</u>	Marks or Scars <u>Nil</u>
--	---------------------------

H. Webster  
 Signature of Soldier

W. Hood  
 Issuing Officer

Date of Discharge



Rank

Date 13. 6. 1919

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.



DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that *W. J. [Name]* (rank in full) *Private* of the *Canadian Expeditionary Force* was discharged from the service by reason of *Medical Certificate* on the *1st* day of *April* 191*8*. He served in *the 1st [Unit]* and is now discharged from the service by reason of *Medical Certificate*.

THE DESCRIPTION OF THE SERVICE IN THE DATE OF HIS SERVICE IS AS FOLLOWS:

- 1.—That discharge certificate must be carried when wearing uniform.
- 2.—That uniform can be worn only thirty (30) days after discharge or when duly authorized in writing and
- 3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

Date of Discharge: \_\_\_\_\_  
 Signature of Officer: \_\_\_\_\_  
 Rank: \_\_\_\_\_

NOTE:—As the majority of these certificates will be issued and returned through some of the routes provided to forward it in an unsealed envelope to the Director, Office of the Chief, Ottawa, Canada.

931597

ORIGINAL

ATTESTATION PAPER.

No. 931597

No. 2 Construction Coy'n. C. E. F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Webster
- 1a. What are your Christian names?..... Harrison
- 1b. What is your present address?..... Saskatoon Sask.
- 2. In what Town, Township or Parish, and in what Country were you born?.....ergus Falls-Minnesota-U.S.A.
- 3. What is the name of your next-of kin?..... Allan Webster
- 4. What is the address of your next-of-kin?.....ergus Falls, Minnesota, U.S.A.
- 4a. What is the relationship of your next-of-kin?..... Father
- 5. What is the date of your birth?..... March 17th-1893
- 6. What is your Trade or Calling?..... Railroad Brakeman
- 7. Are you married?..... No
- 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, Harrison Webster, 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.

*Harrison Webster* (Signature of Recruit)

Date 20th-October-1916 1916 *J. P. Heary* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Harrison Webster, 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.

*Harrison Webster* (Signature of Recruit)

Date 20th-October-1916 1916 *J. P. Heary* (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 Saskatoon Sask. this Twentieth day of October 1916

*A. J. Sangster* (Signature of Justice)

Description of Harrison Webster on Enlistment.

Apparent Age.....23 years 7 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. 2 1/2 ins.

Chest measurement { Girth when fully expanded.....36 ins.  
 Range of expansion.....3 ins.

Complexion.....Medium

Eyes.....Brown

Hair.....Black

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

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.....20th October 1916.....1916

*[Signature]*

Place.....Saskatoon-Sask

Capt. A. B. C.

Medical Officer.

\*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

.....  
 .....  
 .....

CERTIFICATE OF OFFICER COMMANDING UNIT.

Harrison Webster.....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.

C. W. New Capt.....(Signature of Officer)

Date.....Oct 27<sup>th</sup>.....1916.

Eyes O.K.

2nd Construction Co (Colored)

# MEDICAL HISTORY SHEET

931597

Webster

Harrison

Surname

Christian Name

20th- October 6

Examined { on Saskatoon-Saskatchewan  
at Fergus Falls

Approved by

*[Signature]*  
Capt. A. M. C.

Birthplace { City or Town Minnesota-U.S.A  
County

Rank \_\_\_\_\_ M.O.

Apparent age 23-yrs-7 months  
R.R. Brakeman

Trade or occupation

Height 5 feet 2 1/2 Inches

Weight \_\_\_\_\_ lbs.

Chest measurement { Minimum 33 inches  
Maximum expansion 3 inches

Physical development *good*

Small-pox Marks *no*

Vaccination Marks { Arm Right 0 Left 2  
Number 2

When Vaccinated last *Childhood*

(a) Marks indicating congenital peculiarities or previous disease *no*

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

Date	Result	VACCINATIONS
17/2/17	Fit	S.S. Slepely
		M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
29/2/17	Fit	S.S. Slepely
4/4/17	Fit	Dan Murray
3/5/19	Fit	Dan Murray
		M.O.
		M.O.
		M.O.

Enlisted on 20 day of October 1916 at Saskatoon, Sask

JOINED ON ENLISTMENT	CORPS	REG'TL NUMBER	HABITS	DATE
	#2 Cavalry Bn 684	931597		20/10/16
Transferred to				

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
Windsor, Ont.	FEB 5 - 1917	on enlistment	Fit
<i>[Signature]</i>	<i>[Signature]</i>	Major <i>[Signature]</i> Capt. A. M. C.	<i>[Signature]</i> Capt. A. M. C.
Summerville	8/13/19	A	<i>[Signature]</i>

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.



# FORM OF WILL

I, Harrison Webster (Name in full)  
 Regimental Number 931597 serving in No. 2 CONSTRUCTION, B'n. C.E.F.  
 of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and  
 declare this to be my last Will.

My mother I devise all my real estate unto

Mrs Susie Webster  
Nevis, Minnesota  
U.S.A

Name and Address  
 of person or  
 persons to whom  
 it is to go.

My mother absolutely, and my personal estate I bequeath to

Mrs Susie Webster

Name and Address  
 of person or  
 persons to receive  
 personal estate\*  
 (See note).

### NOTE

This space for the  
 appointment of  
 Executor if  
 necessary.

### IMPORTANT NOTE

This must be signed  
 and Dated by  
 THE SOLDIER  
 HIMSELF.

this 19<sup>th</sup> day of March A.D. 1917

Harrison Webster Signature of Soldier.

\*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us  
 both present at the same time, who in his presence, at his request, and in the presence of  
 each other have hereunto subscribed our names as Witnesses.

Signature of First Witness E. Lionel Cross  
 Address of Witness San Francisco Trinidad B.N.S.

THE TWO  
 WITNESSES  
 MUST  
 SIGN HERE

Occupation of Witness Journalist  
 Signature of Second Witness Archie Bennett  
 Address of Witness Shelburne Ont.  
 Occupation of Witness Sawyer

DUPLICATE

To be made out in duplicate.

H.Q. 51-21-23-53

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, Bn. C.E.F.*

(2) Regimental Number..... *931 594*

(3) Full Name of Soldier..... *Harrison*

..... *Webster*

(4) Place of Birth..... *Minnesota*

..... *U.S.A.*

(5) Are you married, or not?..... *Single*

(6) If married, state,

(a) Full name of your wife..... *X*

.....

(b) Present Postal Address..... *X*

.....

(7) Are you a widower?..... *No*

(8) Have you any children?..... *X*

If so, give number of boys and girls..... *X*

Also their names and ages..... *X*

.....

.....

.....

.....

(9) Is your Father alive? *Yes* *Allen Webster*  
If so, state name and address *Paris, Minnesota, U.S.A.*

(10) Is your Mother alive? *Yes*  
If so, state name and address *Lucas Webster*  
*Paris, Minnesota, U.S.A.*

(11) If your Mother is a widow *Yes*  
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.  
*Yes*

(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.  
*Yes*

(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? *No*  
If so, in what Company? *Yes*  
Have you made arrangements for payment of your Insurance premium? *Yes*  
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date *MAR 19 1917*  
*W. B. Davis*  
*W. B. Davis*  
No. 2 Constitution, Part IV, G. I., F. 101  
Officer Commanding.



SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

WEBSTER

H.

931597.

RANK

UNIT

CO.

TROOP

BATTY

Pte.

NS. 2 Con. *misc (Can Rec. List)*

HOSPITAL

DATE OF ADMISSION

CFC. La Joux Jura.

3-8-18.

- |    |                        | HOSP. |           |
|----|------------------------|-------|-----------|
| 1. |                        |       |           |
|    | 51 - 4. Etapees.       |       | 9-12-18.  |
| 2. | 7 Can Stat East Annis  | HOSP. | 22. 1-19  |
| 3. | 9 Can Sta Caniers      | HOSP. | 9. 2. 19  |
|    | P. P. C. R. C. Bexhill |       | 17. 2. 19 |
| 4. | Can W. Etchinghill     | HOSP. | 23. 2. 19 |

DIAGNOSIS

Spr. Lt. Ankle. Ac

1. V. D. 4. Jm.
- 2.
- 3.

DISPOSITION

OL. 10-8-18. A287.

REMARKS

DATE

Dis 9-8-18

" 15-8-18 A291 (2)

18-12-18 A999.2

30. 1-19 O. H. 31 (1)

21. 2. 19 A450

22. 2. 19 B457

3-3-19 B2572

20. 3. 19 B706

Ref B257 Entry now cancelled.

A.M.U. 2 Dept.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

# 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. 931594 Rank PTE Surname WEBSTER  
(Given name in full)  
HARRISON  
 Unit or Corps C.F.C. Birthplace MINNESOTA U.S.A.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 135 lbs. Height 5 4 ft. Colour of Eyes brown  
 Nutrition Good  
 Pulse 75  
 Condition of arteries Good  
 Vision Rt. OK Left OK  
 Hearing (conversational voice) Rt. OK ft. Left OK ft.

Identification marks, scars, or deformities.  
 (Give cause and date of origin).  
None

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.

na

# EXAMINATIONS.

## THIS SECTION FOR USE OVERSEAS—

Examined at Sacramento (Overseas)

Date 8/19/19

Signed A. H. Newman 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 K. W. Abate

(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]

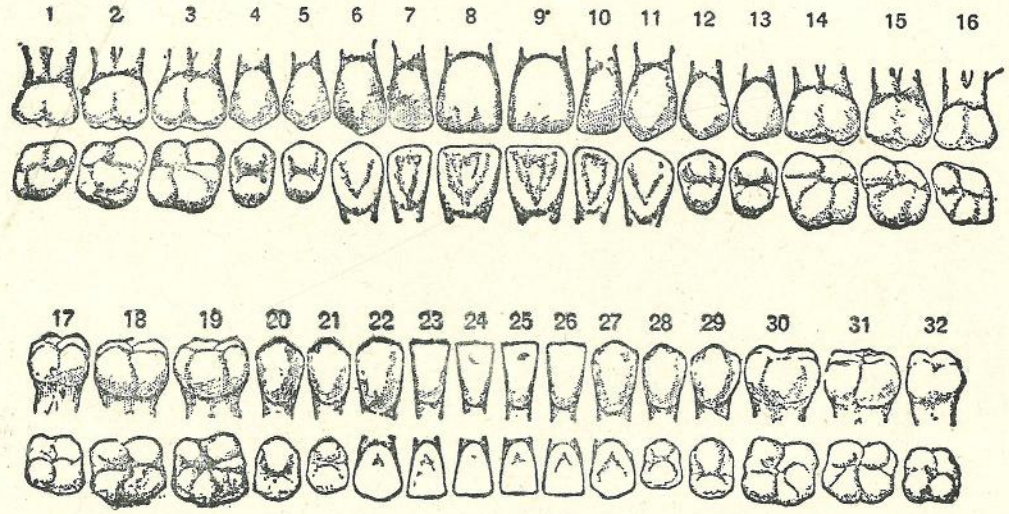
# CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) **WEBSTER, H.**  
 REGIMENT **C.F.C.** RANK **L/Cpl** No. **931597**  
 Date of Examination in England **8-5-19** 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 *None*
2. EXTRACTIONS *None*
3. CROWNS *None*
4. DENTURES *None*
  - (a) Full Upper
  - (b) Part Upper
  - (c) Full Lower
  - (d) Part Lower

*YIP  
Ample*

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 *No*
- (b) In England
- (c) In France

Signature of Dental Officer *J. H. Reid caps*

No. 931597. RANK Pte

NAME Webster Harrison

T. O. S. 20-10-16

UNIT

No 2. Construction Battalion

D.O.B. 1-11-16

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Oct 20	1916 Nov. 30	✓	aw.d. 72 hrs det forf. 8 days pay.	N. O. 94 30-11-16
	Dec.	✓		
1917	Jan 1917	✓		
	Feb.	✓		
	Mar	✓		

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS <i>H.S.R.</i>
A 287	Can. & Co. La Jouse Jura	3-8-18	Spd & Ankle
A 291-2	Discharged.	9-8-18	" "
A 399-2	51. Gen. Etaples	9-12-18	20
A 431-2	7. Can. Stat. Camers.	22-1-19	20
A 450	9. Can. Stat. Camers.	9-2-19	20
B 451	Princess P. Can R. b. Bechill	17-2-19	20.
<del>B. 257</del>	<del>Can. Etchingill</del>	<del>23-2-19</del>	<del>Cancelled as per 1/2: B39470-a. 20.</del>

NAME

*Welster H*

RANK AND CORPS

*plie 2 con*

REGT'L. No.

*931597*

H. Q. FILE NO. 649

FOLLOWS

NO.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY



<b>A. &amp; D. CARD</b>
-----------------------------

Princess Patricia ..... HOSPITAL.

Reg. 931597 AT Gooden Camp, Borhill  
 A. & D. No. 931597 PL. OF ACTION  
 RANK 2/Cpl. REG. No. UNIT 2nd Can. Const. Coy. SICK OR WOUNDED  
 NAME Webster, H. AGE 24 RELIGION Meth. T9221  
 PLACE IN HOSPITAL Dir II  
 DIAGNOSIS V.D.S.  
 ADMITTED 16-2-19 FROM M. G. San. Brigade  
 DISCHARGED ..... To .....  
 TRANSFERRED 22-2-19 Can. Spec. Hosp. Ettringhill  
 SERVICE AT HOME 32/12 IN FIELD 22/12  
 RESULTS .....

(See Document Card for M.H. Sheet and other Documents.)



Name WEBSTER Harrison, Rank Pte.

Reg. No. 931594

Unit Accoy Cdn. Record List.Next of Kin U.S.A.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List	
1918							
3-8	C.P.C. La fons	Sp. Ankle L.		A 287		3037/16	
9-8	Dischgd.	"		A 291		3149/14	
9-12-18	51. b. H. Stables		20.	A 399		6274-8	
22-1-19	51. b. H. Stables		"	A 431		6970-3	
9-2-19	P. b. H. Stables		"	A 450		7241-10	
17-2-19	P. b. H. Stables		"	B 451		7366	
23-2	Cdn. Hatching Hill		do	B 257		7718	
11-3-19	Will proceed on 11-3-17 to C.F.C.D.						etch W
	No leave granted on a V.D. Case. Sunningdale.						481
	Cancel entry B 257 of 5-3-19						
	To be paid by 2-2-19						



*Blp on misc N.S.*

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

M. F. W. 54. (A. F. B. 103.)  
250M.—1-16.  
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps No. 2 CONSTRUCTION, B'n. C.E.F.

Regimental No. 931597 Rank Plt Name Webster Harrison WEBSTER  
 Enlisted (a) 20.10.16 Terms of Service (a) Period of war 6 months Service reckons from (a) 20-10-16  
 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) \_\_\_\_\_

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 Canada	Halifax NS	25/3/17	
		Disembarked England	Liverpool	7/4/17	
		Proceeded Overseas	Seaford		At 2 S.O.# Capt Capt plapt & dapt
		Landed in France		17-5-17	N.R.
21.5.17	O.P.	Forfeits 5 days pay for Making aw. y with Iron Rations	Field	21.5.17	B2069 Part 2.0 119 25/7/17
6.6.17	O.P.	Forfeits 20 days pay making an improper Reply to an R.C.O.	Field	4.6.17	B2069 Part 2.0. 122. 7/17

MAY CERTIFIED CORRECT 7 JUN 1917  
CAN. REG. B. LONDON.

MAY 17 1917

(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, Shoing 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				
3-8-18	Gen Hosp	Sprain ankle. L. Lt admitted		3-8-18	W 8979 / 46779
3-8-18	co/mt.	To Hospital	Seclt.	3-8-18	B213
9-8-18	Gen Hosp	Sprain ankle L. Discharge		9-8-18	49403
10-8-18	co.	Repaired from Hospital		9-8-18	B213
14-9-18	do	Granted 14 days leave	mt.	9-9-18	B213 / 1190-53 of Sept 1918
5-10-18	do	Report from leave.	Seclt.	29-9-18	B213
3-10-18	co/mt	7 day 38 hrs. 20-9-18 for act from 7am 23-9-18 to 7am 24-9-18 (overstaying mt leave) Dorsets, 1 day pay by Rtl			Brdg 11956 9 Oct 1918
<del>11-11-18</del>	aaq	Transferred to A.I. Reg Dep Charnholt		<del>11-11-18</del>	<del>11-11-18</del>
					Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. O. 3rd Echelon, B. E. F.
17-12-18.	A. S. R. D.	Cancelled Quarters? Nations.	Charnholt	14-12-18.	00 <sup>th</sup> 305.
22-1-19	51 Gen	v. o.g.	transferred	22-1-19	W 8016
22-1-19	7 Gen Stab	v. o.g.	admitted	22-1-19	W 8116.

Name Webster Enl. Oct. 20/16.

Date of Embarkation for England 23-3-17.

Proceeded to France. 17-5-17. Returned to England. 16-2-19.  
*sick.*

Date returned to Canada. 2-6-19.

P.R.2855.

*(over)*  
*6/1/19*  
*4-7-23*

Gas. sheet.

3-8-18

22-1-19

Spr. ankle L. Slt. To duty 9-8-18.

V. D. G. To Eng. 16-2-19.



*W. J. B. C. A.*

**Casualty Form—Active Service.**

Rank *Plt* Regiment or Corps .....  
 Surname *Webster* Christian Name *Harrison*  
 Religion ..... Age on Enlistment ..... years ..... months  
 Enlisted (a) ..... Terms of Service (a) ..... Service reckons from (a) .....  
 Date of promotion to present rank ..... Date of appointment to lance rank .....  
 Extended { ..... } Re-engaged { ..... } Qualification (b) .....  
 or Corps Trade and Rate .....  
 Occupation ..... Signature of Officer .....

*Q*  
*8*

Date	Report From whom received	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.
		Embarked ...			
		Disembarked ..			
<i>12-2-19</i>	<i>A.A.G</i>	<i>P.D. b.b.b (Col) on trans to Cdu to Record List</i>		<i>12-2-19</i>	<i>Cdu Sect G.M.2 3rd Sch R.F. 03 d/ 12-2-19</i>
<i>"</i>	<i>"</i>	<i>o. bay Record List on trans from b.b.b (Col)</i>		<i>13-2-19</i>	<i>Cdu Sec. G.M.2 3rd Sch R.F. 012 d/ 14-2-19</i>
<i>22-1-19</i>	<i>21 Gen</i>	<i>Forfeits F.A. and is placed under stoppage of pay at the rate of 20/- per diem while in hospital from 22-1-19 to 9-2-19</i>			<i>O. 1643 (A.R. 12341) R.F. 011/1919</i>
<i>16-2-19</i>	<i>9 stob</i>	<i>Invalided to England "at Jan reported A.C.P. Witley Brindel"</i>		<i>16-2-19</i>	<i>W 2083 (6813) R.F. 073 d/1919</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) Signaller, Shoeing-Smith, &c. W.13863-M1477 1000m. 1/17 (27612) S.P. & Co., Ltd. Forms B. 103/4 E. 1354. **P.T.O.**

Date	From whom received	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.
6.5.19	—	O.C. C.F.C. T.O.S. Base Depot, C.F.C.	Sunningdale	17.2.19 Pt. 11	D.O. 126
21.5.19	O.C. CFC	SBS Depot C.F.C. on Transfer to MD..... CANADIAN CAMP, RHYL.	S DALE	20.5.19	DO 140
23.5.19		T.O.S. C.C.O. Kinmel Park for return to Canada Part II Orders No. 133. C.C.O. Kinmel Park for embark- ing for Canada Part II Order No. 10 Commanding 10 Wing, Kinmel Park Camp.	M.D. Bonfield		
		Embarked Liverpool S.S. 'Lapland' 2 June 1919.			
		2.6.19 T.O.S. Dispersal Station M	Do 169	Par 2	
		and Dispersed 13.6.19 to Lt. Pitton for O.C. 19 District Depot.	do	3	

**J.P. Rank** Name **WEBSTER, Harrison.** Reg'l No. **931597.**  
**Unit** **No2. Const. Bn.** **If in perm. Corps** } **Married or Single** **Single.**  
**What Unit?** }  
**Place and Date of Enlistment** **Saskatoon. Sask. 20th Oct. 1916** **Place of Birth** **Fergus Falls.**  
**Name and Address, Next-of-Kin** **Allan Webster.** **Minn. U.S.A.**  
**Fergus Falls. Minnesota. U.S.A.** **Relationship** **Father.**  
**Assigned Pay Monthly \$** **Payable to**  
**Relationship**  
**Separation Allowance \$** **Payable to**  
**Relationship**

*[Handwritten signature]*

*M/S*

**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>26</i> Arrived in England via S.S. Southland			7.4.17	<i>Award</i>
14-6-17	2 <sup>nd</sup> Const	Arrived in France	Field	17.5.17	<i>P 115.</i>
12-2-19	2 <sup>nd</sup> C.C.	S.O.S. transferred to C. record for Rk	"	12-2-19	<i>3/6 Rk D.O. 14.2.19</i>
27-2-19	W.A.R.D.	T.O.S. from 2 <sup>nd</sup> C.C. (C.R. list)	"	Ripon 17-2-19	<i>80.46.</i>
6-5-19	B.O.C.	T.O.S. from France	"	Sdau 17-2-19	<i>-128</i>
23-5-19	<sup>(C7.C)</sup> 10 M.D.W.	T.O.S. from C.7.C.	"	Rhyl. 21-5-19	<i>-135</i>
		<i>634 m - 61 of 2.6.19</i>			
9-7-19	NSR.D.	Went to hospital in York and S.O.S. Pt to Mil district / b.b.l Rhyl	Willys	21-5-19	<i>-138</i>

A.F.B. 100 CANCELLED  
 30 MAY 1917

*9/2*



91. 1399

LAPLAND

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

REGT. NO. 931597

M. OR S.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.
ADDRESS					2 C.B.
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				PLACE OF ATTESTATION
TO WHOM PAID	RELATIONSHIP				DATE OF ATTESTATION
ADDRESS		13			ASSIGNED PAY \$
					PAYABLE TO
					ADDRESS
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE
					DISCHARGED

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTH CHA				
	NO. OF DAYS	RATE	AMOUNT		S	C.	COL. NO.			COL. NO.									
			\$	C.			NO.	NO.	NO.	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	
1-20 <sup>6</sup> /19	20	110	22	00	35	70	370	89					133962	9.73	484	500	478.29		
153 days @ min July 10																			
10-12-19																			

LAPLAND

AUDITOR  
*DLW*PAYMASTER  
*70*

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

REGT. NO. *931597* RANK *L/1st Lt* NAME (IN FULL) *WEBSTER, H.*

PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F. <i>2 C.B.</i>	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
			PLACE OF ATTESTATION	TRANSFERRED TO <i>Dis Stn M</i>	DATE <i>JUN - 2 1919</i>
			DATE OF ATTESTATION <i>20 10. 16</i>	TRANSFERRED TO	DATE
			ASSIGNED PAY \$	DATE EFFECTIVE	AUTHORITY <i>D, O, 169</i>
			PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS	<i>Union Bank Minn</i>		<i>General Schoenly Fergus Falls Minn USA</i>		
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE				
DISCHARGED	PLACE <i>M. D. 10</i>	DATE <i>JUN 13 1919</i>	REASON <i>D</i>	AUTHORITY <i>D, O, 169</i>	IF ENTITLED TO POST DISCHARGE PAY

ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS		
COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3					DEBIT	CREDIT			
NO.	DATE	NO.	DATE	NO.	DATE	\$	C.	\$	C.	\$	C.	\$	C.	
		<i>133962</i>	<i>9/73</i>	<i>484</i>	<i>5/00</i>	<i>478.29</i>			<i>497.89</i>			<i>370.89</i>		<i>BAL. ENG. L. P. C. 370.89</i>
														<i>20 6 19</i>
														<i>Clothing Allice. 1st payment W.S.G.</i>
														<i>Advances Boat - Train</i>
														<i>A. P. chgd. on Eng. L. P. C. to</i>
														<i>1st Payment W.S.G. as above</i>
														<i>Boat 70 Oct 1919</i>
	<i>Aug 13</i>			<i>787683</i>	<i>70</i>	<i>70</i>			<i>272.30</i>					<i>70 2nd pay w/sly</i>
	<i>Sep 13</i>			<i>1212440</i>	<i>70</i>	<i>70</i>			<i>202.30</i>					<i>70 3rd</i>
	<i>Oct 13</i>			<i>1238069</i>	<i>70</i>	<i>70</i>			<i>132.30</i>					<i>70 4th</i>
				<i>1683480</i>	<i>62.30</i>	<i>62.30</i>			<i>62.30</i>					<i>62.30 final</i>
									<i>NIL</i>					
						<i>342.30</i>		<i>7.70</i>	<i>350.00</i>					
						<i>Account closed.</i>								
	<i>Dec 18</i>			<i>1826322</i>	<i>3.60</i>	<i>3.60</i>			<i>360</i>					<i>360</i>
									<i>NIL</i>					<i>NIL</i>

*360* 1st pay stop 9/6/19. 62.30 admt  
with A.P. 1894 65 4-28 5-12-19

**AUDIT**

*360* OCT. 9 1919  
Audit Clerk  
M. D. 10

\* Strike out whichever inapplicable

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

NAME: WEBSTER Ha

EFFECTIVE DATE: EFFECTIVE DATE:

NUMBER: 931597

AMOUNT: AMOUNT:

PARTICULARS OF RANK OR

NAME, ADDRESS, RELATIONSHIP & AUTHORITY

AUTHORITY DATE EFFECTIVE

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

UNIT AND TRANS ORIGINAL UNIT: 2 Constr DATE ACCOUNT FIRST OPENED:

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

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

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
15.2.19		Wapstopp 25 days = 60¢	15 -			(P868 rend Office C <sup>3</sup> 3.60)	
24.4.19	1624	C.F.C.	14.60				
10.5.19	2771		24.33				
			53.93				

DAILY RATES OF PAY AND AUTHORITY PAY

PARTICULARS OF RENDERING NON-EFFECTIVE: Disch to ban 18/19 (EH8899 15/19 S'date to 5<sup>th</sup> date M.D.10) LPCC 37

Mo	PARTICULARS	Cr 1	Cr 2	PARTICULARS	Dr 1	Dr 2	Dr 3	Dr 4
1918								
MAR	Bal Forward							
apl	P. Pay	33		AR 10 9/4 C.F.C. Jura	3 57			
		33		✓ 273 274 C.F.C. Jura	3 57			
					7 14			
May	P. P.	34 10		AR 414 9/5 C.F.C. Jura	3 57			
				✓ 428 20/5	3 57			
		34 10			7 14			
June	P. Pay	33		AR 715 7/6 C.F.C. 5	3 57			
				✓ 878 21/6 Jura	3 57			
		33			7 14			
July	P. Pay	34 10		A.R. 955 10/7 C.F.C. 5	3 57			
				AR 1099 25/7	3 57			
		34 10			7 14			
Aug	P. Pay	34 10		AR 1262 10/8 C.F.C. 5	3 57			
				AR 1477 25/8	3 57			
		34 10			7 14			
Sep	P. P.	33		AR 1678 5/9 C.F.C. 5	3 57			
				AR 1679 5/9	3 57			
				CP 34463 16/9 L/N	24 33			
				CP 35099 18/9 L/N	19 47			
				CP 34026 14/9 L/N	58 40			
				AR 3908 7/9 C.F.C. 5	97 33			
		33			206 67			

\* Strike out whichever inapplicable

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

NAME: **WEBSTER Harrison**  
NUMBER: **931597**

EFFECTIVE DATE: EFFECTIVE DATE:  
AMOUNT: AMOUNT:

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>975</i>

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

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

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

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

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
15.2.19		<i>Stop Slott 25 days = 60¢</i>	15 -			<i>(P868 and Office Cr 3.60)</i>	
24.4.19	1624	<i>C.F.C.</i>	<del>14.60</del>				
10.5.19	2771		<del>24.33</del>				
			<u>53.93</u>				

AUTHORITY	DATE EFFECTIVE	DAILY RATES OF PAY AND ALLOWANCES

*75113 New book issued by J/d 9*

PARTICULARS OF RENDERING NON-EFFECTIVE: *Desch to ban 11/19 (E48899 17/19 S date to S date M.D.10) LPCC 370 89. Ledger 124 82*

Mo	1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
MAR		<i>Bal Forw</i>								306 38	168	
Apr		<i>P. Pay</i>	33		<i>AR 10 9/4 C.F.C Jura</i>	3 57				332 24	183	
			33		<i>273 274 C.F.C Jura</i>	7 14						
May		<i>P. P.</i>	34 10		<i>AR 414 9/5 C.F.C Jura</i>	3 57				359 20	198	
			34 10		<i>428 20/5</i>	3 57						
June		<i>P. Pay</i>	33		<i>AR 715 7/6 C.F.C 5</i>	3 57					213	
			33		<i>878 21/6 Jura</i>	3 57				385 06		
July		<i>Play</i>	34 10		<i>AR 955 10/7 C.F.C 5</i>	3 57						
			34 10		<i>AR 1099 25/7</i>	3 57				412 02	278	
Aug		<i>Play</i>	34 10		<i>AR 1262 10/8 676 5</i>	3 57						
			34 10		<i>AR 1477 25/8</i>	3 57				438 98	243	
Sep		<i>P. P.</i>	33		<i>AR 1678 5/9 676 5</i>	3 57						
			33		<i>AR 1679 5/9</i>	3 57						
					<i>CP 34463 16/9 L/N</i>	24 33						
					<i>CP 35099 18/9 L/N</i>	19 47						
					<i>CP 34026 14/9 L/N</i>	58 40						
			33		<i>AR 3908 7/9 C.F.C 5</i>	97 33				265 31	258	
						206 67						



NUMBER	RANK	NAME	MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
			Oct									265 31		
				p.p.	34 10		<del>607</del>							
							No 2 Genst Co. No 56. 15/9/18. 7 app. J. P. r 30.9.18. awb 23.9.18. 24.9.18.		8 80					
							2910. 10.10. 17/10. 2 43							
							2329 26.10 507c. 3 73							
							2387 28.10 17/10. 12 17					27228.		
					34 10			18 33	8 80	-	-			
			Nov		33		3671 13.11 ✓	7 30						
			Dec		34 10		Rly W. Vic - Felkstone. 24.9.18.	1 46						
			Jan		34 10		2900. 11.11 C705.	3 73						
							2919 26.11 ✓	13 06						
							4249 19.12 17/10.	9 73				33820		
					101 20		<del>6</del>	36 28	-	-	-			
			Feb.		30 80		4552 16.1 ✓	7 30						
			Mch		34 10		4881 29.1 ✓	7 30						
							7532 21.2. Rev.	9 73						
							<del>5325</del> changed to 2026/2027 3182597.	<del>147 718</del>						
							<del>5977</del> changed to 2026/2027 3182597 ✓	<del>147 718</del>						
							81072. 18.2. 6.7c.	24 33				35444		
					64 90			18 66						
			Apr		33		<del>10178.</del>	<del>17 03</del>						
			May		34 10		10178. 15.3. etc.	17 03						
				Int on St.	20 31		894. 16/5. 17/10	7 30				441 85		
							1624. 24/4. C.F.C.	14 60				402 92		
					87 11			38 93						
							4071. u.s. Endorsed. K.P.	9 73						
							<del>2771</del> 8.6. <del>2771</del>							
							2771 10.5. C.F.C. B.B.	24 33				369 86		
								30 06						
							V Trip Stopp 22 <sup>1</sup> / <sub>4</sub> - 9 <sup>2</sup> / <sub>4</sub> 19 days @ 60 <sup>4</sup>							
							D.O. 21. 12.3.19. Can Rec Lvt.		11 40			357 46		
								11 40						
			Aug				H.S. V <sup>22</sup> / <sub>6</sub> <sup>10</sup> / <sub>3</sub> 19 = 17 days @ 60 <sup>4</sup>							
							D140 BDEFE 20.5.19 Pres End.	10 20				347 26		
								10 20						

SOS = 16/19 SL 63

RANK

NAME

PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
								265 31.		
0.	34 10		<del>607</del>							
			No. 607 to 56. 15/10/18.		8 80					
			7 days. 3. P. r 30. 9. 16. awk 23. 9. 18. 24. 9. 18.							
			2910. 10. 10. 17 No.	2 43						
			2329 26. 10 507C.	3 73						
			2287 28. 10 17 No.	12 17				27228.		
	34 10			18 33	8 80	-	-			
	33		3671 12. 11 ✓	7 30						
	34 10		Rly. W. Tui - Felkstone. 24. 9. 18.	1 46						
	34 10		2700. 11. 11 C.F.C. 5.	3 73						
			2919 26. 11 ✓	13 06						
			4249 19. 12 17 No.	9 73				33820		
	101 20		<del>6</del>	35 28	-	-	-			
	30 80		4552 16. 1 ✓	7 30						
	34 10		4881 29. 1 ✓	7 30						
			7532 21. 2. Rev.	9 73						
			<del>532</del> charged to Webster H. No 3182597.	<del>14 73</del>						
			<del>597</del> charged to 20262511 3182597 ✓	<del>14 73</del>						
			81072. 18. 2. 6. J.C.	24 33				35444		
	64 90			18 66						
	33		<del>111</del> <del>111</del> <del>111</del> <del>111</del> <del>111</del>							
	34 10		10178. 15. 2. C.F.C.	17 03						
0.	20 31		894. 16/5. 17/10	7 30				441 85		
			1624. 24/4. C.F.C.	14 60				402 92		
	87 11			38 93						
			4071. 24. 5. Endorsed. K.P.	9 73						
			<del>279</del> 3. 6. <del>176</del>							
			2771 10. 5. C.F.C. B.B.	24 33				369 86		
				30 06						
			V Trip Slipp 22 <sup>1</sup> / <sub>4</sub> - 9 <sup>2</sup> / <sub>4</sub> 19 days e 60 <sup>4</sup>							
			D.O. 21. 12. 3. 14. Cam Rec Lvk.		11 40			357 46		
					11 40					
			H.S. V <sup>22</sup> / <sub>6</sub> <sup>10</sup> / <sub>3</sub> 19 = 17 days @ 60 <sup>4</sup>							
			D140 BDEFE 20. 5. 19 Pres Ind.		10 20			347 26		
					10 20					

SOS = 16/19 SL63

MARRIED OR SINGLE

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

DATE	PAY		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		1		2		3	
			\$	c.						\$	c.	NO	DATE	NO	DATE	NO	DATE
Apr 30	30	1 <sup>10</sup>	33	00					27 30	27 30							
MAY 1	31	1 <sup>10</sup>	34	10					33 00								
June 1	30	-	33	00					34 10								
July 1	31	-	34	10					33 00								
Aug	-	-	34	10					34 10								
Sep 1	30	-	33	-					34 10								
			201	20					27 30	228 60							
MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. PAY	SER. ALLGE. ENG.						
Sep	Real								172 22								
Oct	P.P.	34 10		AR 553-277 2 Months Pay Act etc	3 57												
				" 632 11 77	3 57												
				" 472 15 77	3 57				195 61								
		34 10			10 71												

CTIONS. &c.

EFFECTIVE DATE	AUTHORITY

REG'L No. 931597 RANK   NAME Webster Harrison

IF IN PERM. CORPS | UNIT 2nd Con Bn | TRANSFERRED TO   DATE   AUTHORITY  

PERMANENT FORCE ALLOWANCES | TRANSFERRED TO   DATE   AUTHORITY  

PLACE OF ATTESTATION Saskatoon Sask. | TRANSFERRED TO   DATE   AUTHORITY  

DATE OF ATTESTATION Oct 20th 1916 | TRANSFERRED TO   DATE   AUTHORITY  

HOSPITAL. &c.

NAME OF HOSPITAL

ASSIGNED PAY MONTHLY \$   DATE EFFECTIVE  

PAYABLE TO   RELATIONSHIP  

ASSIGNED PAY MONTHLY \$   DATE EFFECTIVE  

PAYABLE TO   RELATIONSHIP  

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

DISCHARGE DATE AND PLACE   REASON AND AUTHORITY  

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)  

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)  

QUITTANCE ROLLS

CASH PAYMENTS					ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
2	3	4	1	2				3	4			
DATE	NO.	DATE	NO.	DATE								
					A/S			27 30				Bal from leave
								60 30		15 -	45 30	
							14 61	79 79		30 -	47 79	
								112 79		45 -	67 79	
						5 50	5 50	141 39		60 -	81 39	Infants 5 do pay 21-5-17 D.O. 119. 25-7-17
						22 -	22 -	153 49		75 -	78 49	Infants 20 do pay 4-6-17 D.O. 122. 7-8-17
							14 27	172 22		90 -	82 22	
						27 50	56 38	172 22				

DEFERRED PAY ENG. SER. ALLCE. PAY ENG.

2 22

75 61

96 931597 Webster H

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		1	2	3	
			\$	C.			\$	C.			\$	C.				No.	DATE	No.	DATE	No.	DATE	No.	DATE				
MONTH	PARTICULARS				CR.1	CR.2	PARTICULARS				DR.1	DR.2	DR.3	DR.4	BALANCE												
	Oct-Nov														19561												
NOV	P.P.				33	-																					
							AR 832. 25 <sup>10</sup> / <sub>17</sub> C.F. e ✓				3	57															
							- 856. 12 <sup>10</sup> / <sub>17</sub> - ✓				3	57															
							" 978. 25 <sup>10</sup> / <sub>17</sub> - ✓				3	57															
DEC					34	10	" 1096 10 <sup>11</sup> / <sub>17</sub> - ✓				3	57			24843												
					67	10					14	28															
JAN 1918	P.P.				34	10	" 1265. 23 <sup>11</sup> / <sub>17</sub> 2 bands ✓				12	49															
							" 7438. 24 <sup>12</sup> / <sub>17</sub> - ✓				7	14			26290	158											
					34	10					19	63															
FEB					20	80	" 1857. 24 <sup>11</sup> / <sub>18</sub> C.F. ✓				3	57															
							" 1608. 4 <sup>11</sup> / <sub>18</sub> Jura ✓				3	57			28656												
					30	80					7	14															
MAR 1918	"				34	10	AR 2016. - 14 <sup>11</sup> / <sub>18</sub> Jura ✓				7	14				168											
							" 2324 - 18 <sup>11</sup> / <sub>18</sub> ✓				7	14			30638												
					34	10					14	28															

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

10 2019 501 120 2/10/2020  
 10 2019 501 120 2/10/2020