

ORIGINAL

93164 2354 ORIGINAL

ATTESTATION PAPER.

No.

No. 2 CONSTRUCTION B'n. C.E.F.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... Wilson
1a. What are your Christian names?..... Harvey
1b. What is your present address?..... 215 Rowena St., Detroit, Mich.
2. In what Town, Township or Parish, and in what Country were you born?..... Union Town, Pennsylvania, U S A
3. What is the name of your next-of kin?..... Oliver Wilson
4. What is the address of your next-of-kin?..... 215 Rowena St., Detroit, Mich. U.S.A.
4a. What is the relationship of your next-of-kin?..... Brother
5. What is the date of your birth?..... December 25th, 1888
6. What is your Trade or Calling?..... Barber
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.

Harvey Wilson

I,....., 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.

Nov 24th, 191..... (Signature of Recruit)
Date..... 6 Curry Campbell (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

Harvey Wilson

I,....., 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.

Nov 24th 191..... (Signature of Recruit)
Date..... 6 Curry Campbell (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

Windsor, Ont 25th November 191.....
before me, at..... this..... day of..... 191.....
James G. Gwyn (Signature of Justice)

Description of Harvey Wilson

2354
on Enlistment.

Apparent Age 28 years 10 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. 8-1/2 ins.

Chest measurement { Girth when fully expanded 35 ins.
Range of expansion 2 ins.

Complexion Dark

Eyes Brown

Hair Black

Religious denominations. { Church of England
Presbyterian
Methodist
~~Baptist or Congregationalist~~ **Yes**
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 Nov 23rd, 1916

Place Windsor, Ont.

[Signature]
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.

Harvey Wilson

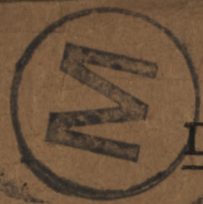
.....having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

[Signature] (Signature of Officer)

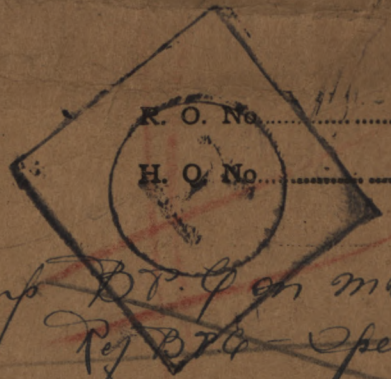
Date Nov 30th 1916

O. Comd'g No. 2 Construction Battalion, C. E. F.

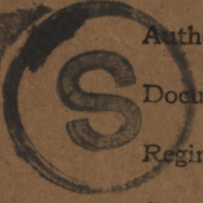
28-12-19



DISCHARGE DOCUMENTS

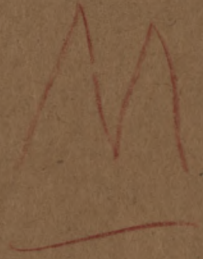


Comp. Dr. Gen. mod. 2505
Reg. B76 Spec 1459
4/27/12/19

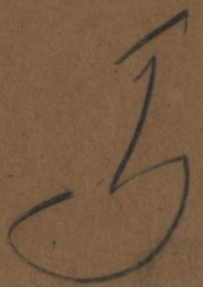


- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms..... 2
- Proceedings on discharge..... 1
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Purchase Certificate..... 1
- Medical Report for Invalids.....
- Medical History Sheet..... 1
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate..... 2

Name WILSON HARVEY
Regt. No. 931642 Rank PTE
Corps #2 Const. Bn.
DEMOON



27017



ATB 122 - 2
MTW 129 - 7
CADC 5009 - 7
MTW 2571 - 7
MTW 192 - 1

M. F. W. 62.
Om. 6-17.
1-1-17-39 912

SURNAME.

CHRISTIAN NAMES

REGL. No.

RANK

UNIT

FORMER CORPS

CARD No.

4.
SOS. 17.2.19. Demob.

FOLL.

S.O. 50 of 19.2.19 485

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

RELATIONSHIP TO SOLDIER

ADDRESS

COUNTRY OF BIRTH

PLACE OF ATTESTATION

DATE

DATE

From Halifax N.S. 'Spartan' 28/3/02

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Barber

RELIGION

Baptist

DESCRIPTION.

APPARENT AGE

28

YEARS

10

MONTHS

HEIGHT

5-

FEET

8 1/2

INCHES

CHEST MEASUREMENT

35-

INCHES

EXPANSION

2

INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Black

DISTINGUISHING MARKS

Not Stated

MEDICAL EXAMINATION.

PLACE

Windsor, Ont.

DATE

Nov. 23rd 1916.

*Present Address, 215 Cowena St., Detroit.
Mich. U.S.A.*

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

Number

931642

Rank

~~Pfc~~ Spr

Surname

WILSON

Christian Name

Harvey

Unit

2nd CO RCC

Theatre of War

France

Date of Service

17-5-17

Remarks

S. Bulworth Toronto Ont.

Latest Address

~~215 Rowena St~~~~Detroit Mich~~

Roll No.

B
Page 3598

NAME

REGT. NO.

RANK AND UNIT

NEXT OF KIN

CABLE

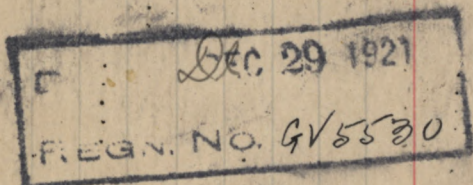
NO.

DATE

NATURE OF CASUALTY

~~NOV~~ 23 1921

S. a 25208 Reth
B + V - Retd 30/7/21



No. 931 642 RANK Pte.

NAME Wilson Harvey.

T. O. S. 24-11-16

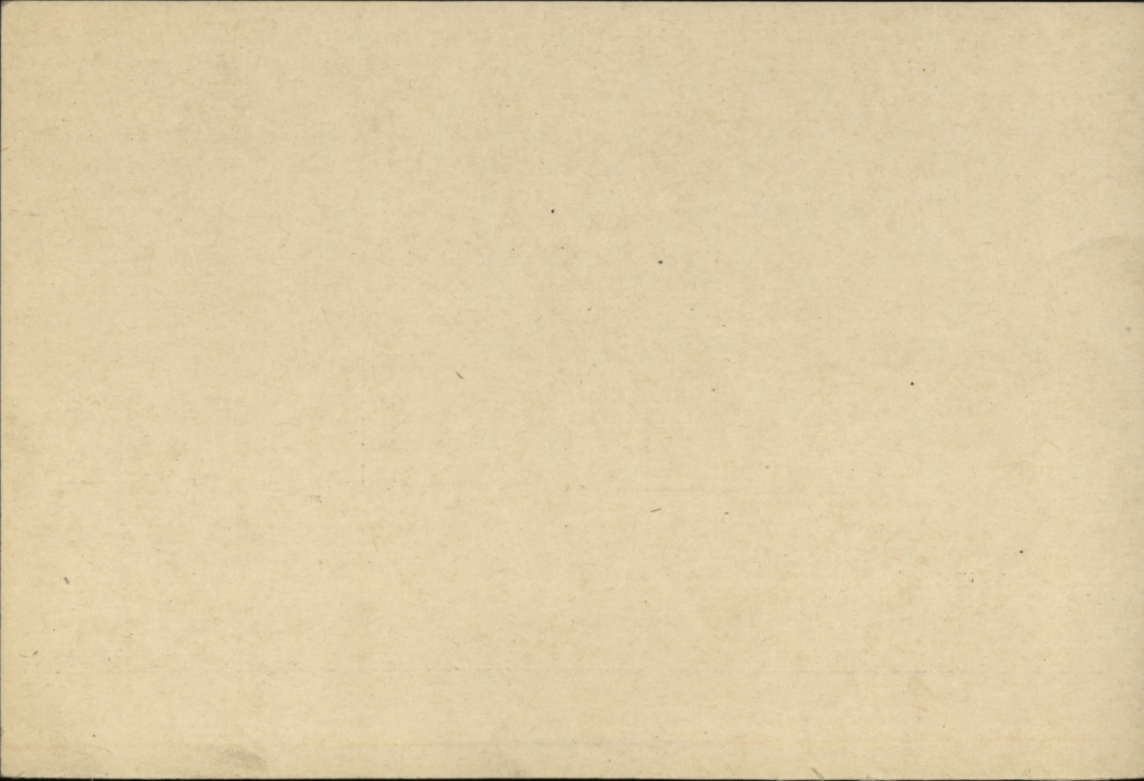
UNIT

D.O. 90 30-11-16

No 2. Construction Battalion.

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Nov 24	Dec 31	✓		
1917	Jan 1917	✓		
Feb.		✓		
Mar.		✓		



*Name OLSON, Harvey Rank Pte. Regtl. No. 931642
 Fyle Depot 19-W-411
 Original unit 2nd Con. Bn. ^{Present} D. D. No. 4 ~~M.~~ or S. Age 30 Religion Bapt Ref. H.Q.
 Port, ship and date of arrival Halifax, N.S. "Aquitania" 24-1-19.
 Next of kin. (Br) Oliver Wilson, 215 Rowena St., Detroit, Mich. U.S.A.
 Address on leave. As above.
 Address on discharge.
 Transportation issued ^{Yes} No Date Character on discharge.
 Previous occupation Barber Date and place of enlistment 23-11-16 Windsor, Ont.
 Diagnosis Date of Medical Boards

Date.	Remarks.	Pt. 2 Order No.
4-2-19	T.O.S. from O/S 18-1-19. Posted to Cas. Coy 27-1-19.	
	Fur W/S to 10-2-19	35.

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

(over)

Date.

Remarks

Pt. 2 Order No.

18-2-19

SOS. Discharged R.O. 1420 Para G. Demob.

50

Eff. 17-2-19 CAT. "A"

2354

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 931642 (Rank) Private

Name (in full) WILSON, Harvey enlisted in
the No. 2 Construction Battalion

CANADIAN EXPEDITIONARY FORCE at Windsor, Ontario on the 24th
day of November 19 16;

HE served in France

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

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

Age 30 yrs. 1 month

Height 5 ft. 8½ ins.

Complexion Dark

Eyes Brown

Hair Black

Hci' Rsn

Signature of Soldier

Marks or Scars

Scar over head.

[Signature]

Issuing Officer Lieutenant,
Officer i/c Discharge Section, District Depot No. 4.
Rank

Date of Discharge February 17th, 1919.

Appointment

Signed at Montreal, Quebec this 17th day of February 19 19

in Military District No. 4.

File Reference No. DD4.19-W-411.

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. _____ (Rank) _____ Name _____

Unit _____

Address on Discharge _____

Character and Conduct _____

Former Occupation _____

Special Qualifications of Value in Civil Life _____

Medals and Decorations _____

Remarks _____

Signed at _____ this _____ day of _____ 19 _____

Name of Officer

Rank

Appointment

2354

J.P. Rank **No2. Const Bn.** Name **WILSON, Harvey.** Reg'l No. **931642.**
Unit **What Unit?** If in perm. Corps } **Single.**
Married or Single
Place and Date of Enlistment **Windsor. Ont. 24th Nov. 1916.** Place of Birth **Union Town. Pennsylvania. U.S.A.**
Name and Address, Next-of-Kin **Oliver ~~Wilsa~~ Wilson.**
215 Rowena St. Detroit Mich. U.S.A. Relationship **Brother.**
Assigned Pay Monthly \$ Payable to

Relationship
Separation Allowance \$ Payable to
Relationship

N/E. R.B. No. **6911**
File R.L.
Category **OR CAN**

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>Arrived in England via J.S. Southland</i>				<i>7.4.17</i>	<i>30 MAY 1917</i>
<i>14-6-17</i>	<i>2nd const</i>	<i>Arrived in France Field</i>		<i>17.5.17</i>	<i>PI 200115</i>
<i>16-12-18</i>	<i>NSRD</i>	<i>TOS from 2nd Coy 10th Bde</i>		<i>14-12-18</i>	<i>300-71 2/19-12-18</i>
<i>27-12-18</i>	<i>NSRD</i>	<i>o/c to C.D.D. Rhyl</i>		<i>27-12-18</i>	<i>313 1104 80. 10/30-12-18</i>
<i>8.2.18</i>	<i>NSRD</i>	<i>leaves to C.D.D. Rhyl</i>	<i>plte Ripon</i>	<i>18.1.19</i>	<i>80.30.</i>
		<i>& SOS to Canada</i>			

[illegible]

2354

350M.—5-16

H. Q. 1772-39-920.

F. W. 54. (A. 1)

✓

Rank Private

Name Harvey Wilson

C, E, F.

6. Te

Date of appointment
to lance rank

Numerical position on
roll of N. C. Os.

Extended.....	Re-engaged.....	Qualification (b).. <u>Barber</u>
---------------	-----------------	-----------------------------------

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				
6 JUN 1917 CAN. RECORDS, LONDON	Embarked Canada. Halifax Disembarked England (Liverpool) Proceeded Overseas G. L. H. 2 C. M. S. B.	Leoford	25/3/17 7/4/17 MAY 17 1917	✓ #240# Transfers to Capt. ad. M.	
15/17	OC	Landed in France 17-5-17 N.R. Forfeits 5 days pay for Making aw. y with Iron Rations	Pla - 21 1/2	2069. P. 19. 25 1/2	

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

[P.T.O.]

2354

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 8/17	OC	5 Days SP No 2. (1) Disobedience of Orders - found out of bounds in Salins without a pass. (2) absent w leave from 2 pm 26 8/17 until 6 pm 27 8/17 (forfeits 2 days pay under RW)		27 8/17	B 2069. P 133 18 10/17
6/13/17	O. G. G. G. G.	15 days SP No 2. for. (1) Leaving Working Party without permission (2) Disobedience to J.R.O. (found in Salins without a pass) (3) a w leave from 6.30 pm 28 11/17 until apprehended by the R.M.F. at 10 am 29-11-17 (4) Improperly dressed. (no puttees, gaiters unbuttoned, boots not laced) (forfeits 2 days pay under RW)		30 11/17	B 2069 P 295 No 1 of 2/1/18
31.8.18	OC	Handled in day leave. int.		30.8.18	P 3450. 51 Sept 1918
21.9.18	OC	Returned from leave. Int.		17.9.18	B 213
26.9.18	OC Int.	15 days SP No 1. 26.9.18 for. a w leave from 9.30 pm 22.9.18 till apprehended in Champagne at about 5 pm 24.9.18. forfeits 2 days pay under RW			Int. 1918 P 356 30 Oct 1918
11/12/18	OC G. G.	Trans to England etc. noted to M.S. Reg. Depot Bramshott		14/12/18	K R 3444.

C. A. Hewitt

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

2354

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

M.N.H

NAME OF SOLDIER (Block Letters)

Wilson

H

REGIMENT

2nd

Const Bn

RANK

Pte

No.

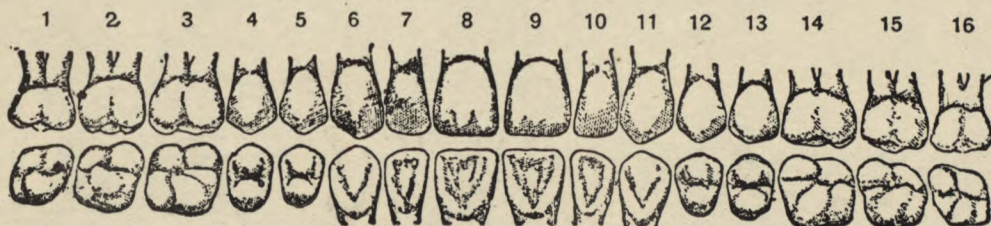
931642

Date of Examination in England

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

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

Fit

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.)

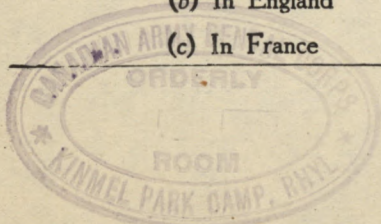
(a) In Canada

(b) In England

(c) In France

Signature of Dental Officer

H. R. Reed
Capt



DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D. C.

11.01.20
11.01.20

11.01.20

11.01.20

11.01.20

11.01.20

11.01.20

11.01.20

11.01.20

11.01.20

11.01.20

11.01.20

11.01.20

Nothing to be written in this margin.

W1889—PT 1150 1M 5/18 G.W.P.Co.(34/90)

SERVICE AND CASUALTY FORM (Part I).

Army Form B. 103—I.
Part I.

(1)*Substantive rank <i>Pte</i>				(2) Regiment or Corps		(3) Regtl. No.	
*Acting rank *[To be entered in pencil to facilitate alteration.]							
(4) Surname <i>Wilson</i>				<i>McDonagh Bn</i>		<i>931642</i>	
(5) Christain Names <i>Harvey</i>							
(6) Army Form, number of, Attestation } Form or Record of Service paper }							
(7) Whether of British or of Alien origin [<i>vide</i> A.C.I. 578 of 1918]							
(8) Date of birth as stated on enlistment							
(9) (a)							
(10) Enlistment (b)				(11) Engagement (c)			
(12) Service reckons from (date)				(13) Special conditions (if any) of enlistment (d)			
(14) Any subsequent variations (if any) } of conditions of service }				Initials and Rank of an Officer.			
(Authority)				(date)			
(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (<i>vide</i> Army Order 93 of 1917)			
				Industrial Group No.			
				Trade or Calling			
				Married or Single			
				Particulars of Trade Test			
				Occupation Cards despatched on (date)			
				Second Occupation Card despatched on (date)			
(17) Next of Kin				(Signature of (Posting Officer			
(18) Demobilizer (f)				(Place)			
(19) Pivotal-man (f)				(Date)			
(20) Qualifications (g)				or (21) Corps trade and rate			
(22) Extended {				(23) Re-engaged {			
(24) Miscellaneous entries:—							

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [*vide* A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoeing-smith, &c.

2354

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well 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.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer

17-12-18 NSRD D.O. 305 T.O.S. and att'd 2nd b.b.D. Bshott 14.12.18
for Quarters & Nations

NSRD

ON COMMAND TO

CDD Kimmel Ph
Rhyl

BRAMSHOTT

PART II D.O. NSRD 313 27 12/18

H. M. T. 'AQUITANIA'

EMBKO. L.P.L. 11.1.13.1919

DEBKD. L.L. 11.1.13.1919

JAN, 21. 1919

C. A. Knight LIEUT.
OFFICER i/c RECORDS,
NOVA SCOTIA REGTL. DEPOT.

Nothing to be written in this margin.

19-2-19 SOS

Discharged

Cat A Denial

DD 4/00/44

H. G. Porter Lieutenant,
Officer i/c Discharge Section, District Depot No. 4.

2354

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. 931642 Rank Pt Surname Wilson
(Given name in full)
Harvey
Unit or Corps no 2 Const. Birthplace Union Town

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

1. GENERAL DESCRIPTION:

Physique Good Weight 160 lbs. Height 5 ft. 8 1/2 in. Colour of Eyes Brown
Nutrition Good
Pulse 78
Condition of arteries Good
Vision Rt. 20 Left 20
Hearing (conversational voice) Rt. OK ft.
Left OK ft.

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

Scar over head.

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.

215-
Persons or belated
nick. N.S.A.

2354

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at (Overseas)

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 SECTION FOR USE IN CANADA—

Examined at *Montreal* (Canada)

Date *14/2/19* Signed *H. E. Smith Capt* 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. Smith*

(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]

DUPLICATE

To be made out in duplicate.

ILQ. 51-21-20-53

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, B'n. C.E.F.
-
- (2) Regimental Number 931642
-
- (3) Full Name of Soldier. Harvey Wilson
-
- (4) Place of Birth. Union Town Pennsylvania
-
- (5) Are you married, or not? no
-
- (6) If married, state,
- (a) Full name of your wife.....
-
- (b) Present Postal Address.....
-
- (7) Are you a widower? yes
-
- (8) Have you any children? no
-

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

Also their names and ages.....

.....

.....

.....

.....

(9) Is your Father alive? no

If so, state name and address

(10) Is your Mother alive? no

If so, state name and address

(11) If your Mother is a widow? Y

Are you her sole support, or not? Y

(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.

Brother
Oliver Wilson, 215 Rowena St,
Detroit, U.S.A.

(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.

(15) Are you insured? no

If so, in what Company? Y

Have you made arrangements for payment of your Insurance premium? Y

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

Date NOV 24 1916

D. H. Fetherland

Officer Commanding. T. COL.

O. Comd'g No. 2 Construction Battalion, C. E. F.

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1133 (D.P. 250M-12-18.
1772-39-908.

LAST PAY CERTIFICATE

Regimental No. 931642 Rank Pte Name Wilson Harvey
(Surname first)
Unit 2nd Con. Batt who was* Discharged
On 17-2-19 191....., to.....
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1-19.....to 17-2-19.....191...
the inclusive date of transfer or discharge.

Cr. LPC.	Dr.	57 62 Cr.
Bal. Dr. or Cr. from prev. month.....		
Regimental Pay..... <u>48</u>days at \$.. <u>1.00c.</u>		<u>48 00</u>
Field Allowance..... <u>48</u>days at \$.. <u>10c.</u>		<u>4 80</u>
Separation Allowance.....		
Clothing Allowance.....		<u>35 00</u>
Post Discharge Pay.....		<u>70 00</u>
*Other Credits <u>Subs DO. 36-6</u>		<u>12 00</u>
Advances <u>Ck. 21807</u>	<u>30 00</u>	
Separation Allowance and Assigned Pay Cheque No.....		
*Other Charges		
Balance on transfer or on discharge, cheque No. <u>23112</u>	<u>197 42</u>	
Total	<u>227 42</u>	<u>227 42</u>

*Give particulars.

A monthly stoppage of \$.....15.00.....(†) has.....(‡) been paid on account of
Assigned Pay for the month of.....Jan......191...9. }
and Separation Allee. for month of...Nil.....191..... } (to) AssigneeMrs...J.Clark.....
Star Horel 132 South Erie
Toledo Ohio U.S.A.
(Address)
(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

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

REMARKS:—

State (1) date of enlistment.....25-11-16.....married or single.....
Nil
(2) Separation Allowance, entitled or not.....(3) Reason for discharge.....
D.D. 4 19-W-411
(4) Authority for discharge or transfer.....

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date

Place

Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.

(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.

(C) For purposes of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.

(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

[illegible]

MEDICAL HISTORY SHEET.

Surname Wilson

Christian Name Harvey

Examined { on 23rd day of Nov 1916
at Windsor, Ont

Birthplace { City or Town Union Town
County Pennsylvania

Apparent age 28 yrs 10 mos

Trade or occupation Barber

Height 5 Feet 8-1/2 Inches.

Weight Lbs.

Chest measurement { Minimum 33 inches.

Maximum expansion 35 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right Left.
Number 1

When Vaccinated last 1914

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection

R.E. 20/20 L.E. 20/20 V-0

Approved by

Dan Murray
Rank Capt A.M.C.

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

Date.	Result.	VACCINATIONS.
<u>7/1/17</u>		<u>S. Shepley</u> M.O.
<u>10/3/17</u>		<u>Dan Murray</u> M.O.
<u>10/3/17</u>		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>26/2/17</u>	<u>R.P.R.</u>	<u>H. Kent-Moyn</u> M.O.
<u>5/3/17</u>	<u>R.P.R.</u>	<u>Dan Murray</u> M.O.
<u>10/3/17</u>	<u>R.P.R.</u>	<u>Dan Murray</u> M.O.

Enlisted on 24th day of November 1916 at Windsor, Ont.

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment				
<u>No. 2 CONSTRUCTION, B'n. C.E.F.</u>		<u>931642</u>		<u>24/11/16</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Windsor, Ont.</u>	<u>Nov. 24/16.</u>	<u>on enlistment</u>	<u>Fit</u>
<u>J.A. Buckner</u>	<u>Major, A.M.C.</u>	<u>W. Thew</u>	<u>Stewart</u>
<u>Montreal</u>	<u>14/12/19</u>	<u>unfit</u>	<u>A. H. Buckner</u>

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.

Surname.

[illegible]

ASSIGNED
PAY

ENGLAND or
CANADA.

SEPARATION
ALLOWANCE.

ENGLAND or
CANADA.

NAME:- *Wilson Harvey*

EFFECTIVE
DATE:- *1st Nov. 1917*

EFFECTIVE
DATE:-

NUMBER:- *931642*

AMOUNT:- *1500*

AMOUNT:-

PARTICULARS OF RANK OR APPOINTMENT

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.

AUTHORITY

DATE
EFFECTIVE

RANK OR APPOINTMENT

*Miss Julia Clark (niece)
Star Hotel, 137 South Erie St.
Toledo, Ohio U.S.A.*

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
<i>9.12.18</i>	<i>6760</i>	<i>Home</i>	<i>14.66</i>				
<i>18.12.18</i>	<i>3545</i>	<i>B.R.D.G.</i>	<i>9.73</i>				
			<i>14.39</i>				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY

PAY

F.A.

P.F.A.

SUBS CE
ALL CE

1

10

65628 Newhook issued by 8765. 24/8/18.

PARTICULARS OF RENDERING NON-EFFECTIVE:-

Disch to ban. (Auth: 161. NR) R.P.C 127⁷² Ledge 142⁷²

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
<i>MAR 1918</i>	<i>Pay Forward</i>								<i>224 01</i>	<i>99</i>	
<i>Apr</i>	<i>P. Pay.</i>	<i>33</i>		<i>b. a. P.</i>				<i>15</i>			
				<i>AR 10 7/4 CFC Jura.</i>	<i>3 57</i>						
				<i>✓ 274 2 3/4 - " -</i>	<i>3 57</i>				<i>234 87</i>		
		<i>33</i>			<i>7 14</i>			<i>15</i>			
<i>May</i>	<i>P. Pay</i>	<i>34 10</i>		<i>Cap</i>				<i>15</i>			
				<i>AR 415 7/5 CFC Jura</i>	<i>3 57</i>						
				<i>✓ 429 2 3/5 - " -</i>	<i>3 57</i>				<i>246 83</i>		
		<i>34 10</i>			<i>7 14</i>			<i>15</i>			
<i>June</i>	<i>P. Pay</i>	<i>33</i>		<i>Cap</i>				<i>15</i>			
				<i>AR 716 7/6 CFC 5</i>	<i>3 57</i>						
		<i>33</i>		<i>✓ 879 27/6 ✓ Jura</i>	<i>3 57</i>			<i>15</i>	<i>257 69 99</i>		
					<i>7 14</i>						
<i>July</i>	<i>P. Pay</i>	<i>34 10</i>		<i>Canal</i>				<i>15</i>			
				<i>AR 956 10/7 CFC 5</i>	<i>3 57</i>						
		<i>34 10</i>		<i>✓ 1100 28/2 ✓</i>	<i>3 57</i>			<i>15</i>	<i>269 65 99</i>		
					<i>7 14</i>						
<i>Aug</i>	<i>P. Pay</i>	<i>34 10</i>		<i>Canal</i>				<i>15</i>			
				<i>AR 1263 10/8 CFC 5</i>	<i>3 57</i>						
				<i>AR 1478 25/8 ✓</i>	<i>3 57</i>						
				<i>AR 1637 28/8 ✓</i>	<i>7 14</i>			<i>15</i>	<i>274 44</i>	<i>99</i>	
<i>Sep</i>	<i>RP</i>	<i>33</i>		<i>Canal</i>				<i>15</i>			
				<i>CP 29780 2/9 London</i>	<i>48 67</i>						
				<i>CP 30527 4/9 ✓</i>	<i>114 60</i>						
				<i>AR 3535 28/8 CFC 5</i>	<i>97 33</i>						
				<i>CP 32959 12/9 London</i>	<i>9 73</i>						
		<i>33</i>		<i>AR 1882 24/9 CFC 5</i>	<i>3 57</i>			<i>15</i>	<i>118 57 99</i>		
					<i>173 90</i>						

NUMBER 931642 RANK Pte NAME WILSON Harvey

1918	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
Oct	Balance Forward								11857 99		
	P.P.	34 10		2 benet 60 20. 56. 15/10/18.							
				15 app. 701. 26. 9. 18.							
				and 930 pm. 22. 9. 18. 5 pm. 24. 9. 18.		18 70					
				b.a.p.				15			
				2329. 26/10. 5 C.F.C.	3 73				11524		
		34 10			3 73	18 70		15			
Nov	/	33		2701 11. 11	3 73						
Dec	/	34 10		b.a.p.				15			
	Int on 11/2 Pay	6 56		2920. 26. "	13 06						
				cul.	39			15			
				6760 10. 12	4 66						
				8896 18. 12	9 73				12772		
		73 66			31 18			30			
				5 app. 2 pr. 7. 1. 19. 20. 14. 1/9 4.5		5 50					
				c1999. 11. 1 Endorsed. Rhyf.	9 73				11249		
		-	-		9 73	5 50	-	-			

1523

150

150

P. 878.

Extract D.O. No. *7*

Unit: *C. R. T.*

Date. - *—*

Reg. No.

Rank

MAILING LIST:

Name

98-1642

P.T.E.

Canada
WILSON. H.

2nd Cond. Bn

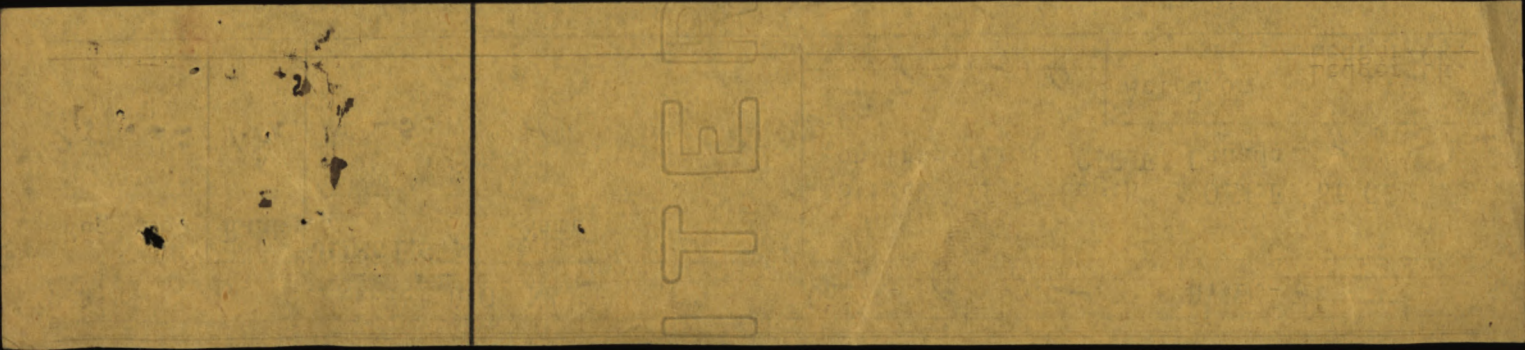
Struck off Strength of O.M.F. of C.
on transfer to C.E.F. Canada.

No. 24

18-1-19

Acted on

Ledger Ck.



1459
25-2-2354
This space to be for numbers.

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	931642
Rank	Pte
Surname	WILSON, Harvey
Christian name	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	No. 2 Construction Battalion C.E.F.
Date of discharge	February 17th, 1919.
Place of discharge	Montreal, Quebec.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... 30 years..... 1 months.	Descriptive marks Scar over head.
Height..... 5 feet..... 8½ inches.	
Complexion..... Dark	
Eyes..... Brown	
Hair..... Black	
Trade..... Barber	
Intended place of residence	215 Rowena St Detroit Mich
(To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of DEMOB. Cat. A. R.O.14 20 Para. C.	
Authority for discharge.....	
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.	
3. Conduct and character while in the service have been, according to the records, etc.	
N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

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

Decreased 8-4-37
649-W-26220

M. F. B. 218.

200M.—5-18.

H. Q. 1772-39-113.

(OVER)

E R 1

5. He is in possession of the following number of G. C. Badges

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date).....

Commanding.....

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place)..... Montreal, Quebec (Signature of Soldier.)

(Date)..... Feb. 17/19. (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

10. **Statement of Service.**

Service toward Engagement to.... (the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place)..... Montreal, Quebec.

(Signature).....

(Date)..... Feb. 17/19.

..... Lieutenant,
Officer i/c Discharge Section, District Depot No. 4.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

NO RESERVATIONS.

W. H. Shaw

Reg. Conduct Sheet Militia Form B. 303	Specimen Battery Company
Field Conduct Sheet W. 178	
Copies of Convictions by C. P. in MS.	
Med. Hist. Sheet Militia Form B. 313	
Casualty Form W. 54	
Medical Report for Invalids H. 327	
Dental History Sheet H. 403	
Last Pay Certificate W. 44	
Duplicate Discharge Certificate W. 304	
Form of Will W. 83	
Only if discharged "Medically unfit"	
Only if man has not been overseas	

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

Reservations referred to at Para. 8.
(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263

Squadron }
Battery } Conduct Sheet, " B. 263a
Company }

or
Field Conduct Sheet " W. 178

Copies of Convictions, by C. P. in MS.

Med. Hist. Sheet, Militia form B. 313

Casualty Form " W. 54

Medical Report for Invalid§ " B. 227

Dental History Sheet " B. 465

Last Pay Certificate " W. 44

Duplicate Discharge Certificate " W. 39A

‡Form of Will " W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper Militia Form W. 23

or
Particulars of Recruit " W. 133

Proceedings on Discharge " B. 218

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Nov 1st 1914

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15			
----	--	--	--

W 7567

PARTICULARS OF SEPARATION ALLOWANCE

No. 931642

Rank Pte

Promoted

Reverted

Discharge

Soldier's Name

Harvey Wilson

Battalion

No 2 Const Bn

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Miss Julia Clark (neice)

Address

Star Hotel 132 South Erie St

Toledo

Change of Address

Ohio U. S. A

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec. 1914	F 60257		30	30	Br.
Jan 1915	H 60842		15	15	
Feb 1/18	P 73303		15	15	
Mar	X 95551		15	15	
Apr	X 7795		15	15	
May	X 17849		15	15	
June	Z 17098		15	15	
July	Z 28557		15	15	
Aug	Z 41425		15	15	
Sept	Z 55683		15	15	
Oct	Z 70772		15	15	
Nov	Z 85338		15	15	
Dec	Z 101159		15	15	
Jan	Z 115850		15	15	
			225	225	

1914 H 179

2 M. 20. 11. 14

M.R. 2A USA 4/18

M. F. W. 128.
400M. 447-1172-39-1141
L. L. 2230-M. & D. 7693.

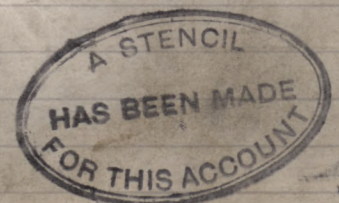
A/c Closed 31-1-19

Ret'd per aquitana

Date 25-1-19 M. F. W. 187. 31-1-19

Clerk. W. M. Phillips

M. D. 4. M. R. 0 54727. M. F. W. 12/19



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date

Cheque
No.

Amount
S/A

Amount
A/P

Total

REMARKS

M. F. W. 128
4008-6-17-1772 39-1141
L. L. 22229-N. & D. 7983.

of Service

(Issued following loss of Permanent Discharge Certificate M. F. W. 39)

This is to Certify that No. 931642 (Rank) Private

(Name in full) WILSON, Harvey

Enlisted in No. 2 Construction Battalion

Canadian Expeditionary Force, on the Twenty-fourth day

of November 1919

He served in CANADA, ENGLAND, FRANCE and BELGIUM

and was discharged at Montreal, P. Q. on

the Seventeenth day of February 1919

by reason of DEMobilIZATION

~~His conduct and character while in the Service were~~

Description on discharge: Age 30 Years 1 Month; Height 5' 8 $\frac{1}{2}$ "

Complexion Dark; Eyes Brown; Hair Black.

Address 718 Rowand St.,
Fort William, Ont.

Major for Colonel
Director of Records.

Ottawa 21st day of June 1923.

H. O. 649-W-26220

11768A

Printed CALGARY, ALTA.

DATE

25/7/24

11768A