ATTESTATION PAPER.

No. 502438

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

Folio.

	(IIII).
1. What is your surname?	Webster
	Herry
	29. Stafford Ave., Toronto.
2. In what Town, Township or Parish, and in what Country were you born?	Kippase, Yorks, Eng
3. What is the name of your next-of-kin?	Helen Webster,
4. What is the address of your next-of-kin?	. Featherstone, Yorkshire, Eng
4a. What is the relationship of your next-of-kin?	Mother.
5. What is the date of your birth?	July 5th, 1886,
6. What is your Trade or Calling?	
7. Are you married ?	No
8. Are you willing to be vaccinated or re-	Yes

.. 2nd F.C.C.E.....

and F.G.C.E.

·····Yes······

....Yes.... Canadian Over-Seas Expeditionary Force?

I, Harry Webster, do solemnly declare that the above are answer
made by me to the above questions and that they are true, and that I am willing to fulfil the engagement
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 month
after the termination of that war provided His Majesty should so long require my services, or until legally
discharged. Bullabter (Signature of Requiit
Signature of Roamit

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

Date 21 St Jan 191 6

9. Do you now belong to the Active Militia?....

10. Have you ever served in any Military Force?...

11. Do you understand the nature and terms of your engagement?.....

12. Are you willing to be attested to serve in the

If so, state particulars of former service

.. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Harry Webster, do make Oath, that I will be faithful and bean 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 that I will be faithful and bean true Allegiance to His Majesty, His Heirs and Successors, and that I will be faithful and bean true Allegiance to His Majesty, His Heirs and Successors, and that I will be faithful and bean true Allegiance to His Majesty and Successors, and that I will be faithful and bean true Allegiance to His Majesty and Successors, and that I will as in duty bound honestly and faithfully defended his Majesty, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defended his Majesty, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defended his Majesty, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defended his Majesty, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defended his Majesty. and of all the Generals and Officers set over me. So help me God.

(Signature of Recruit) (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 . Toronto this 21 st day of Jan 1916 (Signature of Justice)

(To be det	ent Age29years4months.	Distinctive marks, and marks indicating congenital peculiarities or previous disease.
for A	rmy Medical Services.)	(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		
st t.	Girth when fully expanded 38 1/2 ins.	
Chest measure- ment.	Girth when fully expanded	
	exion. Fresh	
Eyes	Blue	
Hair.	Fair	
	Church of EnglandX	
70	Presbyterian	
Religious denominations	Methodist	
Religious enominatio	Baptist or Congregationalist	
Redeno	Roman Catholic	
	Jewish	
	Other Denominations(Denomination to be stated)	
Date. Place.	I have examined the above-named Recruit are on specified in the Regulations for Army Medical He can see at the required distance with either his joints and limbs, and declares that he is not I consider him*	reye; his heart and lungs are healthy; he has the free subject to fits of any description. adian Over-Seas Expeditionary Force. Medical Officer. will fill in the foregoing Certificate only in the case of those who have been
	CERTIFICATE OF OFFIC	CER COMMANDING UNIT.
been r		having been finally approved and of Attestation, and every prescribed particular having orrectness of this Attestation. Line Line Line (Signature of Officer)

502438 Uchster HARRY
SIN/NAS Surname/Nom Given names/Prénoms

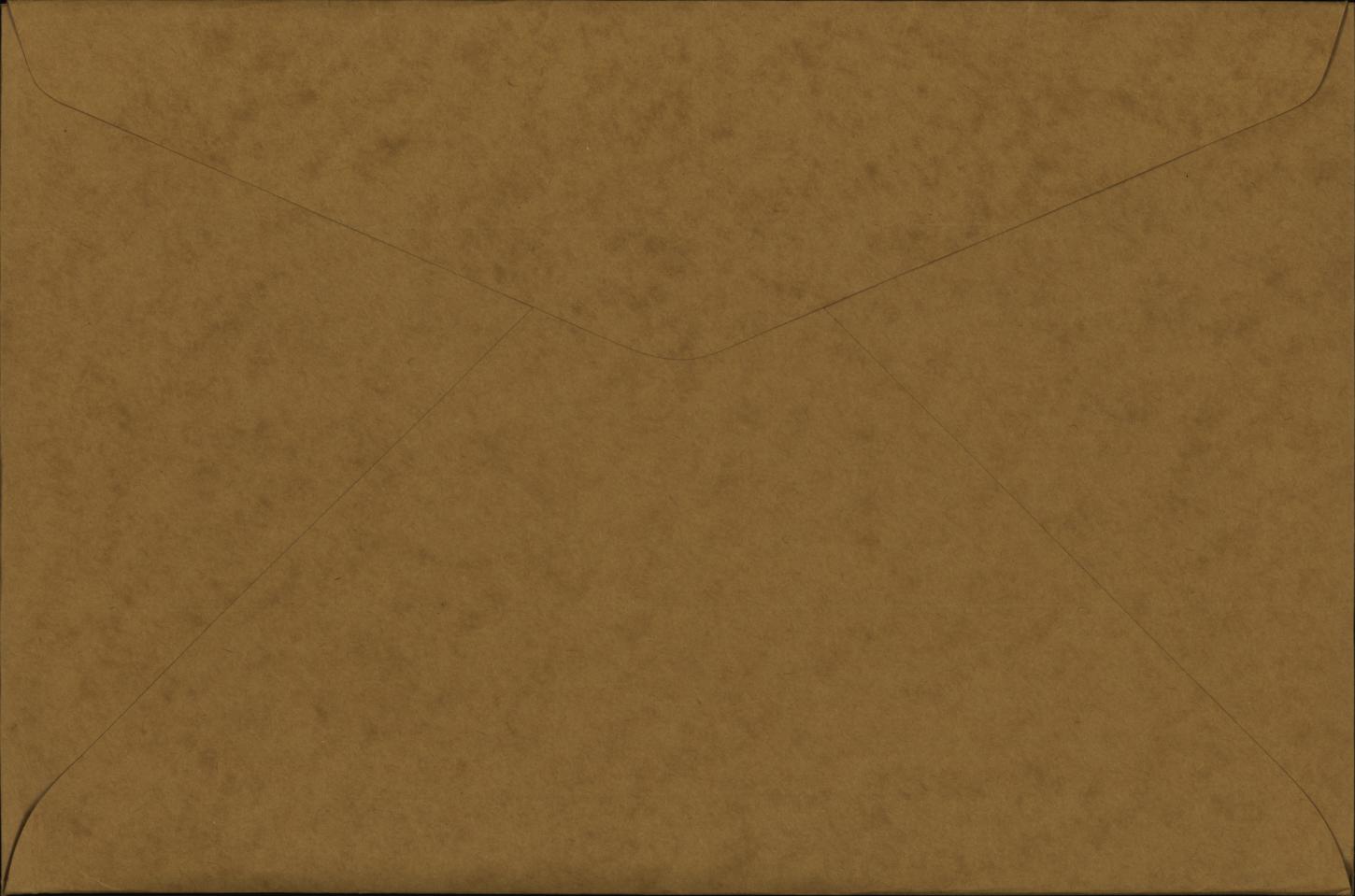
CANADIAN FORCES FORCES CANADIENNES

PERSONNEL RECORDS ENVELOPE ENVELOPPE DES DOSSIERS DU PERSONNEL

"CONTENTS CONFIDENTIAL" BOX 10191

CF 478 (10/74)

COMPONENT CEF



7 2 NAME Hebster Harry M.S.M.
RANK & No. Spr. 502438 ENLISTMENT, PLACE Toronto, ont. DATE Jan. 21.1916 FORMER CORPS 2nd Of C. C. C. COUNTRY OF BIRTH lengland, Pippase, Yorks. NEXT OF KIN Webster Helen (mother) also Notify: Mrs & Webster Bank of Mortheal, Toronto Ins DISCHARGE, PLACE P/C . 9-7-1. 1. 9. 22. 160 m.-9-15.
H. Q. 1772-39-839/M L. L. 85779-M. & D.-6011.

MARRIED SINGLE YES. WIDOWER

TRADE OR CALLING Bricklayer RELIGION Church of England.

DESCRIPTION.

APPARENT AGE 29 YEARS 4 MONTHS

HEIGHT 6 FEET 0 INCHES

CHEST MEASUREMENT 38/2 INCHES EXPANSION 3/2 INCHES

COMPLEXION FIRST EYES Blue HAIR Hair.

DISTINGUISHING MARKS mil.

MEDICAL EXAMINATION. PLACE Toronto, Ont. DATE nov. 15. 1915

REMARKS:

Form R. 14	Tiww	1		*		
Nam Unit	WEBSTER, Range y Bout lo. %	rk lopl.	eter (mott		Vo. 50'	2438
	of Kin	Heatherst	me, you	Roger	neleu	ıd
Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
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Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
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NAME	Wel CORPS	ster	H			T'L No.	502 A	+ 38
RANK AND	CORPS	shl.		17.	6. G. B	1	Follows	PART SERVICE
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No.	DATE		MATON	L OI CAS	, ALI I	•		FOLLOWS
L. L. 26438.	M. & D. 8207.					M	I. F. W. 42–50 H. Q. 1772-39	м.—8-17.

DATE OF LIST No. HOSPITAL REMARKS b. 27-6-18 P. U.G. 1-y-18 Influenza. a 256-3. 5. Can. Fld. amb. 27-6-18 a 260-1 Discharged 1-y-18

502-438 Christian Name Theatre of War Date of Service 11-7-16. Latest Address 180 Eileen ave W. Toronto BR 200m.-2-21.M.

REGN. 14047

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL	ADM.
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EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS.

Date of	No of	A	M O		T		Place of	Name of	
Payment.	Acq. Roll	Francs	£	S.	\$	¢	Payment.	Paymaster.	Remarks.
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HEAVY DRAFT HORSES.

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LIGHT DRAFT, RIDING HORSES AND MULES.

	HAY	STRAW	OATS	MAIZE	# BRAN	* LINSEED	* CORN	* ROCK SALT	
ND									arrife arrivation they are properly area
									and tradeport conditionalists is

* These issues are only Equivalents in lieu of Oats If demanded by Units.

ASE DELIVER THE ABOVE RATIONS ON DAY, THE DAY OF MALE 191

APPROVED

X LB V.

LIAM CEBAICE BYA-BOUNGOFFICER COMMANDING

MUST BE DELIVERED TO THE O. I/C. SUPPLIES, ACCOMPANIED BY DAILY PARADE STATE, NOT LATER THAN 10 A.M. DAILY FOR DELIVERIES TO BE MADE ON THE FOLLOWING DAY

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				Con r - and
(1)	Name of Overseas Unit which	Soldier joins Can	Divl. E	gine (
(2)	Regimental Number	502438		O. E. E.
(3)	Full Name of Soldier	Wetster	Harry.	
(4)	Place of Birth	Kijepase,	Yorks, Eng	
(5)	Are you married, or not?	6.	288 Las bayan	3020006
(6)	If married, state, (a) Full name of your wife.	_	es es a superproper serva di	in Hora
	(b) Present Postal Address	5	- Programment of Locality - Programment of Constitution of Co	the M 1 About 1
(7)	Are you a widower?	_		
(8)	Have you any children?		9191.69	177
	If so, give number of boys	and girls		
	Also their names and ages.			
	(See See See See See See See See See Se	0)		
	Veno?		3.	

(9) Is your Father alive?	
If so, state name and address	
(10) Is your Mother alive?	
If so, state name and address.	en bebster
(10) Is your Mother alive?	Healterstone, yorkshire
(11) If your Mother is a widow	
Are you her sole support, or not?	
(12) If sole support of widowed mother, state what amyour enlistment, also reason she has no other state.	
Weign that appear again that they are the contract to the	
Westurn J. 1974; N. Jahrang M. Mersaga, Stephen Status St. 1984;	CONTROL TO THE PROPERTY OF THE
76.6.7 M. S. C. S.	
(13) If you have no wife, father, mother or children, standardess of your next of kin, to whom you	
concerning you.	we met la
Mother - gris	of The Total
(1 a 1)	Meatherstone Yorkshir
	Helen Wetster Geatherstone, Yoskshin
(14) If you have a wife, or children, or a widowed mot have you applied to the Paymaster of your must be done.	her who depends on you as her sole support,
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(14) If you have a wife, or children, or a widowed mot have you applied to the Paymaster of your must be done. (15) Are you insured?	ther who depends on you as her sole support, unit for Separation Allowance? If not, this your Insurance premium
(14) If you have a wife, or children, or a widowed mot have you applied to the Paymaster of your must be done. (15) Are you insured?	ther who depends on you as her sole support, unit for Separation Allowance? If not, this



CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 50	2437 (Rank) C 9 m S.
Name (in full) Harry hi	Selster enlisted in
the Can. The	neer
CANADIAN EXPEDITIONARY FORCE at.	onto on the 213
day of Jany. 19 16.	
HE served in France his	thy fld: Co. C. B. x y Bn. C.
	Demobilization.
and is now discharged from the service	Medical Unfitness.
THE DESCRIPTION OF THIS SOLDIER on	the Date below is as follows:
Age 32	Marks or Scars 2 vace left
Height 6'0"	upper ann.
Complexion Took	CO-TYPE CO
Eyes Blue	Copit
Hair Haur	
12 Welstee	
Signature of Soldier.	Ogg Ward
Date of Discharge	Issuing/Officer.
/2 - 6	Pools Cay A
13-8-19	Aank 7,
	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.

Reg'l No. 502438

Unit 11th Coy. 3rd Div. Eng. What Unit?

Name

Married or Single Single

Place and Date of Enlistment Toronto, 21st Jan. 1916.

Place of Birth Kippase, Yorks,

Name and Address, Next-of-Kin Helen Webster

Featherstone, Yorks, England

Relationship

Mother

Assigned Pay Monthly \$

Rank

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

NIE, R. 366024

Discharge, Date and Place

Reason

Character

213	charge, Date				The state of the s
Report. Date. From whom received		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
€.	An	rived in England. S.S.	Makagame	215-3-16	
5-4-16	C.E.T.D.	Taken on strength	Scliffe	3-4-16	PI Q# 82. M.N. 11.30 A.M. } PITTO, 111. 2 F. 8, 103 18-7.
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Date.	From whom received.	The authority to be quoted in each case.	1 lace.	Date.	Taken from Official Documents.	
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Sheet Ho 2 Regimental Number 502438

		Casualty Forn	1-Active	service.	1	X .
	Regi	ment of Corps Al	v Eng	meers o	Main	ung Dep
Rank	DNSurname	Kebeler	Chri	stian Name	Har	refer .
Religion			Age on En	listment	years.,	months
Enlisted (a)	21-1-16 1	erms of Service (a)	The St.	Service recko	ons from (a) 21. 1. 16
Date of pro	motion to present	rank	Date of ap	pointment to la	nce rank.	
Extended	Re-	$-$ engaged $\left\{ egin{array}{ll} \dots & \dots & \dots \\ \dots & \dots & \dots \end{array} ight.$		ion (b)		yer)
Occupation.			12.22	Links	Sig	nature of Officer.
Date	Report From whom received	Record of promotions, reductions, &c., during active service, as repo B.213, Army Form A.36, or in othe The authority to be quoted in each ca	orted on Army Form	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
6.11.18	7 Bw C. E.	Rejd from	Embarked C	Field	12.11.18	B-213
- 2 - 19	A.A.G	Granted 14 day	Discrobarked	Canel.	29-1-19	MA38542/-1
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4				foroc.	3200	ERB.
		CONTRACT TO SELECT				

⁽a) In the case of a man who has re-engaged for, or enlisted in Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.

				127	The state of the state of
	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
Date	From whom received				Taken from Army Form B.213, Army Form A.36, or other official documents
6.19	Attached C.	D.D. Buxton for return to Canad	da, Part, 11 Or	der No.	138
- 8-19.	Ceases to be at	achad C.D.D. Buxton on proceed	ling to Canada	, Part 11	Order No. /
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		LAPLAND	10	7-11-	The many
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^{1 (}a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

Skebster N. 502438

CONTROL SINGS					140
-	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
Date	From whom received	The authority to be quoted in each case.			documents
3-2-17	88	Is appareled L'Conforce	Field	24/1/17.	B.218. P= 120/10/11/7.
23.6.17	o.G.	Promoted Horporal.	do	21-5-17	B. 2/3.
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17-6-18.	London. Gazette	Awarded the Meritorious Service Medal.	Field	NO-7-d	50-page-7178-Part-11- ated 17-7-18
10.8.18	7BN C.E.	Promo 69 m.S.	"	295.18	8-213.
26.10.18		Gtd 14 days Leave	u.K.	21.10.18	B.213. 9+11-58-4.11.18
	0-1/c-R.	It'd extension of lear	vojiK.		M.R-105.
	1	from. 4-11-18 lo 18-11-18			Q# 11-66-d 23-11-18

GOVE MEDICAL CHISTORY SHEET

Surname Web	ner	Chr	istian.	Name.	Clar	ry	
	day of December	1	Appro	oved by	CA	1/06	we
Birthplace 3	wn Kyppase, Eng	yorks,	Date	-		ting Depot	M.O.
Apparent age 2	/	os.	Date	Fit or Unfit	EXAMIN	ED FOR RE-ENGAGE	MENT,
Trade or occupation							М.О.
Height 6							M.O.
Weight							м.о.
	Iinimum 3						M.O.
Chest measurement	faximum expansion 32		W 1 5 7 1 7				м.о.
Physical development	1						м.о.
Small-Pox Marks							M.O.
(A	rm Right.	Left.	Date	Result		VACCINATIONS.	
Vaccination Marks	Tumber		Date	Result		V ACCINATIONS.	
When Vaccinated last.	Childhov	L					M.O.
(a) Marks indicating	congenital peculiaritie	s or previous					M.O.
disease							M.O.
			Date	Result	ANTI-TYI	PHOID INOCULATION	NS, ETC.
(b) Slight defects bu	t not sufficient to car	use rejection	18.2.16.		711.	1	W.O.
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	Contrs.	REGT'L NUME	ER.	Habits		DATE.	
Joined on enlistment	Engineers.	50 24 3	8				
7 t.(n.	Engineers. Field Co.C.E						
Transferred to							
EXA	MINED OR DISC	CHARGED	BY A	MEDI	CAL BO	ARD.	
STATION.	DATE.		DISEASE.		1	RESULT.	

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

DATES OF Remarks on nature of the disease: how induced: if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations. Date of Arrival Number of days in Hospital. Signature Admission into Hospital. Discharge from Hospital. DISEASE. STATION. at the of Medical Officer. Station. Day Month Year Day Month Year Christian Name. Surname



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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

WEBSTER, H. NAME OF SOLDIER (Block Letters) 3rd CERB. REGIMENT ... CQMS. RANK No. 502438 Date of Examination in England 6/3/19. Date of Examination in France. 12 13 22 23 24 25 26 27

DIRECTIONS TO DENTAL OFFICERS

- I. This form will be made out for each individual at the time of Demobilization in England or France.
- 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.

DDECENIE		DE0111DE1151
PRESENT	DENIAL	REQUIREMENTS

- 1. FILLINGS
- 2. EXTRACTIONS

Nil

- 3. CROWNS
- 4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

No HAS HE EVER REFUSED DENTAL TREATMENT?

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

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

Yes

Signature of Dental Officer.

ungesten, H.

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 502438 Ran 6. 9. M. S.	(Given name in full)
Unit or Corps TETINCE	Birthplace Pontifical Your &
(Examination of Officer or Other Rank (s	stripped) to be made by one Medical Officer).
1. GENERAL DESCRIPTION: Physique	Height 6ft. O. in. Colour of Eyes Blue
Nutrition 2009.	Identification marks, scars, or deformities. (Give cause and date of origin).
Condition of arteries	More
Hearing (conversational voice) Rtft.	e distributed of spare and the medical contraction of the contraction
Opinion as to general health and physical condition.	Food
(Answer "Yes" or "No") (Subjective evidence	or has he now, any affection of the following systems? may be sufficient in certain cases.) System
Special Senses Integumentary	System Respiratory System
	m M.O Digestive System M.O.
	3 "Yes," here give full particulars, with cause and date

of origin; and also a description of the present condition.

EXAMINATIONS

IS SECTION FOR USE O	아이는 그는 그 아이들이 얼마나 아이들이 아이들이 아이들이 아이들이 아이들이 아이들이 아이들이 아이들
Examined at A the fire	(Overseas) Signed Eletta undeles M.C.
Date	Signed
condition; that I find it correctly state	or have heard read, the above description of my present ed; and that I have not withheld any information concerns suffered, either prior to or during service.
Charles dealer to 1967	Signature . H. Wiebster
Province of the second	3. 227 will be completed by Medical Board.)
IS SECTION FOR USE II	N CANADA—
IS SECTION FOR USE I	N CANADA— .(Canada)
I hereby certify that I have read, condition; that I find it correctly state	N CANADA— .(Canada)
I hereby certify that I have read, condition; that I find it correctly state	N CANADA— .(Canada) . Signed

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

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.

	Surname WEBSTER (Given name in full) HARRY it or Corps 3 = CERB Birthplace Repair Ex-
Un _	
	(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)
I.	
	Physique 9410
	Nutrition ford
	Pulse
	Condition of arteries
	Vision Rt. Left appur asm.
	1 childhood
	Hearing (conversational voice) Rt. 20ft.
	Programme and Control of the Control
Opi	nion as to general health and physical condition
2.	Has Officer or Other Rank ever suffered from, or has be how, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)
	Nervous System
	Special Senses
	Disturbance of Mentality
2 30	Osseous and Joint System MAny other general condition
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.

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—
Examined at karford (Overseas) Date Signed Signed Signed Modern Cafe (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 . **Ill all telestee**
(If not satisfied, M.F.B. 227 will be completed by Medical Board.)
THIS SECTION FOR USE IN CANADA—
Examined at(Canada)
Date Signed
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.)

Lemporary

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps 9	the coy 3rd Div. Eng	Regimental Number 502438
*Substantative Rank	Surname Mebster	Christian Names Harry

*Acting Rank_

(* To be entered in pencil to facilitate alteration.)

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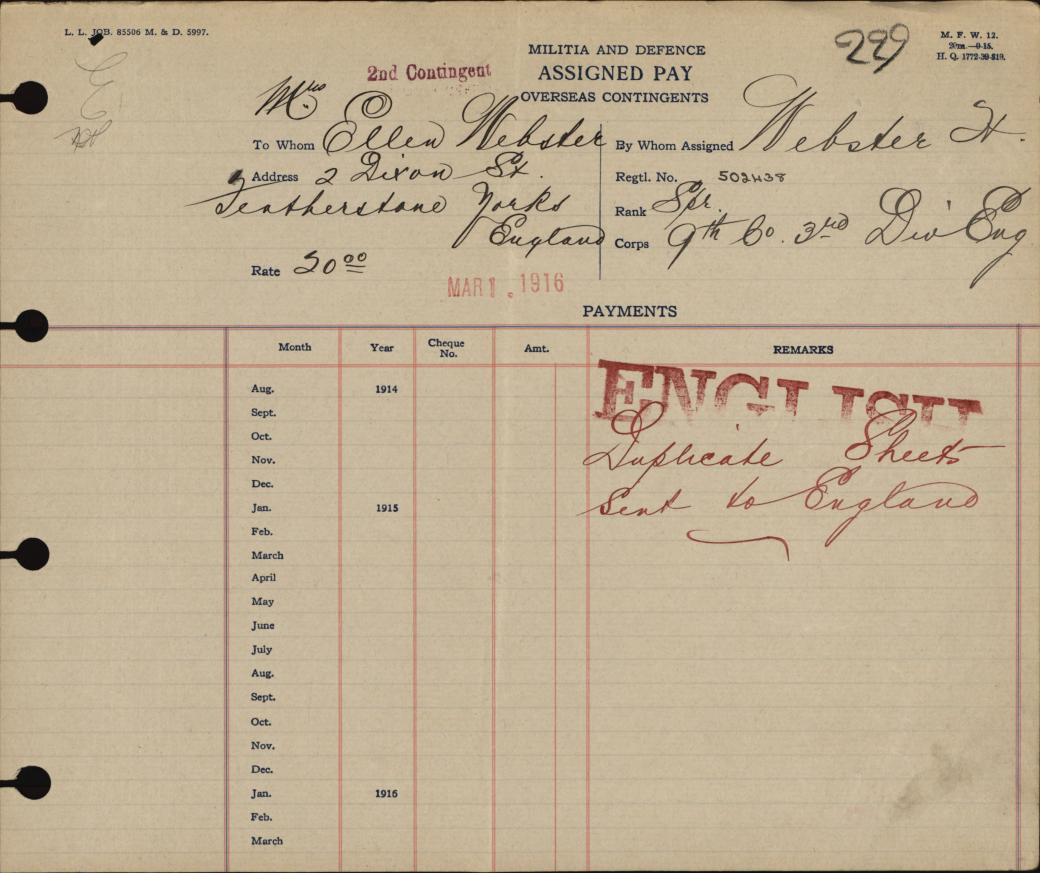
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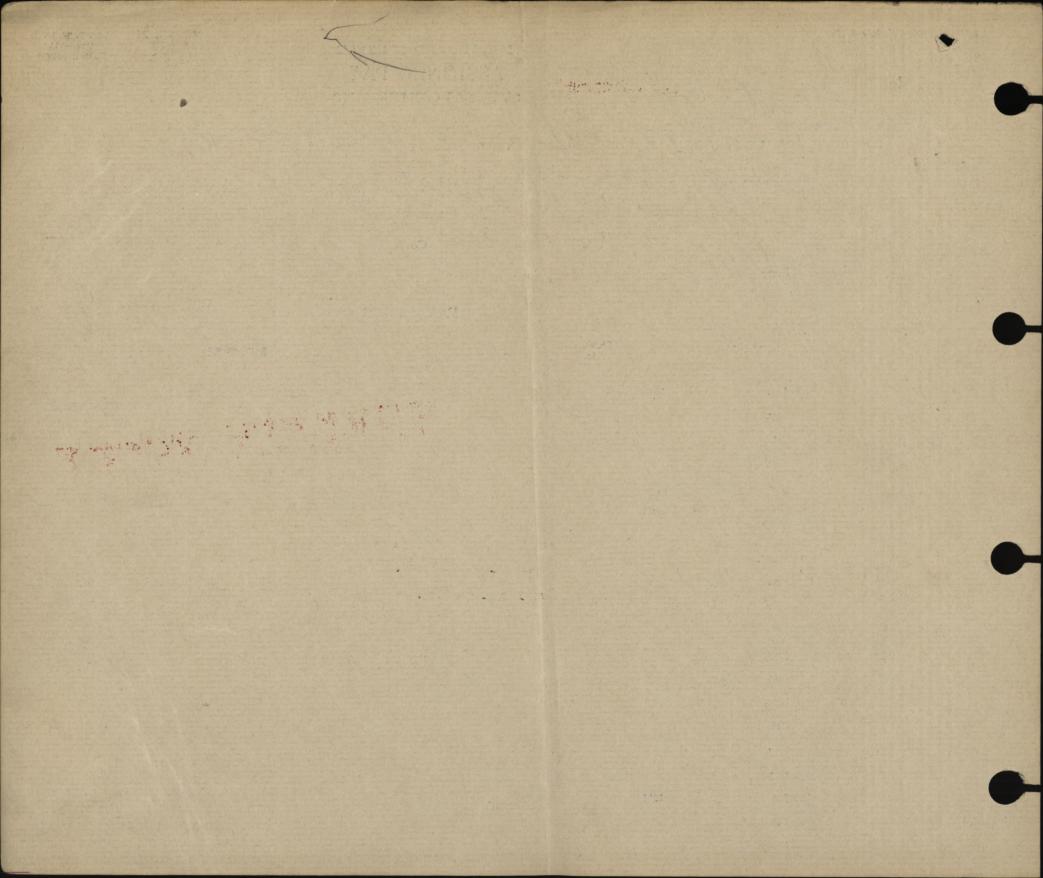
(A) Report		(B)	Record of promotions, appointments, reductions,	(D)	(E) Date of	(F)		
	÷ -		From whom	Authority of Part II. of Orders	casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of	Place of casualty	promotion, reduction.	Remarks, and initials and rank
	397	Date.	received	Tare in or orders	entry of which see A.C.I, 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Choractery	reversion, casualty, &c.	of an officer
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4	-3	7-1-9	C.E.R.D.	. 63	S. O. S. to C. E. R. B.	Seaford	1-3-19	
2	-7	19	C.R. B.					
0								CHECK ASSESSED.

• #502438 Webster Harry

	(A) Seport	(B) Authority of	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well	(D) Place of	Date of promotion,	(F) Remarks, and
Date.	From whom received	Part II. of Orders	as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	casualty	reduction, reversion, casualty, &c.	initials and rank of an officer
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By whom assigned Webster Ho.

Regtl. No. 502438. Spr. 9th loo. 3rd Div Engris

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P-56

Rank

Name

WEBSTER, Harry.

Reg'l No. 502438.

Unit 11th Coy. 3rd Div. Eng. If in perm. Corps, What Unit?

Married or Single Single.

Place and Date of Enlistment Toronto, 21st, Jan. 1916.

Place of Birth Kippase, Yorks, England.

Name and Address, Next-of-Kin Helen Webster.

Featherstone, Yorks, England.

Relationship M

Mother.

Assigned Pay Monthly \$

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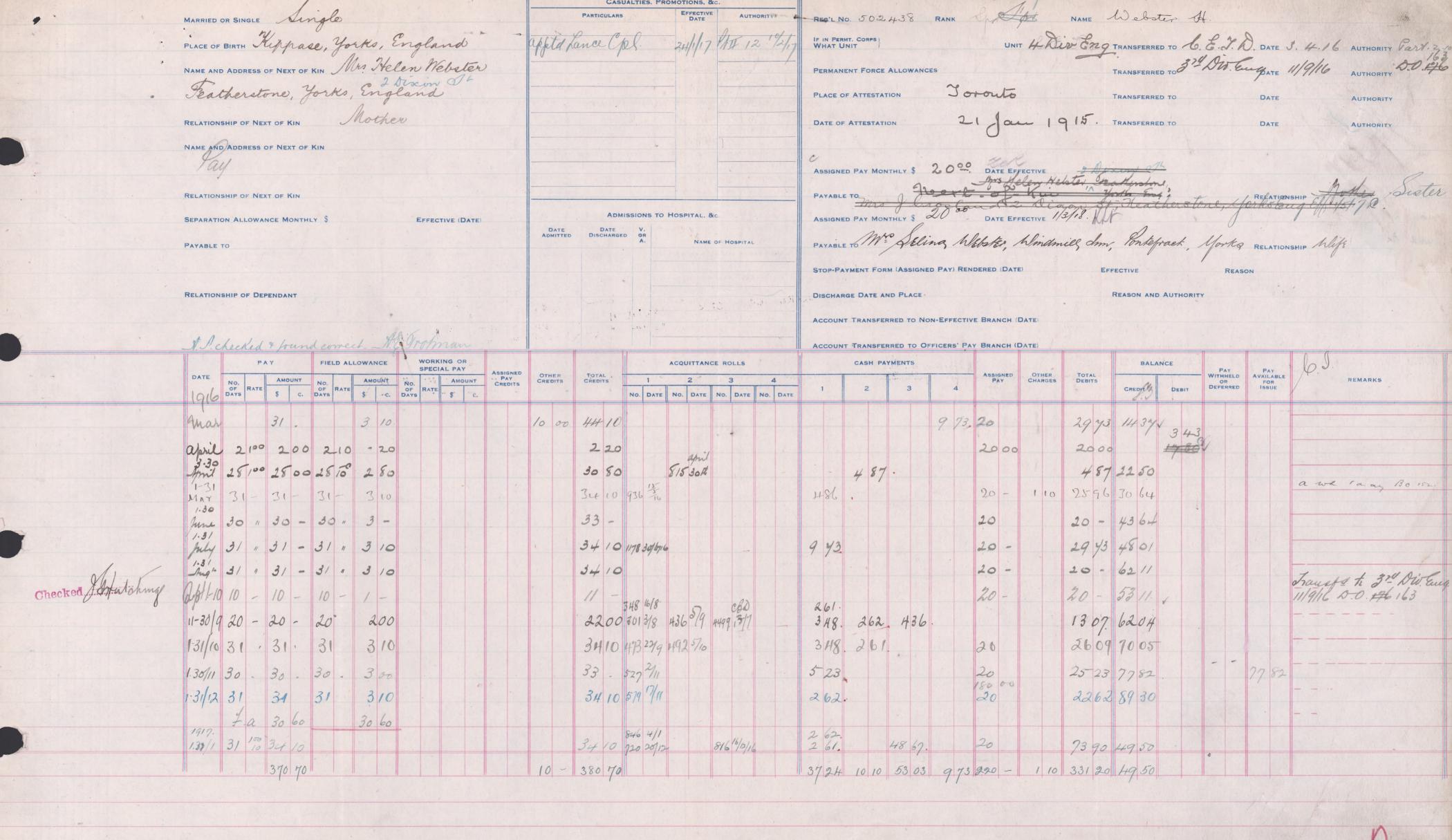
Discharge, Date and Place

Reason

Character

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P 820 12474-375M-13-2-18 ASSIGNED ENGLAND OR SEPARATION ENGLAND OR NAME:-WEBSTER %. CANADA ALLOWANCE. PATE:- 1.3.16 EFFECTIVE 30/1/18 NUMBER: - 5024/38 AMOUNT: - 2000 PARTICULARS OF RANK OR APPOINTMENT NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYER OF A.P. IS THE SAME AS PAYER OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE. DATE RANK OR APPOINTMENT Winamies Im, Pontefract UNIT AND TRANSFERS ORIGINAL UNIT: _ Ith Driving DATE ACCOUNT FIRST OPENED - 1. 3 . 16 DATE DATE LEDGER UNIT TRANSFERRED TO AUTHORITY 3nd De big EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK AMOUNT DATE OF UNIT PAID BY UNIT PAID BY DAILY RATES OF PAY AND ALLOWANCES P.F.A. SUBSICE AUTHORITY 17/8/18 7468 PARTICULARS OF RENDERING NON-EFFECTIVE 1/8/19 MR 11382 30/6 Butter to Butter 3/7 mb2 LPG Bal built 92 CR. 1 | CR. 2. PARTICULARS PARTICULARS DR. 4. BALANCE DEFERRED SEPARATIO DR 2. DR. 3. meh Hst. Das Hor 250 1071 27 20 25 39 20 B.42346 25 3/6/18 49 7 C 12454 20 25 C56920 £9-4-11 rendercredited pay a SAMS from 29/5/18 to 31/8/18 95 days @ 50 \$ 0.019 17/8/18 20 25 11385 25 Gle Pra SEP 694975 20 25 12985 an. 319. 2/9/18. Thank. " 383. 14/9/18 - " 7 14 11646 60 mS. Fay for lept. Paid as Cpl underensition for lept. Paid as Cpl inever. Diff 30days@ 50\$ A.R. 449 110/8 782 52 70 25 14916 20 5 60 158 56 A.R. 576 2/10/18 5 60 152 96 AR. 1401 77/10/18 97 33 5563 75 20 Ford.

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A.F. B.178

Regimental No. 5.02438.		Region						
Surname Mebster 0	hristian Names Har	sy.						
TABLE I.—General Table. Birthplace Parish Kuffrase Yorks	TABLE IIIBoards, Courts of Enquiry, Vaccintion, Inoculations, etc.; Examinations for Figure Foreign Service; Extension, Re-engagement or Prolongation of Service, Issue of Surgice Appliances, Particulars of Dental Treatment, etc.							
(County bugland		of details and Signature						
Examined on 15 day of November 1915,	Constitution of the second	Server Contract Server						
Declared Are 9 C								
Declared Age 29 years 4 mot days. Trade or Occupation Brichlager								
Height / feet Q inches. Weight lbs.								
Colour of Hair Bair Complexion Fresh								
" Eyes Blive	F. (1880)							
(Girth when fully) 78 5 imphes								
Measurement Range of expansion 3 2 inches.								
Physical Development		A STATE OF THE STA						
Vaccination Marks		15 My 18 18 18 18 18 18 18 18 18 18 18 18 18						
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Fit for Grade								
\ IV.								
(Strike out those which do not apply.)								
Signature Chairman of Medical Board.		-Service Table.						
Chairman of Medical Doard.	Station or Troopship	Date of arrival Date of departure or embarkation or disembarkation						
Re-examined for posting at		State of the contract of						
Onday of	<u>y 1900 y 1900 y</u>							
Enlisted on 21 day of through 191 6								
Gorps. Regtl. No.		7,130						
Joined on enlistment	Became non-effective by							
THE PROPERTY OF THE PARTY OF TH	onday of	191						
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to	(Signature)(Rank)							
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TABLE II.—Only for admissions to Hospital or to the Sick List in Case of Warrant Officers treated in quarters

Name of	A	Admitted to Hospital.			harged f Hospital	rom	Discase	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
Hospital	Day	Month	Year	Day	Month	Year		Hospital	out of hospital, transfers, &c., will be given in the special syphilis case sheet.	
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DUPLICATE.

ARMY FORM B. 178.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital.

Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname_ NEBS_	T"E R	Christian No	ame	Harry		
	TABLE	I.—GENERAL	TABLE.			
Birthplace Parish	Kippare	Yorks	County	England		
Examined	$\dots \begin{cases} \text{on} \\ \text{at} \end{cases}$	15th day of		Decem	ber	191 5,
Declared Age			Providence in the	-47 -		
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Table II.—Only for Admissions to Hospital or to the Sick

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List in the case of Warrant Officers treated in quarters.

arks bearin use. In subseque be given	g on the cause, nature, or treatmer cases of syphilis, admissions and nt progress, including particulars in the special syphilis case sheet.	nt of the case, likely to be of l re-admissions to hospital v of treatment out of hospital	interest or of future vill be shown. The al, transfers, &c., will	Signature of Medical Officer.
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Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date. Brief details, and signature. Anti-Typhoid Inoculationetc 18-2-16 F. Nick 29-2-16 Table IV.—Service Table. Date of arrival or Date of Date of Date of departure or arrival or Station or Troopship. departure or disembarkation. Station or Troopship. disembarkation. embarkation. embarkation.

14-6-37

No. of DEPENDENTS SHORT FORM. PROCEEDINGS ON DISCHARGE DISPERSAL AREA I. 2 (Demobilization.) Rank Name Unit 6. Reason for Discharge... C.TEGORY TRADE SERVICE IN FRANCE. 7. Authority 8. Proposed Residence after Discharge. CERTIFICATE TO BE SIGNED BY SOLDIER. 9. I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W. ?... 10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Signature. Discharging Unit.

WIFZ 1. 2 W. B Augho .

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.
	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 E W 120 D M C 1277
	Regimental Conduct Sheet	W. F. W. 129 OF D. M. S. 1375
	Company Conduct Sheet	Militia Form B. 263
	1. Triplicate Au	Militia Form B. 263a
	1. Triplicate Attestation Paper (M.F.W. 28); W. 28); W	The state of the s
	3. Medical D. (A.F.B. 103)	
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	6. Rield (C.d.) C 5000	29)
	C. Proceeding Succes (A.F.B 199)	
	8. Discharg, Certificate (M.F.B, 218a) (Enclosed in special arms)	
	10. Discharge Certificate (260M)),	
	10. Dispersal Certificate (M.F.W. 39a). 11. Equipment	
	and Clothing Statement Q.M.G. Form (D.O.S. o.	and the state of t
	11. Equipment Statement Q. M.G. Form (D.O.S. 2). 12. Last Pay Certificate (P. 851). 14. War Sook (A.B.64).	
	14. War Service Gratuity (Form M.F.W. 2595).	
	Documents. M.F.W. 2595).	

Group

200M-3-19.-L. L. 58786-M. & D. 9985.

