REGIMENTAL DOCUMENTS

NAME Christie. Harry 39th REGT. NO. 406460 UNIT Gen Dpt H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
2	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)				19744	
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
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1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
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3	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
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1	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	CaDC-5-009a					
1	CD-3					
1	a 7.1. -1237					
2	misc					
1	a 4 -10410					
2	R+O-6645					

BOX 403628

1-6
1-8
1-8

W 2506
100M-11-18
1/-(33 1077

O.Inf. 23149 Staff 685

106460

ATTESTATION PAPER

No. ~~A6460~~

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

		(ANSWERS)
1.	What is your name?	Christie, Harry
2.	In what Town, Township, or Parish, and in what Country were you born?	Toronto Ont.
3.	What is the name of your next-of-kin?	Mother M Christie
4.	What is the address of your next-of-kin?	57 Wellington St., St Catherines Ont
5.	What is the date of your birth?	12th Aug 1896
6.	What is your trade or calling?	Shoemaker
7.	Are you married?	No
8.	Are you willing to be vaccinated or re-vaccinated?	Yes
9.	Do you now belong to the Active Militia?	19th Lincolns
10.	Have you ever served in any Military Force? If so, state particulars of former Service.	No
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

H. C. Christie (Signature of Man.)

J. L. McCreery (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, H. C. Christie, do solemnly declare that the above answers made by me to the above questions 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.

H. C. Christie (Signature of Recruit.)

Date April 14 1915 J. L. McCreery (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, H. C. Christie, 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.

H. C. Christie (Signature of Recruit.)

Date April 14 1915 J. L. McCreery (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 Hamilton this 16 day of April 1915

Chas. H. Moore J.P. (Signature of Justice.)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

A. Hamilton Gordon Major (Approving Officer.)

M. F. W. 23.
200 M.—3-15.
H.Q. 1772-39-841.

DESCRIPTION OF Christie, Harry ON ENLISTMENT.

Apparent Age 18 years 9 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5 ft. 6 ins.
Chest measurement — Girth when fully expanded	33½ ins.
Chest measurement — Range of expansion	3 ins.
Complexion	Fair
Eyes	Blue
Hair	Fair

Religious Denominations

Church of England	
Presbyterian	X
Methodist	
Baptist or Congregationalist	
Other Protestants (Denomination to be stated.)	
Roman Catholic	
Jewish	

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.)

Vacc: mark on left arm

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 April 15 1915

Place Hamilton

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

Harry Christie 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 of Officer.)

Date Apl 24 1915.

War Service Badge
Class "A" No. .....

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

255809

THIS IS TO CERTIFY that No. 406460 (Rank) Sgt

Name (in full) Harry Christie enlisted in

the 36th Battalion

CANADIAN EXPEDITIONARY FORCE at Hamilton on the 16th

day of April 1915

HE served in France with 58th Battalion

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

~~Medical Unfitness~~.

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

Age 23

Height 5'- 7"

Complexion Fair

Eyes Blue

Hair Fair.

H Christie

Signature of Soldier.

Marks or Scars Tattoo Rt- Forearm

Stuart ee - Hamilton

Issuing Officer.

Captain

Rank

Date of Discharge

25.8.19

Date 21.8.19 19

NB.- 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.

M.F.B. 39A.

R. & O. 5045 (revised).

PROCEEDINGS OF A MEDICAL BOARD.

Dated at.....1916.

No.....Rank.....Name.....

Local Unit.....Overseas Unit.....Age.....

Examination held at.....

DISABILITY.
Overseas—Local.
(scratch one out)

PRESENT CONDITION.

BOARD RECOMMENDS:—

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty.....weeks.
4. Fit for Permanent Base Duty.....
5. Discharge.....

Signatures:—

Members .....President.

.....

.....

APPROVED

Dated at.....1916. .....

For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

No.....Rank.....Name.....

Local Unit.....Overseas Unit.....Age.....

Examination held at.....

DISABILITY.

Overseas—Local.
(strike out one)

PRESENT CONDITION.

1. Fit for Permanent Base Duty.....

2. Discharge.....

3. Fit for Temporary Base Duty.....weeks.

4. Fit for duty after.....weeks, physical training.

5. Fit for duty.....

BOARD RECOMMENDS:—

Signatures:—

President.....

Member.....

Member.....

From A.D.M.S.

Dated at.....1918

APPROVED

Dated at.....1918

From A.D.M.S.

Forms
I. 1237.
10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
C 382	406460	Bugler	Christie	Herbert.
Year	Unit.		Age.	Service.
1916	36th Reserve. Canadian.		19	1 3/12

Station and Date.

Disease Sa 42

L.C. = 3 Jan. Glasgow.

I.P = 4 weeks.

Sore on prepuce.

No ~~number~~ sore throat. Irritating rash on arms.

Treat^t.

Stumbffe 4 days

Hyd. nigra. Jr Hg 2106.

Feb. 16 6 grs. Kharsivan intravenously

" 22 1/2 H.S. Enema

24 FEB 1916

29 FEB 1916 IN HG. gr ½

2 MAR 1916

1 MAR 1916 KHARSIVAN 6 gm.

7 MAR 1916 IN HG. gr ½

9 MAR 1916 Quin. sulph. gr ii t.d.s. Mist. rodect. 3i t.d.s.

14 MAR 1916 IN HG. gr ½

16 MAR 1916

15 MAR 1916 4 grs. Kharsivan

23 MAR 1916

21 MAR 1916 IN HG. gr ½

Discharged

Sergt Barnes to:

BARNWELL MILITARY HOSPITAL
14/2/16
CAMBRIDGE

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S. P.T.O.

R. & O. 6045 (*Revised*).

OFFICE OF THE
STANDING MEDICAL BOARD
SHORNCLIFFE

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Folkestone Aug 10th 1916.

No. 406463 Rank Pte Name Christie H.

Local Unit 34 Res Overseas Unit 58th Batt Age 17

Examination held at CCAC

DISABILITY.
Overseas—~~Local.~~
(scratch one out)

Myalgia
In France 2 mos

PRESENT CONDITION.

Pain in shoulders + back.
To Bath for instruction in Otmography —

BOARD RECOMMENDS:—

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty 12 weeks.
4. Fit for Permanent Base Duty.....
5. Discharge.....

APPROVED
CAPTAIN, C.A.M.C. FOR D. OF R. & O. FOR
BRIGADIER GENERAL
COMMANDING
CANADIAN TRAINING DIVISION, SHORNCLIFFE.

Signatures:—

Members

.....President.

Geo. D. Tripp Capt

.....

.....

APPROVED

Dated at Aug 11th 1916.

D. J. McIntyre Capt.

For A.D.M.S.

R. & O. 6045 (*Revised*).

122120

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Dec 9 1916.

No. 406460 Rank Bglr Name CHRISTIE H

Local Unit [redacted] Overseas Unit 5th R B Age 17

Examination held at Hastings

DISABILITY.
Overseas—Local.
(scratch one out)

Myalgia
In France 2 mos.

PRESENT CONDITION.

Very little trouble now
Is under age

BOARD RECOMMENDS:— C 1.

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty.....weeks.
4. Fit for Permanent Base Duty.....
5. Discharge.....

APPROVED by A.D.M.S. C.A.M.C. FOR A/A.G.G. GENERAL AND FOR G.O.C. TROOPS.

Signatures:—

Members { Wm Harvie Capt. .....President.
W A McIntosh Maj .....
.....

APPROVED

Dated at Hastings 10 DEC 1916 1916. D J McIntyre Capt. .....

For A.D.M.S.

for A.D.M.S., Canadians, [redacted] Area.

Buckton

R. & O. 6045. (*Revised*).

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Dec 9 1916.

No 406 460 Rank Bglr Name CHRISTIE H

Local Unit Overseas Unit 3 F K B 1 Age 17

Examination held at Hastings

DISABILITY.
Overseas—~~Local~~.
(scratch one out)

Myalgia
In France 2 mos

PRESENT CONDITION.

Very little trouble now
Is under age

BOARD RECOMMENDS:— C 1.

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty.....weeks.
4. Fit for Permanent Base Duty.....
5. Discharge.....

Signatures:—

Members { E W Harris Capt. .....President.
W G M Dutton Maj .....
.....

APPROVED

Dated at Hastings 9 DEC 1916 1916 D J Mitchell .....

For A.D.M.S.

Forms
I. 1237
11

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
142	406460	Ste.	Christie	H.
Year 1916	Unit. C.G.D.D.		Age. 19	Service. 2 4/12

Station and Date.
Hastings
3-1-17

Disease Orchitis

Comp Caint - pain in left testicle and left groin -

Has had urithral discharge for 3 months - Jan 1.17 testicle became painful and began to swell.

Exam - left testicle & swollen and tender - slight urithral discharge.

Treat. Calomel gr ii t.i.d
mag sulph ʒiii o.m

Apply hot fomentations

H.1.1.17. Morphia gr 1/4 at once. - E.H.B.

2.1.1.17. Discharged - recommend further treatment

E.H.Bice Capt
Canada

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(23205) Wt. W 4234—M 627. 1,000,000, 8/16. C.F.& S. Forms/I. 1237/11.

P.T.

P. 880.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names Harry 2. Surname Christie

3. Rank Sgt. 4. Original Unit 36 Bn 5. Reg. No. 406460

6. Address, in full, to which future payments of gratuity are to be forwarded
Bank of Toronto, St Catharines Ont.

7. Date of enlistment in the C.E.F. 10th April 1915 WRD

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Mrs. L. B. Christie

9. Relationship of such dependent Wife

10. Address, in full, of such dependent 15 St Michaels Street
Folkestone, Kent, England

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? No

12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—

13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?

14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service 4 years 3 months.
Can 5 months 36th Batt. England 12 months 38th Batt.
France 3 months 58th Batt. England 12 month C.O.R.D. 13 months
C.M.R.D. 4 month Conl Depot.

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department No

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? No

5434. Wt. /P30. 250,000(8). 2/19. S.O.,F.Rd.
6421. Wt. /P51. 35,000(4). 5/19. S.O.,F.Rd.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. No

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. No

20. Have you been issued with a War Service Badge? If so what class?

21. Have you, during the present war, served in the Imperial Forces? No.

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled No.

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? No.

(b) If so, was such reversion in consequence of misconduct or inefficiency? No.

24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge (b) Reason for discharge

DISCHARGED 25-8-19

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?

(b) If so, are you in receipt of full pay and allowances from that Department?

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: A Christie

Place of Residence: 57 Wellington St St Catharines Ont.

Declared before me at: Buxton

This 31st day of July 1919

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

QUESTIONS 12, 13, 14, 20, 24, 25, 26 & 27, UNANSWERED.

Recorder Major

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due

Certified Correct.

District Paymaster.

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Christie *Christian Name* Harry

Examined { on 15 day of April 191[illegible]
at Hamilton

Birthplace { City or Town Toronto
County Ontario

Apparent age 18 9/12

Trade or occupation Shoemaker

Height 5 Feet 6 Inches.

Weight 135 Lbs.

Chest measurement { Minimum 34 1/2 inches.
Maximum expansion 36 1/2 inches.

Physical development

Small-Pox Marks

Vaccination Marks { Arm ~~Right.~~ Left.
Number 1

When Vaccinated last 1915

(*a*) Marks indicating congenital peculiarities or previous disease

(*b*) Slight defects but not sufficient to cause rejection

Approved by W H Gayler

Rank Lt A.M.C. M.O.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT. 21-2-16
		O.M. 23149 8 FEB 1917 M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS.
1915	good	W. H. Gayler M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
1916 Valcartier		W. H. Gayler M.O.
ds		W. H. Gayler M.O.
Feb 9.		W. H. Gayler M.O.

Enlisted on 15 *day of* April *191*5 *at* Hamilton.

	CORPS.	REGT'L NUMBER.	HABITS.	DATE.
Joined on enlistment	36th Batt²	64 60 40		
Transferred to..	58th Battalion			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
	10-8-16.	3 mons base stenography	Wt Marked.
Hastings	9-12-16.	Myalgia.	C-1 Wt Marked. Major
Witley Camp	30/7/18	Category A II.	Wt Marked Capt
Witley	June 12/19.	Hist. V.D.S.	A. E. Shaw Capt RAMC

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.

M. F. B. 313.
100M.—1-15.
H. Q. 1772-39-439.

16 AUG 1918

The Medical Returned Man they leave England.
In Charge Canadian Contingent Records

Surname ..... Christian Name .....

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	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.	Signature of Medical Officer.
Shorncliffe Military Hospital, Shorncliffe.		11	2	16	14	2	16	Chancre	4	Barnwell	James Fyshe Taylor Capt. C.A.M.C.
Barnwell Military Hospital, CAMBRIDGE.		14	2	16	23	3	16	S A 42	38	5 [illegible] KHARSIVAN 4gm 1/2 " .6"	T. S. Hele, Maj., R.A.M.C.(S.)
Can. Mil. Hosp. Hastings.		3	1	17	22	1	17	Orchitis.	19	Contd. Discharged to C.G.H.2	[illegible] Capt.
Cockaw											Admitted to Hospital Medical History sheet. Medical Registrar Record Office.
CANADIAN HOSPITAL ETCHINGHILL, LYMINGE.		11	5	17	4	6	17	Gonorrhoea	25	Disch'd to duty	Capt. C.A.M.C.
KING GEORGE HOSPITAL LONDON, S.E.		21	2	19	1	3	19	Influenza	9	Reported sick complaining of headache & pains all over 28/2/19 much improved Disch'd to Regmt Recd 4 days furl	pp Barry Bt. Lt. Col. R.A.M.C.
CANADIAN HOSPITAL ETCHINGHILL, LYMINGE.		8	5	19	19	5	19	N.S.U.	12.	Patient started treatment at Etchinghill Hosp. 9.5.19. Smears 9.5. Neg. (Dry) Treated c P.P. injections 1/4000 t.i.d. Discharged 17.5.19 as non Gonorrhoeal.	Discharge Officer Capt. [illegible]

C.A.D.C. 5009A

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

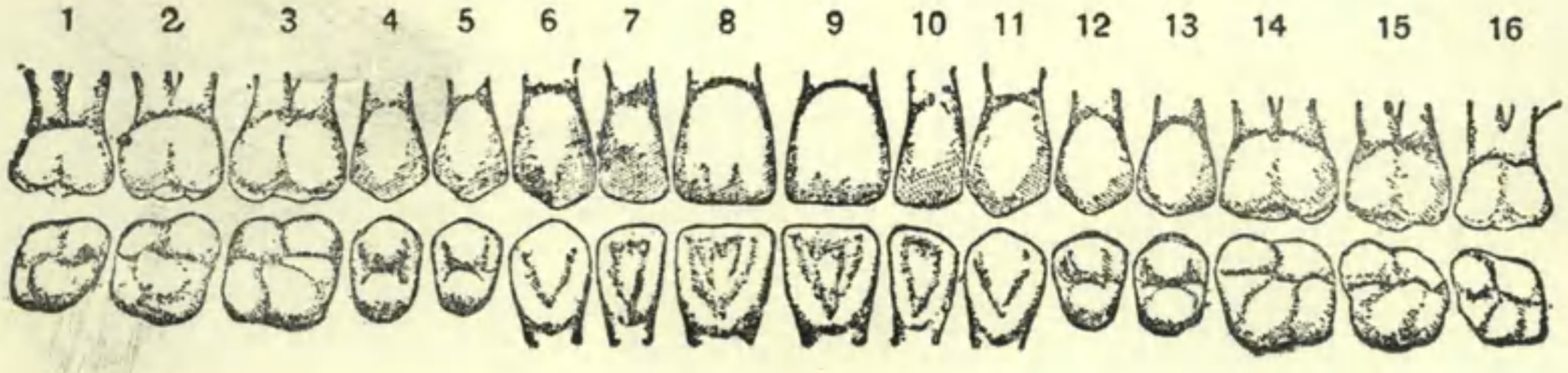
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) CHRISTIE, HARRY

REGIMENT 6th M.T. H.Q.S.S. RANK Sgt. No. 406460

Date of Examination in England 26/5/19 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
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? No.

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

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

Signature of Dental Officer W. H. Rutherford Capt.

ORIGINAL

Original

FORM C.D. 3.

DISPERSAL CERTIFICATE.

ORIGINAL

ORIGINAL

1. Surname CHRISTIE Christian Names HARRY.

Regtl. No. 406460 Rank { Temp. ..... / Acting Sgt. } Regt. or Corps C.M.P. H.Q.S.S.

Unit Gen. Depot.

2. (*a*) Service Group 3

(*b*) Occupational Group X 14

(*c*) Dispersal Area ~~M.D. 7~~ E. M.D.

3. (*a*) Medical Category A.

(*b*) Railway Station to which proceeding on Dispersal St. Catharines Ontario

(*c*) Post Office address in full 57 Wellington St. St. Catharines Ont.

(*d*) P.O. or Bank in which soldier desires to have his Post discharge or deferred (if any) pay deposited Bank of Toronto. St. Catharines Ontario.

4. I certify :—

(*a*) that I carry no ammunition ;

(*b*) that all the information given above is correct to the best of my ability;

(*c*) that I have completed a Questionnaire for the Department of Civil Re-Establishment.

Signature of O C. E. Crookston Lt.

Signature of Soldier Harry Christie

Date 1-5-19.

NOTES.

1. Each alteration must be initialled by the O.C.
2. Forms will be clearly marked "Original," "Dup.," or "Trip." as the case may be.
3. All entries will be made in ink or type.
4. All information for Part 2 of form will be obtained in the case of Other Ranks, from Pay Books, and in the case of Officers from Record of Service Book (A.B. 439).
5. In every case Signature of O.C. and Soldier must be attached.
6. Soldiers' (duplicate) copy, together with Pay Book (A.B. 64) should be carried on the person, not in the kit.
7. In case of loss of Dispersal Certificate, soldier should report same to O.C. or Dispersal Draft Officer.

Army Form B. 103—2.
Part II.

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps 36 Bn Regimental Number 406460

*Substantative Rank Surname Christie Christian Names Harry

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

To be folded on this line.

Nothing to be written in this margin.

(26383.) Wt. W. 9808—P. 2068. 500,000. 3/19. S. & S., Ltd. E. 4602.

(A) Report. Date.	(A) Report. From whom received.	(B) Authority of Part II. of Orders	(C) 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.	(D) Place of casualty.	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer.
11.7.16	58 Bn	CRA 93	Adm. T. Canterbury Hosp	Harve	3.7.16	NYD 2.
20.7.16	"	— 100	" Com Depot	"	9.7.16	Influenza
26.9.16	"	— 164	Rise " "	"	12.7.16	"
12.11.16	"	— 56	Trans to CCAC	Folkestone	9.8.16	
11.8.16	CCAC	— 326	To S	"	10.8.16	
13.8.16	"	— 331	On Com to C D Baty to sch of stenography 12 wks B.D.	"	12.8.16	
~~15.10.16~~						
15.10.16	"	— 454	To S	"	13.10.16	
12.10.16	"	— 448	Cease Com CAMC Ry S.	"	11.10.16	
15.10.16	"	— 454	To S. to Adm staff	"	13.10.16	
11.12.16	" staff	— 546	To S to 2/2 Coy CCD 6.	Hastings	7.12.16	
9.12.16	"	— 542	To S	"	9.12.16	
11.12.16	CCoCC	— 546	On Trans from Adm staff to retain as strength	"	7.12.16	
13.12.16	"					
		— 549	To G D D for C/	"	11.12.16	
1.3.17	58 Bn	CLB 228	Adm Cmf Mil Hosp	"	3.1.17	Orchitis &
28.3.17	2 CORD	Dg. 19	To S from A D on com. ICD	E'dling	22.3.17	
4.4.17	58 Bn	CL 255	Dis Can Mil hospital	Hastings	22.1.17	

(A) Report. Date.	(A) Report. From whom received.	(B) Authority of Part II. of Orders. DO 63	(C) 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.	(D) Place of casualty.	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer.
						1 C C D, 1115, 3.9.17.
11.5.17	2 CORD	~~CL 284~~	~~To~~ Ceases com/ c e D	E S'dling	11.6.17	~~T.L.~~
~~22.5~~.17	58 Bn	CL 287	Admitted Hosp Etchingfill	Lymeringe	12.5.17	r D.S.
19.6.17	"	" 306	Disch " "	"	5.6.17	
21.10.17	2 CORD	DO 226	To be a/cpl	E S'dling	20.10.14	
12.2.18	"	— 36	While on active Service Overstaying Leave while on conducting duty Forfeits 1 da 2½ hrs. Forfeits 2 days pay. & Reverts to Perm grade of Pte	E. S'dling	12.2.18	
14-2-18	"	— 38	DO 36 7/12.2.18 is ammended to read Forfeits 2 da pay by PW severely Reprimanded	" 7/cpl	12.2.18	
14-2-18	1 C C D	— 43	Attached	S/Martins PE	13.2.18	
27-2.18	2 CORD	— 49	Granted Permission to Marry	S. cliffe 7/cpl	26.2.18	
11-4.18	"	— 86	Ceases Att 1 C C D	Witley "	10.4.18	1 C C DO 163 7/15.4.18
"	"	— "	Att & res Bn	" "	"	8 Res DO 102 7/12.4.18
28.6.18	"	— 157	Reverts to Pte	Witley "	28.6.18	
"	"	— "	Ceases Att to 8 Res Bn & is S of S. on trans to 4th M. Cave Witley	" PE	"	H Q Witley DO 16 7/30.6.18

Nothing to be written in this margin.

Army Form B. 103—2.
Part II.

(SERVICE AND CASUALTY FORM Part II.

Regiment or Corps _____ Regimental Number 466460

*Substantative Rank _____ Surname Christie Christian Names Harry

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

(A) Report. Date.	(A) Report. From whom received.	(B) Authority of Part II. of Orders.	(C) 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.	(D) Place of casualty.	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer.
7-7-18	HQ C5	DO 17	Apptd 2/L/Cpl with Pay	Pt Witley	1.7.18	
28.7.18	Hq Coys	— 23	Reverted to Pte	2/Cpl "	28.7.18	
24.11.18	Hq C5	— 39	Apptd 2/L/Cpl with Pay	Pte "	1.10.18	
28.1.19	"		Forfeits 5 days pay & 2 da Pay under R.W. for a W.L. 38 Hours. Total Forfeiture 7 days pay S.& S. to Gen Depk.	2/Cpl "	16.1.19	
16.3.19	"			2/Cpl Witley	13.3.19.	(Dep. 505.80 62.4/17.3.19

for Colonel i/c Records. Lieut

To be folded on this line.

Nothing to be written in this margin.

(26383.) Wt. W. 9893—P. 2068. 500,000. 3/19. S. & S., Ltd. E. 4602.

(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.

Nothing to be written in this margin.

Army Form B. 103 (II.) to be gummed on here, if required.

Nothing to be written in this margin.

(6 28 19) W10416—P2151 100,000 3/19 HWV(R1460) Forms/B. 103/8

SERVICE AND CASUALTY FORM (Part I).

Army Form B.103—I. Part I.

(1) *Substantive rank Pte *Acting rank a/L Cpl *(To be entered in pencil to facilitate alteration.)	(2) Regiment or Corps	(3) Regtl. No.
(4) Surname Christie	36th Bn.	466460
(5) Christian Names Harry		
(6) Army Form, number of, Attestation Form or Record of Service paper		
(7) Whether of British or of Alien origin (*vide* 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

(Authority) (*date*)

Initials and Rank of an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer

(16) Record of Occupation in Civil life (*vide* 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 Mrs Louisa Bernice Christie

(18) Demobilizer (*f*) (Place)

(19) Pivotal-man (*f*) (Date)

(20) Qualifications (*g*) *or* (21) Corps trade and rate

Signature of Posting Officer

(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.

(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
28/5/15	36 Bn	DO. 52.	2 days pay absence	Niagra	28.5.15	
15.6.15	"	— 67	6 " " "	"	15.6.15	
			Arrived in England		28.6.15	
14.9.15	"	— 138	2 da pay & 19 da F.P. No 2 absence & disobeying an order	Sutcliffe	14.9.15	
18.9.15	"	— 142	5 da. F.P. No 2. absence	"	18-9-15	
7.10.15	"	— 158	2 & da Detention theft	W Sandling	7.10.15	
6.12.15	"	— 211	16 " F.P. No 2 & forfeits 1 days pay - absence	"	6.12.15	
17-1-16	"	— 7	Forfeits 6 da Pay absence	"	7.1-16	
"	"	"	Awarded 15 d F.P.2. "	"	"	
11.1.16	"	— 11	" 10 da detention Absence from defaulters	"	11.1.16	
24.1.16	"	C2. 109	A to L. to be paid at rates laid down in Art 852. Regs for Pay of Army 1914 for respective ranks in the Home	Sutcliffe	24.1.16	
3.3.16	"	— 115	Adm Barnwell Kilt Hosp	Cambridge	14.2.16	Chancre
25.3.16	"	— 85	Desc " " "	"	23.3.16	& C2 137 V.D.S.
"	"	— "	3 da Venereal stoppages	W Sandling	14.2.16	
18.4.16	"	— 109	10 days C.B. drinking outside canteen	"	18.4.16	
6.6.16	"	— 158	Trans to 58 Bn	"	6.6.16	
7.6.16	58 Bn	— 15	D.o.S.	Field	7.6.16	
14.6.16	"	C.R. 80.	Adm Cam Kent Hosp.	Boulogne	14.6.16	shell Wd. Lt. arm
24.6.16	"	— 87	Discharged " "	"	23.6.16	"

Nothing to be written in this margin.

92431.—W6490/1535.—2,000,000—J. J. K. & Co., Ltd.—Forms B. 103/1.

Sheet 2

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps 36th Battalion C.E.F.

Regimental No. 406468 Rank Pte. Name Christie, Harry

Enlisted (a)____ Terms of Service (a)____ Service reckons from (a)____

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				
9.6.18	Hgrs. Witley	T.O.S. Hgrs Canadian Troops	Witley	1.6.18	Part II 13
7.7.18	"	apt. a/Lcpl. with pay	"	1.7.18	Part II 17
26.7.18	"	Reverted to ranks 25.7.18	"	25.7.18	Part II 23
24.11.18	"	To be a/Lcpl. with pay 1.10.18	"	24.11.18	Part II 39
28.11.18	"	To be a/Cpl. " " 1.11.18	"	25.11.18	Part II 24
16.3.19	"	D.O.S. Hgrs. on posting to Gen. Depot - Witley	"	13.3.19	Part II 11

Camp Comdt.,
CANADIAN TROOPS, WITLEY.

(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.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 86, or other official documents.
Date	From whom received				
30.7.19		Attached C.D.D. Buxton for return to Canada, Part, 11 Order No. 175			
13/8/19		Ceases to be attached C.D.D. Buxton on proceeding to Canada, Part 11 Order No. 186			
		T.O.S. of Halifax Depot clearing services command 14.8.19 as from 13.8.19 part II Order No. 236 Dated			
		S. O. S. of Halifax Depot clearing services command 24.8.19 as from 25.8.19 part II Order No. 236 Dated			

A. Lyn Lock CAPT. For OFFICER COMMANDING CANADIAN DISCHARGE DEPOT.

CAPT & ADJUTANT HALIFAX DEPOT CLEARING SERVICE COMMAND

(9178)—Wt. W12165—2146.—1,250,000.—2-15.—C. & G. Forms B. 103/1.

Army Form B. 103.

CERTIFIED CORRECT. Canadian Record Office, Westminster House, 7, Millbank, S.W.

Casualty Form—Active Service.

406460

Regiment or Corps 36th Battalion C E F

Regimental No. 406460 Rank Bugler Pte Name Christie Harry.

Enlisted (*a*) Apr 26 1915 14.4.15 Terms of Service (*a*) Duration of war Service reckons from (*a*) Apr 26 1915 14.4.15

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	Montreal	18/6/15	
		Disembarked Eng.	Plymouth	29/6/15	
		TRANSFERRED TO 58 BATTN. C.E.F. JUN 6 - 1916			O. C. 36th Battalion C. E. F.
					6.6.16. Authy:-Troopers. 617. A.G.2
7.6.16.	C.B.D.	Embarked for France.			
do	do	Arrived in France & taken on Strength.	C.B.D.		7.6.16. Nom.Roll Reinfts. Part.2. No. 15. dated 21.6.16.
8.6.16.	do	Left C.B.D. for Unit	Field		8.6.16 Nom. Roll Reinfts. D.C.S. 6
10.6.16.	O.C.Unit	Joined Unit	do		9.6.16. B. 213. D.C.S. 65.
14.6.16.	No 3. Gen.	S.W. Contus. Arm & Shldr.	adt. No 3. Gen.	14.6.16	W. 30 3/4. No 130.
28.6.16.	C.B.D.	Taken on Strength	C.B.D.	25.6.16.	D.F. 3. D.C.S. 70
12.7.16.	do	do.	do.	12.7.16.	D.F. 3. D.C.S. 78
18-6-16.	3 C.C.S.	S.W. Cont. Larm & Shoulder	3.C.C.S	13-6-16	Le 36/80 So. 1 Ch. S. 14-6-16
4.7.16.	C.B.D.	Struck off Strength. to No 7. Stofy.	C.B.D.	4.7.16	N.R. d. 4.7.16 D.C.S. 80.
9.8.16.	C.B.D.	Class 2. "C" transf. to ECAO. Folkestone	England.	9.8.16	(Authy: O.C. 6th Base Depot. N. Roll d. 9/8/16. Part. 4. No 56. d. 13/7/16)

(*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.T.O.

C. G. & Co. Lieut. A.A.G.

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				
13-10-16	Overseas.	Taken on Strength C.C.A.C.	Folkestone	13-10-16	A.O. 2/459
	ATTACHED				
	~~TRANSFERRED~~ FROM C.C.A.C. TO G.D.Co.		22/2/17	PART II D.O. No.	149-8
	Transferred to 2nd Cent. Ont. Regt. Depot.		22/3/17		
	Part II Orders No 149-5 Date		12/4/17		
					E. London Dale Lt for OC. C.C.A.C.
10/5/17	C.C.A.C.	Ceases to be attached to or proceeding to 2nd Cent. Ont. Regt. Depot.	C.G.D. Shorncliffe	10/5/17	Part II D.O. No 124. R. D. Lewis Lt. & Adj. for Lt. Col. Commanding Canadian Garrison Duty Depot.
11/5/17	2nd C.O.R.D.	Taken on Strength	East Sandling	11/5/17	Part II D 063
20/8/17	2nd C.O.R.D.	Ceases to be shown attached to C.D.D. Hastings and shown on command to 1st C.D.	& Sandling	22-7-17	Pt ii D.O. 19
20/8/17	" " "	Stoppages (General)	" "	1-5-15	Pt ii D.O. 90.
16-7-17	— " —	Furlough to 25-7-17	— " —	8-9-17	D.O. 183
21-10-17	— " —	to be applied	— " —	20-10-17	D.O. 226
13-2-18	— " —	Employed in Hq. Ord Room	Shorncliffe	13-2-18	D.O. 37
13-2-18	— " —	to 1st C.O.R.D.	& Sandling	15-2-18	D.O. 56
27-2-18	2nd C.O.R.D.	Permission to marry	Shorncliffe	26-2-18	D.O. 49.
11-3-18	— " —	Detailed to Depot Coy	— " —	11-3-18	D.O. 59
28-6-18	— do —	Reverts to perm. Grade (Pte) on transfer to A.P.M Witley	Witley	28-6-18	D.O. 151
28-6-18	-do-	S.O.S & A.P.M Witley	-do-	28-6-18	D.O. 151 Arthur Bell Lieut Record Officer 2nd C.O.R.D.

Form R 122.
2353—100M—9-12-16.

Rank — Name Christie Harry — Reg'l No. 406460

Unit 36th Bn — If in perm. Corps, What Unit? — Married or ~~Single~~ ~~Single~~

Place and Date of Enlistment Hamilton 11th April 1915 — Place of Birth Toronto Canada

Name and Address, Next-of-Kin Mrs Louisa Bernice Christie. ~~15 St Michaels Sq. Folkestone. Kent.~~ ~~35 Town End St. Godalming, Surrey.~~ England — Relationship wife

9 Queen St. Godalming Surrey R.I. 29 Sa/20/4/18.

Assigned Pay Monthly $ — Payable to — Relationship

Separation Allowance $ — Payable to — Relationship

3rd Page of Record.

Discharge, Date and Place — Reason — Character

Perm grade Pte Act/Rank 9/Cpl.

2nd Page of Record filed in envelope.

H. W. V., Ld.—9546-16.

Report. Date.	Report. 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.
28-6-18	2 Corps	~~On the~~ Reverts to Pte	Ditley	28-6-18	Do 151
28-6-18	2 Corps	Ceases to be attd to 4th Res Bn on his S.O.S. on trans to A.P.M. Base Witley	Witley	28-6-18	Do. 151 — Pte Witley Pte. II 9/16 a 60/6/18.
7-7-18.	Hq. G.T.	Appta. 2/L/6 & will hap.	Witley	1.7.18.	Pte-II 9/17.
28.7.18.	Hq. Base.	Reverts to Pte.	HQC	28.7.18.	— 23.
24.11.18.	Hq. G.T.	Appta. 2/L/6 & will with pay.	Pte.	1.10.18	— 39
28.1.19.	Hq. G.T.	Forfeits 5 days pay & 2 days pay under R.O. for A.W.L. from 11.59.18 1.1.19 (18 Hours.	2/L/6.	19.1.19	— 4. Forfeiture 7 days pay. Total 7 days pay.
16.3.19	HQ C.T.	S.O.S to Gen. depot	9/Cpl	13.3.19	Witley
31-5-19	Gen Dep	S.O.S to HQ Witley	Pte	Seaford 25.5.19	Do 117

Fo. 2 Gen. Dep. D062 dy 17-3-19.

Report. Date.	Report. 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.
30-5-19.	H Wing C.C.	SOS from Gen Depot	Wilty	26-5-19	D049.
16.7.19	Gen Dep	Severely reprimanded 19.5.19 forfeits one day pay by F.A.R. Reg [illegible] R.O. for A.W.L. from 2100 hours 17.5.19 to 21.00 hours 18.5.19 (1 day awb A & B 2069)	A&B Wilty		D.O. 153.
		D. 34-1-7.	Sailing	13-8-19.	

General Depot
9 10 19 RECORDS SOS TO CANADA LDN 13.8.19. A0.4

2nd Page of Record

R—122

Rank Name CHRISTIE, Harry Reg'l No. 406460

Unit 36th Battn. If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Hamilton, 14th April 1915. Place of Birth Toronto, Canada

Name and Address, Next-of-Kin ~~M.~~Mrs Louisa Bernice ~~M.Christie, 57 Wellington St., St.Catherines, Ont.~~ 35 Town End St. Godalming, Surrey Eng.

Relationship ~~Mother~~ Wife.

RL-29-B 7/27-5-18

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

O S

R 122 6 14.

Steamally a-79

133/40

H. W. & V., Ld.—7165-16.

"D"

Report. Date.	Report. 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.
1st Page of Record filed in Envelope					
Per Grade Pte			Act- Rank. Nil		
11-8-16	C&A&C	Taken on strength.	Folkestone	10-8-16	Pt#0326
13-8-16	do	On com to CDD Bath to attend schl of stenography 12 wks BD	do	12-8-16	Pt#0 331
15-10-16	do Staff	Taken on Strength Ys Cas	do.	13-10-16	— 454
12-10-16.	C&A&C	Leave 9 Com. CA & C YS	do.	12-10-16	— 448
15-10-16	do.	S.O.S to Admt Staff.	do.	13-10-16	454
11-12-16	C&A&C Staff	S.O.S to Ys Cas C&A&C	Hastings	7.12.16	— 546
9-12-16	C&A&C	Reports ex C&A&C Staff	do.	9-12-16	— 542
9-12-16	do.	Taken on strength.	do	9-12-16	— 542

Cancelled 551 14/2/17

Report. Date.	Report. 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.
11-12-16	C C & C	On Trans from Adm Staff is retained on Strength	Hastings	7-12-16	Pt II 0546
13-12-16	do.	To G.D.D for C.I	do.	11-12-16	Pt II 549
1.3.17	58 Bn	Adm Can Mil Hosp	Hastings	3-1-17	C.R.B 228 Orchitis Q
28.3.17	2nd C.O.R.D	T.O.S from G.D.D on cond 1st C.C.D	E. Sandling	22.3.17	Pt. II D. 19.
4.4.17	58th.	To Can. Mil. Hosp.	Hastings	22.1.17	C.R. 255
11.5.17	2nd CORD	Ceases to be on Comm. 1st C.C.D	E Sandling	11.5.17	DD63 (1st C.C.D. 11.5.3.7.17)
22.5.17	58th Bn.	Adm. Can. Hospl Eschinghill	Lymninge	12.5.17.	C.L.B 287. R.D.G.
19.6.17	— " —	Disch " " "	"	5.6.17	" " 306. " "
21.10.17	2nd C.O.R.D	To be act/Corporal	E Sandg	Spe	20.10.17 DD 226.
12-2-18	2 CORD	While on Active Service:- Overstaying Duty Pass while on conducting duty from midnight 9.2.18 to 9.30 pm 11.2.18 Absent 1 day 22½ hrs. Forfeits 2 days Pay R.W. & Reverts to form Grade of Pte	E Sdling	a/cpl	12-2-18 DD36a
14-2-18	2 CORD	DD36a of 12-2-18 is amended to read Forfeits 2 days Pay by R.W. & severely Reprimanded	E Sdling	a/cpl	12-2-18 DD38
14-2-18	1st CCD	Attch 1st CCD	L Martin R.	Pte	13-2-18 DD43.
27-2-18	2 CORD	Granted Permission to Marry	E Cliffe	a/cpl	26-2-18 DD49
11-4-18	— " —	Cease to be attch 1st CCD	Witley	✓	10-4-18 DD86 (1st CCD DD 10.3.15.4.18)
11-4-18	— " —	Attch 8 Res Bn	— " —	.	10 4 18 DD86 (8 Res Bn DD 102 of 12.4.18

C 326/2 331/2 26578

R—122.

Rank Name CHRISTIE. Harry. Reg'l No. 406460.

Unit 36th Bn. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Hamilton. 14th Apl. 1915. Place of Birth Toronto.Ont.Can.

Name and Address, Next-of-Kin M Christie. 57 Wellington St. St Catherines.

Relationship Mother.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

O/S B137B C14

Report Date	Report 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
29/5	OC 36.	2 days pay. absence	Niagara	29/5	Part II-52.
15/6	"	6 " " "	"	15/6	" II-67
		Arrd in England		28-6-15	
14-9-15	— " —	2 days pay + 19 days F.P. No 2 for absence + disobeying an order	Shorncliffe	14-9-15	— " — 138
18-9-15	— " —	5 days F.P. No 2 for absence	— " —	18-9-15	— " — 142
7.10.15	— " —	28 days detention — theft.	W. Sandling	7.10.15	— " — 158.
6.12.15	"	10 " F.P. No 2 & forfts 1 " pay - Absence.	"	6.12.15	" 211.

406460 Pte Christie Harry.

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				
7.1.16	36th	Forfeits 6 days Pay absence	W. Sandling	7.1.16	Part II. O. 7
— " —	— " —	awarded 15 days F.P.2 "	— " —	— " —	— " —
11.1.16	O.C 36th	awarded 10 days detention Absence from defaulters	— "	11.1.16	Part II. O 11
24.1.16	D.O.	G.S.L. To be paid at rates laid down in Art. 852 "Rules for pay of Army 1914"			
	for respecting ranks in Inf. quoted from	S'cliffe	24.1.16	R.P. II O. 28.	
19.2.16	36th	Chancre, Military Hp.	"	12.2.16	C.L-109
3.3.16	"	Admn. Barnwell Mil. Hp.	Cambridge	14.2.16	" 115 Chancre
25.3.16		Disch Hosp. " "	"	23.3.16	P.O.# 85. V.D.'s. 4 & 137 V.D.'s
25.3.16	O.C. 36th	3 days Venereal Stoppage	W. Sandling	to 12.2.16 to 14.2.16	P.O.# 85
18.4.16	O.C 36th	10 days C.B. Urinating outside canteen	" "	18.4.16	P.O. II 109 103 checked 15-6-16
6.6.16	"	Trans to 58th Bn	"	6.6.16	" 158.
14.6.16	O.C 58 Bn	Taken on strength.	Field.	7.6.16	" 15
24.6.16	58 Bn	adm: # Can Gen. Hosp.	Boulogne	14.6.16	C.L. a 80 D.N. 23 Dispt. Wd cont. Lt. arm slt
4.7.16	"	Disch: —— Do ——		23.6.16	— 87 —— Do ——
11.7.16	"	adm: # 4 Can. Gen. Hosp.	Wimereux	3.7.16	— 93 32 N.Y.D. 2.
20.7.16	"	" Conv. Dep.	"	9.7.16	C.L. a 100 Influenza
26.7.16	"	Disch —— Do ——	"	12.7.16	C.L. a 104 Do
12/11/16	O/C 58	Class "C" & Transferred to C.C.A.C., Folkestone.		9/8/16	P.O. II 56 E/C

Rank Name CHRISTIE. Harry. Reg'l No. 46460.

If in perm. Corps, What Unit?

Unit 36th Bn. Married or Single Single.

Place and Date of Enlistment Hamilton. 14th Apl. 1915. Place of Birth Toronto.Ont.Can.

Name and Address, Next-of-Kin M Christie. 57 Wellington St. St Catherines. Relationship Mother.

Assigned Pay Monthly $ 15.00 from Dec 1. Payable to Next of kin. Relationship

(Asst non-effective 1/3/16.)

Separation Allowance $ (Asst. effective 1/3/16) Payable to VS. Relationship

Discharge, Date and Place Reason Character

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
July 1	31	31	1	31 00	31	10	3 10		34 10	12 53		15 17 50			32 50	1 60	
								86		Rdj. of exchange						2 46	
Aug 1	31	31	1	31 00	31	10	3 10		34 10	95 125 143		4 87 / 24 33 / 4 87		20 90 / 2 20 / 5 50	34 07	2 49	130.133 Sept 14. 19 days F.C. #2
Sept 1	30	30	1	30 00	30	10	3 00		33 00	227		4 87			33 47	2 02	130.138 " " 1 day pay etc.
Oct 1	31	31	1	31	31	10	3 10		34 10					30 80	30 80	5 32	130.142 " 18 days. C.F. #2
Nov 1	30	30	1	30	30	10	3 00		33 00			4 87 / 24 33		11	29 20	9 12	158 Oct 4 28 days pay Detention for Sheft.
Dec 1	31	31	1	31	31	10	3 10	3 30	37 40			4 87	15	1 10	31 97	14 55	New asgt at 15.00 from 1/12/15
Jan 1	31	31	1	31	31	10	3 10		34 10			4 87	15	6 60	58 83	10 19	30 21 10 d 4 p = 2 days pay
Feb 1	29	29	1	29	29	10	2 90	2 40	31 90			4 86	15	16 50 / 11	15	9 12	Underpaid on May Roll 307 for 6 days pay 75 days 7P = 2 Underpaid 2.40 now Cr 9.85 3/16 Roll 10 days 7P = 2
March 1	31	31	1	31 00	31	10	3 10		34 10				15	1 80 / 5 78	17 37	25 85	Brantford R.C. Hospl 57 F.80. 16 Feb 15 5 on Repayment Vent. 12-2-16 - 14-2-16 - 3 days
				275 00			27 50	6 56	309 06			115 24 60		107 97	283 21	25 85	

Checked A.M.

BALANCE TRANSFERRED TO NEW LEDGER.

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualities, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						

L. L. JOB. 85506 M. & D. 5997.

M. F. W. 12.
20m.—9-15.
H. Q. 1772-39-819.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

To Whom Mrs Matilda Christie

Address 57 Wellington St
St Catharines Ont.

Rate $15.00 1 Sept 16 ~~Dec 1915~~ 51
2.m.6 9/16 m.th.l 24 10/16
2 m 15 11/15 Jy

By Whom Assigned Christie Harry

Regtl. No. 406460

Rank Pte

Corps Bdoy 36th Battn.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		Z 7331	15 -	
Jan.	1916	Y 10330	15	Discharge
Feb.		Z 13641	15	
March		M 15309	15	Co

CONSOLIDATED ACCOUNT 7

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
60m.—12-15.
1772—39—819.

L. L. Job 89002.—Req. 6213.

Sheet No. 2.

Mrs Matilda Christie

Name of Soldier Christie Harry

406460, 60th Bn.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	~~H 3446~~	~~60~~	$15.00 1 Sept 16 2 m. 6 d.
May		O 23846	30 00	Cancelled Suspended March 16 3m 10 d
June		P 7276	15	Suspended Mar 16 2m 17 d
July		E 6721	15	
Aug.		H 10307	15	May 30
Sept.		Cancelled J 16054	15	Stop Payt "Dis" Sept 7/19 3 m 19 d Total
Oct.		O 23525	30.	30 ↖
Nov.		G 25304	15	15 ↖ Oct check to Lady in future
Dec.		G 32927	15	
Jan.	1917	H 38068	15	
Feb.		K 43308	15	
March		R 46362	15	15 (OW)
April		S 885	15	15 B.
May		T 6920	15	
June		U 13599	15	15 Cu
July		L 21063	15	Cu
Aug.		O 27502	15	03
Sept.		P 34172	15	03
Oct.		W 46030	15	
Nov.		K 54976	15	
Dec.		A 44460	15	375-00
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

~~Sept 1/16~~ 1-12-16

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15-			

1 8 C 21
1 8 C 21

PARTICULARS OF SEPARATION ALLOWANCE

No. 406460

Rank Pte. Promoted Reverted Discharge

Soldier's Name Harry Christie

Battalion C. Coy. 36 Battn.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Matilda Christie

Address 57 Wellington St.

Change of Address St. Catharines Ont.

1

2

3

4

FILE 3185-H-1-.

1917 Date		Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Dec. 31				375	375		
Jan	S	65639		15	15	19	
Feby 18	D	94066		15	15		
Mar	A	112251		15	15	✓	
April	m	7588		15	15		
May							
				435	435		

a/c - closed 30/8 Per 3 m Form. 2 4/18 - m.R.O. 2B a.g.B-19 4/18-

A/c Closed
Ret'd per Baltic
Date 21-8-19 M.F.W.187
Clerk 8-9-19

M. F. W. 128
400M.—6-17—172-39-141
L. L. 22320—M. & D. 1993.

CONSOLIDATED ACCOUNT

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22820—M. & D. 7693.

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	to Convel Depot Havre.	9.7.16.
2.	Can Mil Hastings	3.1.17
3.	Etchinghill Lymington	5-6-17
	King Geo. Hosp. Stamford St. S.E.	22-2-19
4.	C. H. Etchinghill	9.5.19
5.		
6.		
7.		

26-2-19 C 251
13.5.19. C 312
23-5-19 C 321

D.M.S. 1500.

Surname	Christian Name or Names	Reg. No.
Christie	H	406,460

Rank	Unit	Co.	Troop	Batty.
~~Pte~~	36 Bn (58 Bn)			

Hospital a/L/Cpl. Lab H → (H.Q. Witley) Date of Admission

Transferred Mil Hosp Shorncliffe Hosp. 12.2.16

Barnwell Mil Cambridge Hosp. 14.2.16

3 Can Gen Boulogne Hosp. 14.6.16

7 Stat. Hard. Hosp. 3-7-16

Diagnosis Chancre

(1) V.D.S.

Later Diagnosis (if changed)

(2) S.W. Cond. Lt. Arm + Shldr. (Alt)

(3) Influenza.

Additional Diagnoses: If more than one state present

Orchitis

DISPOSITION V.D.G.H.

Influenza do V.D.G.H.

Date

	# 109
L.L.	19.2.16
L.	3.3.16 # 115
L.	8.4.16 # 137
Ch. Wk.	6.16 # a/180 (1)
L.	4.7.16 # a/187
L.L.	11-7-16 A 93
"	20.7.16 A 100
"	26.7.16 A 104.
"	1-3-17 B 228
"	4-3-17 B 25-5-
"	19-6-17. B-306.

REMARKS

Dis	23.3.16
Dis	23.6.16
"	12.7.16.
"	22-1-17
Dis	5-6-17.
"	20-5-19

A.M.D. 2 DEPT.

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

B.P.
B.R.

REGT'L. No. 4084460

NAME Christie, H.

H. Q. FILE No. 649

RANK AND CORPS Pte. 58th Bn.

FOLLOWS No.

FOLLOWS

CABLE

No.	Date

NATURE OF CASUALTY

L. L. 18950—M. & D. 7789

M. F. W. 42—30M.—4-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
B287	Can: Etchinghill Epsom	12-5-17	V.D.S.
B306	Discharged	5-6-17	" " "

H. Q. FILE No. 649-

NAME Christie, Harry Lc.

REGT'L No. 406460

RANK AND CORPS Pte. (Form. 36th Battalion) 5-8th Bn.

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
M 8743	23-6-16	Adm. No 3 Gen. Hosp. Boulogne June 14th. (Wounded Lt Arm Shoulder)

NO. 1039x

FOLL.

L. L. Job 87318—M. & D. 6106.

M. F. W. 42—25m.-10-15.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
109	Mil., Shorne.	12-2-16	chancre.
115	Basnwell Mil, Cambridge	14-2-16	" " " "
137	Discharged	23-3-16	V. D. S.
A 80 III	93 Can. Gen. Boulogne	14-6-16	Cont L. Arm & Shld
A 87	" " "	23-6-16	" " Disch.
A 93	No 4 Can. Stat. Hosp	3-7-16	" " M. U. D.
A. 100.	To Convalescent Depot Havre	9-7-16	Influenza
A 104	Convt. Hauvel Disch	12-7-16	Influenza
B 228.	Can. Mil. Hastings	3-1-17	Orchitis
B 256	" "Disch"	22-1-17	"
C 257	King Geo. Stamford St E.	22-2-19	Influenza
C 312	Can Etchingill Lymington	9-5-19	20
C 321	Discharged	20-5-19	20

Form R. 149.

Name Christie Harry. Rank 9/L/Cpl. Reg. No. 406460.

Unit Hq. Witley.

Next of Kin Mrs. L. B. Christie 9 Queen St, Godalming, Surrey.

Date 1919.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
22-2.	King George Hosp. Stamford St		Influenza (W.W.)	C.25		7580.
9.5	Grd. Etchingham			C.3[illegible]312		105.59
20.5.19	Discharged		do	C.32[illegible]		39331

Date	Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

Name Christie. H Rank Pte Bugler Reg. No. 406460

Unit 3 & 4th/Batt.

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/KO.	W.O. List
12.2.16.	Mil. Hosp.	Shorncliffe	Chancre	109		
14-2-16	Trans to Barnwell Mil.	Cambridge	"	115		
11-3-16.	Discharged		V.D.S.	137		

Date	Movement	Place	Casualty	List No.	Notified N/KO.	W.O. List

R. 149.

Name CHRISTIE, Harry *Rank* Pte. *Reg. No.* 406460

Unit 58th Batt.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
14-6-16	No 3 Can. Gen H.	Boulogne	SW. Cont. L arm + Shldr. Set.	A-80	M 8736	26/4/16
23-6-16	Discharged			A-87		
3-7-16	No. 7 Can. Sty. Hosp.	Havre	N. Y. D.	A-93		
9-7-16	Con. Dep.	Havre	Influenza	A 100		
12-7-16	Discharged		"	A-104		
3-1-17	Can Mil Hos. Hastings		Orchitis	B228.		
22-1-17.	Discharged.		"	B.255.		
12-3.	Can Hosp Ethnyhill		V D G.	B287		
5-6.	Discharged.		"	B.306.		

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List

Enl
M1

Number 40646 Rank a/L/Cpl

Surname CHRISTIE

Christian Name Harry

Unit 58 Bn Loan Inf Theatre of War France

Date of Service 7/6/16

Remarks 1358 Michaels St
Folkestone

~~57 Wellington St~~ West
~~St Catherines Ont~~ Eng.

Roll No. B Page 4407

Lg. a 88288 Deeb

B & V. Retd 31/5/21

SEP 30 197

Lic. 43867 - Rodesh

No. 2132 RANK Pte NAME Christie Harry

no. H6460 = may paylist- (Bugler)

T. O. S. UNIT 19th Lincoln Regt.

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
Jan 23	Jan. 31	✓		
	Feb.	✓		
	Mar.	✓	(2nd La 36th Bn.)	Mar. paylist.
	Apr.	✓	absent- without- leave	D.O. 52 - may paylist-
	May	✓	absence-	D.O. 67 - June paylist-
	June	✓	Now shown on 36th Bn	
	July	m		

UNIT SAILED
JUN 19 1915

SURNAME. Christie

CARD NO. 20

CHRISTIAN NAMES Harry C.

FOLL.

REGL. No. 406460 RANK Bugler

UNIT 36th Bn.

FORMER CORPS 19th Regt.

NEXT OF KIN.

CHANGE OF ADDRESS

NAM Christie, Mrs. Louisa Bernice (wife)

REL

ADD 9. Queen St.,
Godalming. Surrey.

54-21-38-1- 17-12-18

COUNTRY OF BIRTH Canada, Toronto, Ont. DATE Aug. 12th 1896

PLACE OF ATTESTATION Hamilton, Ont. DATE Apr. 16th 1915

O/S. 19/6/15. 12½/3

R/C 21-8-19 394/9 Dgt. 25.

from Montreal per S.S. "Corsican" 19/6/15

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Shoemaker RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE 18 YEARS 9 MONTHS

HEIGHT 5' FEET 6 INCHES

CHEST MEASUREMENT 34 INCHES EXPANSION 3 INCHES

COMPLEXION Fair EYES Blue HAIR Fair

DISTINGUISHING MARKS 1 Vacc. mark left arm.

MEDICAL EXAMINATION. PLACE Hamilton, Ont. DATE Apr. 15th 1915

Present address:- not stated

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.M.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 59)
   (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dental 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.F.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Casualty Documents.

Group C

Checked by No. E.N.

Date 11/8/19

CANADIAN DISCHARGE DEPOT, BUXTON, DERBYSHIRE, JUL 30, FILE

NO OF DEPENDENTS 2

SHORT FORM. DISPOSAL AREA I 2

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

RELIGION PRESB. NEXT OF KIN WIFE

1. No. 406460 War Service Badge Class "A" No. 955809
2. Rank SGT
3. Name CHRISTIE. HARRY.
4. Unit GEN DEP. 36 BN.
5. Date of Discharge | Place — HALIFAX DEPOT, AUG 25 1919, CLEARING SERVICES COMMAND
6. Reason for Discharge CATEGORY "A"

TRADE STORE CLERK. OCCUPATIONAL GROUP 3.

SERVICE IN FRANCE 4 MONTH.

7. Authority M.M. GENL SERVICE. H.M.T. PRINCE SAILING NO 34. Dated 18.8.19. Disembarked, 21.8.19

8. Proposed Residence after Discharge 57 WELLINGTON STREET ST CATHARINES. ONT.

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. ? 39

A. Christie.

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date — HALIFAX DEPOT, AUG 25 1919, CLEARING SERVICES COMMAND

Signature — Lt. Col. HALIFAX DEPOT, CLEARING SERVICES COMMAND

(O.C. Discharging Unit.)

M.F.B. 218a—50M.-12-18—1772-39-113.

427

E. R. J.

Station	Date	Symptoms and progress (Date of admission to hospital, and date of discharge from hospital, to be entered in red ink.)	Weight clothed, without boots—lbs.	Urine: Normal (N.) / Albumen (Alb.)	Wassermann Reaction: Method (Original (O.) / Modification (M.))	Wassermann Reaction: Result (Positive (+) / Negative (—))	Treatment: Arsenical: Intravenous Injection. Dose in grammes: Salvarsan	Treatment: Arsenical: Intravenous Injection. Dose in grammes: Neo-Salvarsan	Treatment: Mercurial: Intramuscular injection. Dose of Metallic Mercury in grains	Treatment: Mercurial: Inunctions or Oral (Preparation and dose)	Treatment: Other Methods	Signature of M.O. (Each M.O. will sign his name in full on the first occasion; subsequent entries may be initialled)

Army Form I. 1238.

SYPHILIS CASE-SHEET.

Regtl. No. 406460 Rank and Name Bqr. Christie H. Corps 36 Res Cav.

Placed on Syphilis Register at BARNWELL MIL. HOSP. CAMBRIDGE. on 14-2-16 No. in Register 659.

Disease contracted at Glasgow. Primary sore appeared on (date) Feb. 1916

CONDITION WHEN PLACED ON REGISTER.

Primary sore—character and site Sore on prepuce

Lymphatic glands —

Skin (nature and distribution of rash) Irritating rash on arms.

Mucous membranes —

Other symptoms —

Examination of exudate from sore—Spirochaeta Pallida (present or absent)

Examination of blood serum— Wassermann reaction { Method employed (original or modification) / Result (positive or negative)

Station BARNWELL MIL. HOSP. CAMBRIDGE. Date 1-4-16 Signature of M.O. J. S. Hele, Maj., R.A.M.C. (S.)

Struck off Syphilis Register at on

Cause of being struck off Register { (a) Recovered / (b) Transferred to Army Reserve / (c) Discharged from Army }

Station Date Signature of M.O.

(9 38 38) W 1621—1106 100,000 5/15 H W V(R) Forms I. 1238 8

N.B.—On completion of a course of treatment a red line to be drawn across the page, and the date when the next blood test is due to be entered in red ink below the line, *e.g.*, "Blood test due 15.5.14."
The date and result of the blood test to be entered; and if negative, the date on which the next blood test is due to be also entered.

Station	Date	Symptoms and progress (Date of admission to hospital, and date of discharge from hospital, to be entered in red ink.)	Weight clothed, without boots—lbs.	Urine: Normal (N.) Albumen (Alb.)	Wassermann Reaction: Method {Original (O.) Modification (M.)}	Wassermann Reaction: Result {Positive (+) Negative (—)}	Treatment: Arsenical: Intravenous Injection. Dose in grammes: Salvarsan	Treatment: Arsenical: Intravenous Injection. Dose in grammes: Neo-Salvarsan	Treatment: Mercurial: Intramuscular injection. Dose of Metallic Mercury in grains.	Treatment: Mercurial: Inunctions or Oral (Preparation and dose)	Other Methods	Signature of M.O. (Each M.O. will sign his name in full on the first occasion; subsequent entries may be initialled)
BARNWELL MIL. HOSP. CAMBRIDGE.	14-2-16	Admitted to BARNWELL MIL. HOSP. CAMBRIDGE.										T. S. Hele, Maj., R.A.M.C.(T.)
	16					.6	KHARSIVAN 1gm					MA
	22								INJ. HG. gr ÷			MA
	29					.6			INJ. HG. gr ÷			MA
	1-3-16						KHARSIVAN 1gm					MA
	7								INJ. HG. gr ÷			MA
	14								INJ. HG. gr ÷			MA
	15						KHARSIVAN 4gm					MA
	21								INJ. HG. gr ÷			MA
	23-3-16	Discharged to duty Blood test due 23-6-16										MA.

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
1915.	Vaccination. Good. W.H.Taylor.
1915.	Anti-Typhoid Inoculation. "
Do.	Do.
Feb. 9th.	Do.

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

I certify the foregoing to be a true copy of an original entry on a Medical History Sheet of this man.

C.A.M.C.
for the Officer in Charge of Records
Canadian Contingents.

DUPLICATE 406460

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 CHRISTIE *Christian Name* Harry

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Toronto County Ontario

Examined ... ... on 15th day of April 1915, at Hamilton

Declared Age ... ... 18 9/12 years ____ days.

Trade or Occupation ... Shoemaker

Height ... ... 5 feet 6 inches.

Weight ... ... 135 lbs.

Chest Measurement — Girth when fully Expanded 34½ inches. Range of Expansion 3½ inches.

Physical Development ...

Vaccination Marks — Arm ... (Right / Left) Number 1

When Vaccinated 1915

Vision ... ... R.E.—V= L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... (a)

(b) Slight defects but not sufficient to cause rejection ... ... (b)

Approved by (*Signature*) W. H. Taylor.

(*Rank*) Lieut. A.M.C.

Medical Officer.

Enlisted ... ... at Hamilton on 15th day of April 1915.

Joined on Enlistment ...

Transferred to ... ...

Corps.	Regtl. No.
36th Batt.	406460

Became non-effective by ...

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.

On ____ day of ____ 191 .

(*Signature*) ____

(*Rank*) ____

(4887.) W. 9597/1588. 500M. 9/15. C. P., LTD.

Lieut.-Col.
In Charge of Records,
Canadian Contingent.

Forms B. 178 39

P.T.O.

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	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
	Day	Month	Year	Day	Month	Year				
Military Hospital. Shorncliffe.	11	2	16	14	2	16	Chancre	4	Barnwell.	James.C.Fyshe. Major. C.A.M.C.
Barnwell Mil.Hosp. Cambridge.	14	2	16	23	3	16	S.A. 42	38	5 Inj. Hg. gr: 1 Kharsivan 4 gm. 2 " 6 "	P.S.Seele.Major. R.A.M.C.(T)
CANADIAN HOSPITAL, ETCHINGHILL, LYMINGE.	8	5	19	20	5	19	V. D fy.	13.	Admitted with F.P. D v Pos fy 6 smear. Treated by irrigations, sounds v massages Discharged dty, urines clear. Neg for fy 6 Pos	Capt. C.A.M.C.

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, &c; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief details, and signature
10.8.16	Myalgia - 3 doses Thiosynamin W Spurrell Maj
	PRESIDENT, STANDING MEDICAL BOARD.
Hastings Dec 7/16	C.I. W A Harvard Capt
	PRESIDENT, STANDING MEDICAL BOARD.

Table IV.—SERVICE TABLE.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178a to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

D. Inf. 23149
D.O. 226-11-8-16

Surname Christie *Christian Name* H.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish ... County ...

Examined ... ... { on ... day of ... 191 .
at ...

Declared Age ... ... years ... days.

Trade or Occupation ... ...

Height ... ... feet ... inches.

Weight ... ... lbs.

Chest Measurement { Girth when fully Expanded. ... inches.
Range of Expansion ... inches.

Physical Development ...

Vaccination Marks { Arm .. Right Left
Number

When Vaccinated ... ...

Vision ... ... { R E.—V=
L.E.—V=

(*a*) Marks indicating congenital peculiarities or previous disease ... { (*a*)

(*b*) Slight defects but not sufficient to cause rejection ... ... { (*b*)

Approved by (*Signature*) ...

(*Rank*) ... *Medical Officer.*

Enlisted ... ... { at ...
on ... day of ... 191 .

Joined on Enlistment ...	Corps: 58 Bn.	Regtl. No.: 40644
Transferred to		

Became non-effective by ...

on ... day of ... 191 .

(*Signature*) ...

(*Rank*) ...

PRESENT 10/12/16

(8 82 62) W 2869—1662 20,000 5/15 H W V(R) Forms/B. 178 [P.T.O.

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospita	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
	Day	Month	Year	Day	Month	Year				

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Yes

19. Is the invalid fit for

(*a*) General service,	(Category A)	(Yes or ~~No~~.)	Yes "A"
(*b*) Service abroad, not general service,	(" B)	(~~Yes~~ or ~~No~~.)	
(*c*) Home service (Canada only),	(" C)	(~~Yes~~ or ~~No~~.)	
(*d*) Temporarily unfit.	(" D)	(~~Yes~~ or ~~No~~.)	
(*e*) Unfit for service in Categories A, B and C	(" E)	(~~Yes~~ or ~~No~~.)	

20. It is certified that the invalid

(*a*) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

Suggested that he be dealt with on arrival in Canada in acc.with P.C.

(*b*) ~~Does not require treatment.~~

(*c*) ~~Should pass under his own control.~~

(*d*) ~~Should not pass under his own control.~~ 47 of 20-I-I9

(Strike out condition not applicable.)

21. It is recommended that the invalid be ~~discharged~~ (When not for discharge add special recommendation.)

RTO. Auth. A.G. Tel. I/9083 of II/II/I8

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

E.D.Coutts Capt. CAMC. *President.*

PLACE Witley C.E.Frain Capt. CAMC. } Members

DATE I2-6-I9

TO BE COMPLETED WHEN TREATMENT IS REFUSED

DH.

I, the undersigned ..... understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness ..... Signed .....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President.

PLACE ..... } Members

DATE .....

APPROVED BY

F.B.Wilson Capt. CAMC.

Assistant Director of Medical Services.

DATE .....

APPROVED BY

Director-General of Medical Services.

DATE .....

CERTIFIED TRUE COPY

HEADQUARTERS CANADIAN CORPS CAMPS 12 JUN 1919 WITLEY SECTION.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Witley DATE II-6-I9

1. 1 (*a*) Unit Gen. Depot (*b*) Regimental No. 406460 (*c*) Rank Sgt.

(*d*) Surname Christie (*e*) Christian name Harry

(*f*) Home address 57 Wellington St. St.Catharines,Ontario

(*g*) Next of Kin L.B.Christie (*h*) Relationship Wife.

(*i*) Address of Next of Kin I5 St.Michaels St;Folkestone,Kent

2. Age last birthday 22 Date of birth I2-8-98

3. Enlistment, or Appointment (if an Officer) (*a*) Place. Hamilton (*b*) Date I5-4-I5

4. Personal description: Est.

(*a*) Height 5---7 (*b*) Weight I40 (stripped) (*c*) Complexion Fair

(*d*) Colour of hair Light (*e*) Colour of eyes Blue (*f*) Identification marks, Scars, etc. Tatto R.forearm

5. Former trade or occupation Salesman

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	4	57

	Periods	
	From	To
Canada	I5-4-I5	I5-6-I5
England	I5-6-I5	0-6-I6
France or other theatres of War	0-6-I6	0-8-I6

7. Original disease, or injury VDS

(*a*) Date of origin 0-2-I6 (*b*) Place of origin England.

(*c*) Cause Infection.

M. F. B. 227.

300M.—8-18. 1772-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, moderate, marked, etc; (*b*) Loss, complete or partial, of an organ or member, or of its functions; (*c*) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

None apparent VDS

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Spec. Report, 5-5-19, Seaford.

Wassermann, negative.

Signed. O.T. Eastman

There are no objective signs of disease.

Subjective. Nil

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System No — Cardio-Vascular System No (If pulse rate is abnormal, B. P. will be taken.) — Genito-Urinary System No (Albumen and Sugar will be excluded.)

Special Senses No — Respiratory System No — Integumentary System No

Disturbances of Mentality No — Digestive System No — Muscular System No

Osseous and Joint Systems No — Any other general condition No

10. (*a*) History (of the condition referred to in Section 9 (*a*).)

Was infected February 1916 in England, and received full course Arsenical and Mercurial treatment.

MHS shows: Mil. Hosp. Shorncliffe 11-2-16 to 14-2-16 Chancre

Barnwell " Cambridge 14-2-16 to 23- -16 S.A. 42

Can. Mil. " Hastings 3-1-17 to 2 -1-17 Orchitis

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

MHS. Can. Hosp. Etchinghill 11-5-17 to 4-6-17 VDS

King Geo. Hosp. London 22-2-19 to 1-3-19 Influenza

Can. Hosp. Etchinghill 8-5-19 to 19-5-19 NSV

No. 3 Gen. & 3 CCS 14-6-16 to 18-6-16 SW Contusion arm & shoulder R

(*c*) (Here give a description of wounds, scars and deformities.)

1 Vacc. L. arm

11.—(*a*) Did the disabling condition have its origin before enlistment? No

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

No

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (a) Yes (b) No

The regimental documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 6 months

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

7 Injections Arsenical

6 " Hq.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration)

Suggested that he be dealt with on arrival in Canada in acc. with P.C.O.

47 of 20-1-19

16. Can the former trade or occupation be resumed? Yes
(If not, briefly state why)

17. Recommendations

E. Wershof Capt. CAMC.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned H. Christie have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of

H. Christie Sgt. Rank.
Def
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Concurs.

19. Is the invalid fit for

(*a*) General service,	(Category A)	(Yes ~~or No.~~)	yes A.
(*b*) Service abroad, not general service,	(" B)	(Yes or No.)	
(*c*) Home service (Canada only),	(" C)	(Yes or No.)	
(*d*) Temporarily unfit.	(" D)	(Yes or No.)	
(*e*) Unfit for service in Categories A, B and C	(" E)	(Yes or No.)	

20. It is certified that the invalid

(*a*) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

Suggested that he be dealt with on arrival in Canada in accordance with P.C. 347 dated 20-1-19.

(*b*) ~~Does not require treatment.~~
(*c*) ~~Should pass under his own control.~~
(*d*) ~~Should not pass under his own control.~~
(Strike out condition not applicable.)

21. It is recommended that the invalid be ~~discharged~~. (When not for discharge add special recommendation.)

R T C. auth A.G. Jl. 9083 of 11/6/19

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

President.

PLACE Witley

DATE June 12/19 — Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President

PLACE.....

DATE..... — Members

APPROVED BY

Assistant Director of Medical Services.

DATE.....

A.D.M.S. HEADQUARTERS
CANADIAN CORPS CAMP.
12 JUN 1919
WITLEY SECTION.

APPROVED BY

Director-General of Medical Services.

DATE.....

C. Coy. H. Wing C.C.C.

Disposed

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Witley DATE 11/6/19

1. 1 (*a*) Unit Gen Depot (*b*) Regimental No. 486460 (*c*) Rank Sgt
(*d*) Surname Christie (*e*) Christian name Harry
(*f*) Home address 57 Wellington St, St Catharines, Ont.
(*g*) Next of Kin Louisa B. Christie (*h*) Relationship wife
(*i*) Address of Next of Kin 15 St Michaels St., Folkestone, Kent
2. Age last birthday 22 Date of birth Aug 12-1898
3. Enlistment, or Appointment (if an Officer) (*a*) Place Hamilton (*b*) Date 15-4-15
4. Personal description:
(*a*) Height 5'7 est (*b*) Weight 140 est (stripped) (*c*) Complexion Fair
(*d*) Colour of hair Light (*e*) Colour of eyes Blue (*f*) Identification marks, Scars, etc. Scar Rt. forearm
5. Former trade or occupation Salesman
6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

	Years	Days	Periods From	Periods To
Canada	4	57	15-4-15	15-6-15
England			15-6-15	June 1916
France or other theatres of War			June 1916	Aug 1916

7. Original disease, or injury Syphilis
(*a*) Date of origin Feb 1916 (*b*) Place of origin England
(*c*) Cause Infection

M. F. B. 227.
400M.—11-18.
1272-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

None Apparent (V.D.S.)

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Special Report (5-5-19) Seaford:-
Wasserman Negative
Sgd. O.T. Eastman
There are no objective Signs of disease.
Subjective — Nil

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System No Cardio-Vascular System (If pulse rate is abnormal, B. P. will be taken.) No Genito-Urinary System (Albumen and Sugar will be excluded.) No

Special Senses No Respiratory System No Integumentary System No

Disturbances of Mentality No Digestive System No Muscular System No

Osseous and Joint Systems No Any other general condition No

10. (a) History (of the condition referred to in Section 9 (a).)

Was infected Feb 1916 in England and received full Course of Arsenical & Mercurial treatment

MH's Shows:-

Mil. Hosp Shorncliffe (11-2-16) to (14-2-16) Chancre
Brunswell " Ambulge (14-2-16) to (23-3-16) S.A.V.D.
Can Mil " Hastings (3-1-17) " (22-1-17) Orchitis

MHS 10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

Can. Hosp. Etchinghill (11-5-17) to (4-6-17) V.D.S.
King Geo. Hosp London (22-2-19) " (1-3-19) Influenza
Can. Hosp. Etchinghill (8-5-19) " (14-5-19) NSU
No 3 Con + 3 CCS (14-6-16) " (18-6-16) Sht. Contusion Arm & shoulder Rt.

(c) (Here give a description of wounds, scars and deformities.)

1 Vaccn lt arm

11.—(a) Did the disabling condition have its origin before enlistment? No

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

N.A.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? a) Yes b) no

The regimental documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 6 mos

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

7 injections Arsenical
6 " Hg

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration)

Suggested that patient be dealt with on arrival in Can. in accordance with P.C. 47 (20-1-19)

16. Can the former trade or occupation be resumed? YES
(If not, briefly state why)

17. Recommendations

[illegible] Capt RAMC
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned H. Christie have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

Harry Christie Rank.
Signature of invalid examined.

6/8

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Yes

19. Is the invalid fit for

(*a*) General service,	(Category A)	(Yes or No)	Yes "A"
(*b*) Service abroad, not general service,	(" B)	(Yes or No)	
(*c*) Home service (Canada only),	(" C)	(Yes or No)	
(*d*) Temporarily unfit.	(" D)	(Yes or No)	
(*e*) Unfit for service in Categories A, B and C	(" E)	(Yes or No)	

20. It is certified that the invalid

(*a*) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

Suggested that he be dealt with on arrival in Canada in accordance with P.C. 47 of 20-I-I9

(*b*) Does not require treatment.
(*c*) Should pass under his own control.
(*d*) Should not pass under his own control.
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

NYD. Auth. O.C. Tel. I/9083 of II/II/I8

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

E.D.Coutts Capt. CAMC. *President.*

PLACE Witley — C.E.Frain Capt. CAMC. } Members

DATE I2-6-I9

TO BE COMPLETED WHEN TREATMENT IS REFUSED

DH.

I, the undersigned, understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness Signed

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President.

PLACE — } Members

DATE

APPROVED BY

F.B.Wilson Capt. CAMC.

Assistant Director of Medical Services.

DATE

APPROVED BY

Director-General of Medical Services.

DATE

CERTIFIED TRUE COPY

A.D.M.S. HEADQUARTERS
CANADIAN CORPS CAMP
12 JUN 1919
WITLEY SECTION.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Witley DATE II-6-I9

1. 1 (*a*) Unit Gen. Depot (*b*) Regimental No. 406460 (*c*) Rank Sgt.

(*d*) Surname Christie (*e*) Christian name Harry

(*f*) Home address 57 Wellington St. St.Catherines, Ontario

(*g*) Next of Kin L.B.Christie (*h*) Relationship wife.

(*i*) Address of Next of Kin I5 St.Michaels St:Folkestone,Kent

2. Age last birthday 22 Date of birth I2-8-98

3. Enlistment, or Appointment (if an Officer) (*a*) Place Hamilton (*b*) Date I5-4-I5

4. Personal description: Est.

(*a*) Height 5---7 (*b*) Weight I40 (stripped) (*c*) Complexion Fair

(*d*) Colour of hair Light. (*e*) Colour of eyes Blue (*f*) Identification marks, Scars, etc. Tatto R.forearm

5. Former trade or occupation Salesman

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	4	57

	Periods	
	From	To
Canada	I5-4-I5	I5-6-I5
England	I5-6-I5	0-6-I6
France or other theatres of War	0-6-I6	0-8-I6

7. Original disease, or injury VDS

(*a*) Date of origin 0-2-I6 (*b*) Place of origin England.

(*c*) Cause Infection.

M. F. B. 227.
300M.—8-18.
1772-89-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, moderate, marked, etc; (*b*) Loss, complete or partial, of an organ or member, or of its functions; (*c*) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

None apparent VDS

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Spec.Report,5-5-19,Seaford.

Wasserman,negative.

Signed. O.T.Eastman

There are no objective signs of disease.

Subjective.Nil

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System No — Cardio-Vascular System No (If pulse rate is abnormal, B. P. will be taken.) — Genito-Urinary System No (Albumen and Sugar will be excluded.)

Special Senses No — Respiratory System No — Integumentary System No

Disturbances of Mentality No — Digestive System No — Muscular System No

Osseous and Joint Systems No — Any other general condition No

10. (*a*) History (of the condition referred to in Section 9 (*a*).)

Was infected February I9I6 in England,and received full course Arsenical and Mercurial treatment.

MHS shows;Mil.Hosp.Shorncliffe II-2-I6 to I4-2-I6 Chancre

Barnwell " Cambridge I4-2-I6 to 23-3-I6 S.A. 42

Can.Mil. " Hastings 3-I-I7 to 28-I-I7 Orchitis

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

MHS. Can.Hosp. Etchinghill II-5-I7 to 4-6-I7 VDG

King Geo.Hosp. London 22-2-I9 to I-3-I9 Influenza

Can.Hosp. Etchinghill 8-5-I9 to I9-5-I9 NSV

No.3 Gen. & 3 CCS I4-6-I6 to I8-6-I6 SW Contusion arm & shoulder R.

(*c*) (Here give a description of wounds, scar, and deformities.)

I Vacc.L.arm

11.—(*a*) Did the disabling condition have its origin before enlistment? No

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

Na

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (a) Yes (b) No

The regimental documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 6 months

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

7 Injections Arsenical

6 " Hq.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration)

Suggested that he be dealt with on arrival in Canada in acc.with P.C.O. 47 of 20-I-I9

16. Can the former trade or occupation be resumed? Yes
(If not, briefly state why)

17. Recommendations

E.Wershof Capt. CAMC.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned H.Christie have heard the description of my disability and present condition read, and am satisfied (or ~~not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of

H.Christie Sgt. Rank.
Cef
Signature of invalid examined.

"BALTIC" 21-6-19

DISPERSAL

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 406460 RANK L/C NAME (IN FULL) CHRISTIE, H. 666625

(BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

Yes Bloedin Emma — 30-9-19

TO WHOM PAID — RELATIONSHIP

ADDRESS

Samk
San

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Dispersed, Halifax		
Date 25-8-19		
Ex. Boden		
Le Adjmt		

ORIGINAL UNIT C.E.F. — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — Hqrs. — TRANSFERRED TO — DATE — AUTHORITY — Bank of Toronto

DATE OF ATTESTATION — 10/4/18 — TRANSFERRED TO — DATE — AUTHORITY — St. Catherines, Ont

ASSIGNED PAY $ — 15-00 — DATE EFFECTIVE — 30-9-19 — Closed in England

PAYABLE TO — Mrs L.B. Christie — RELATIONSHIP — Wife — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS — ~~57~~ Wellington St. St. Catherines Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED. DATE — EFFECTIVE

DISCHARGED — PLACE Halifax — DATE 25-8-19 — REASON Demob — AUTHORITY M.D.6 — IF ENTITLED TO POST W DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	OTHER CREDITS AMOUNT $	C.		$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.		$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																				
31-8-19																										171	26			171	26	171	26			Dr L.P.C.
	1-15		5	00				105	00	292				282491		24	33	4	5	87	00	70	00							104	20					Boston M.R. Boat & Train 6/d
			0	00																															1st U.S.G. Boat 6/K
																														275	46	170	46			Dr Bal on Discharge
					W.S.G.		S.A.	105	00																	W.S.G.		S.A.			AMOUNT DUE SOLDIER DEPENDENT				
																																			W.S.G. as above
																7/8/19						70	00													Bal over 6d 6 Days
																						6	90													Bal over 6d 36 Days
																								36	00											Dr Bal as above
																						170	46													
18-3 days			120		180		600																							283	36	172	64	144		
										OR 145	Sept	23	63 10	353749		24		353750												370	46	109	54	120		
																						1	10							371	56	108	44	120		
										OR 160	Oct	10	68 90	358496		30		358497												470	46	39	54	90		
										OR 193	Nov 19		39	367293		30		367294												540				60		
										OR 220	Dec 20					30		1710096												570	1			30	1	
										Cancels	Jan 20					30		1730642												600	1					
	20		180		600									17541		144						248	46	30		600										

W.S.G. PAID IN FULL

FOR PAYMASTER WAR SERVICES GRATUITY

2000-3-19.—L. & S. 5878—M. & L. 9955.
M. F. W. 2.96.
1772-39-1390.

PERSONAL

P 820
12474—375H—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:-		EFFECTIVE DATE:-	
AMOUNT:-		AMOUNT:-	

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.

NAME:- CHRISTIE H.

NUMBER:- 406460

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		a/Spr

UNIT AND TRANSFERS

ORIGINAL UNIT:-

DATE ACCOUNT FIRST OPENED:-

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'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

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 05	. 10		

PARTICULARS OF RENDERING NON-EFFECTIVE:-

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1914 Aug.				Bal Bag Fwd.	24 33				171 26		
				A/C 1292 1/8 Encl. Buchan		1 15			196 74		
				Pte 1 dy pay Auth. 17/5 to 18/5 Do 15-17/5 P.668 Rend	24 33	1 15					
				S.O.S. 34 13/8/19							

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				S o S 34 13/8/19							

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR ~~CANADA~~.
EFFECTIVE DATE:- ~~4/9/16~~ 1/6/18		EFFECTIVE DATE:- 20/5/18 1/9/18	
AMOUNT:- ~~15-00~~ 15		AMOUNT:- 25-00 ~~2/6~~ P.402	

NAME:- CHRISTIE. Harry

NUMBER:- 406460

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
2 CORD DO 226-21/10/17	20/10/17	A/Cpl
✓ DO 151-28/6/18	28/6/18	Pte
14 7.4.18 DMF	1.7.18	A/L/Cpl Paid
23 28.7.18	25.7.18	Pte
39. 24/11/18	1/12/18	Paid

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.

~~Mrs M Christie~~ A3m 4/9/16	
~~57 Wellington St St Catherines~~	Same. 1/5/19
~~Ont Canada.~~ Mother	Cancelled
A3m Rend 19/3/18 Effective 1/5/18.	
~~Louisa Bernice Christie~~ Wife M 27/5/18	~~Louisa Bernice Christie~~
~~9 Queen St~~ 35 Town End St	35 Queen St Town End St
~~Godalming Surrey~~ Wife	~~Godalming Surrey~~ Wife
MRS. L. B. CHRISTIE	Can Add/ Gpo. St Catherin Ont. P85/6 8/8/19
~~7 Empire House Godalming~~	15 St Michaels St Folkestone
15 ST MICHAELS ST FOLKESTONE 1.1.19	

UNIT AND TRANSFERS

ORIGINAL UNIT:-

DATE ACCOUNT FIRST OPENED:-

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			2CORD
16-30/6/18	1/7/18	23/7/18	Hqrs Witley

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
~~4/6~~ 7/6	~~2 days~~	~~Pra (was 7 days.~~	~~2 30~~			Ledger Balance 156. 66	31 69
						L.P. C/Bal 171. 26	2 05
10/3	5914	~~Witley~~ " £1.10	7 30	23/7/19		~~2205.~~ 14.60	~~9 13~~
17/3	4137	" " £4	19 47	~~28/7/19~~		~~14766.~~ ~~2807~~	~~14 87~~
			29 07	Cancelled 3/1/19			~~34 60~~

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 10	10		
2CORD DO 151-28/6/18	1 00	10		
14 ~~14~~ 7 18 1/7/18	1 05	10		
23 28 7 18 25/7	1 00	10		
39. 24 1.8.18	1.05.	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- ~~Discharge to Witley~~ ~~14486~~ ~~Witley to Witley~~ ~~17 2 18~~ M.D.

1918 MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Discharge 31-8-19 NRL 1226 2. Bunston to Bisley						2/8/19		Bal. 2.		
March 31st	Balance forward								17 19	~~8~~	
apr	Cpl Pay.	36-		AP				15			
				AR 205-11/4/18 166D	14 60						
				AR. 588. 25/4/18 Witley	9 73				13 86	~~8~~	
		36			24 33			15			
May	Cpl's Pay	37 20		AR 1070 10/5/18 8 Rep	36 50						
				AR-1821-23/5/18 ✓	2 43				12 13		
		37 20			38 93					~~23~~ 8	
June	Cpl's Pay	36-		S.A. from 24/5/18-30/6/18 APCK B50073- £10/42.			15				34 68
				AR 2212 13/6/18 8 Rep	7 30						
				%CR 28-6-18 to 30/6/18 3 days @ 10d		30				~~23~~	
				AR 2689 27/6/18 8 Rep	12 17				13 36		
		36			19 47	30	15		35 68		34 68
July	L Cpl Pay	35 65		C 7163 8 " 5			15		49 01		~~25~~
				AR 1889 10/7/18 Witley	9 30						
				awl 8.30 9.7.18 to 8.30 9.7.18 BO 19 14/7/18		1 15					
				AR 2104 29/7/18 Witley	9 73				34 63		
				%cr Pay as L Cpl 25/7/18 4		35					
				awl 12 am 8.30 am 25/7/18 1 day		1 10			14 38		
				BO 23 28/7/18	17 03	2 60	15				25
		35 65									
Aug	~~L Cpl's Pay~~ P/O	~~35 65~~		6 66 148. 8 " 5			15				25
		34 10		AR 3376 13/8/18 Witley	9 73						
				2677 26/8 ✓	7 30				16 45		
		31 10			17 03		15				~~25~~
Sept	P/O	33		D 3471			15				25
				AR 2999 9/9 ✓	7 30						
				3350 23/9 ✓	12 17				14 98		
		33			19 47		15				25

NUMBER 406460 RANK Pte NAME CHRISTIE H

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918									14 98		
Oct		3 4 10		D55749			15		24 08		25
				3686 14/10/18 Dalkey (16)	14 60				9 48		
				4059 28/10/18 do (31)	4 87				4 61		
		34 10			19 47		15		14 61		
Nov		33		D97550			15		32 61		40
				4385 12/11/18 do (1)	7 30				25 31		
				4635 26/11/18 do (19)	9 73				15 58		
	Dec Pay	3 4 10		P56950			15		34 68		30
				4838 10/12/18 (49)	7 30				27 38		
	L/L J. 10. 18 Do 39	4 60							31 98		
				Forfeits 2 Days Pay AWL 1 Day by Sw AW		2 30			29 68		
				4960 7/2/19 Dairley 66	9 73				19 95		
Jan 19		3565			34 06				55 60		
				7 18344			15		40 60		30
		107 35			34 06	2 30	45				
Feby		32 20			=				72 30		
				5262 11/1/19 Dalkey 23	9 73				63 07		
				5460 28/1/19 do 40	2 43				60 64		
				2 47294			15		40 64	x	30
				5668 13/2/19 do TH.	9 73				30 91		
March		3566							66 56		
				G 2158 Mch			15		51 56		30
				41394 7/3. AD 97.	4 87				46 69		
				G 3761 Apl	24 76		15		31 69		30
				2 days Pay Rs. 16/- 18/- and L.							
				Do. 10 9/3 AD Wdley.	— —	2 30			29 39		
				5914 10/3. " 105	7 30				22 09		
				4137 17/3. " 112	19 47				2 62		
				D&S. 28/3/19 Adj. Error in Bal	53 53				7 62	x	
		67 85			53 53	2 30	45				90
April		34 50							42 12		
				19/63254 18/4 CP	19 47				22 65		
				38/1963 24/4 C&D	24 33				1 68		
				47/2431 5/5. ✓	34 04				35 45		
May	Lcpl Pay.	35 65		A60414	77 87		15		15 10		30
		70 15			77 87		15				30
June		34 50		A98901			15		4 40		30
				4/8741 2/5 Hebb	14 60 ✓				10 20		
				14/10584 5/6 ✓	24 33 ✓				34 53		
				16/11921 17/6 ✓	97 33 ✓				131 86		
				21/915 14/5 Ebor	2 43				134 29		
July		35 65		D116449	138 69		15		156 64		30
				29/13494 21/6. RS	48 64 ✓				113 64 162 31		
		70 15			184 36		30				60
Augt	"	35 65		APRSH August B121037			15				30
				" Sept			15		156 66		30
				2817 23/2 H 17	4 87				161 53		
				2755 " " 17	9 73				171 26		
		35 65			14 60		30				60

156-66
14-60
171.26

MARRIED OR SINGLE S.

PLACE OF BIRTH Toronto, Ont.

NAME AND ADDRESS OF NEXT OF KIN M. Christie,
57 Wellington Street, St. Catherines,

RELATIONSHIP OF NEXT OF KIN (a Mother)

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
Pay restricted	28 Jan'16	B028
appt'd 4/Cpl 1st	20/10/17	2 CORD- RO 226- 21/10/17

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. No. 406460 RANK 4/Cpl Pte NAME Christie, Harry

IF IN PERMT. CORPS WHAT UNIT UNIT 36th Battn.

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Hamilton, Ont. Can.

DATE OF ATTESTATION 11/4/15

TRANSFERRED TO 58th Bn DATE 11/6/16 AUTHORITY B0158

TRANSFERRED TO b.b.a.b. DATE 6th Aug. AUTHORITY b.b.l. 130

TRANSFERRED TO 2 CORD DATE 31.5.17 AUTHORITY C.R.

TRANSFERRED TO 2 CORD DATE 21-11-17 AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE 15th April

PAYABLE TO ~~M. Christie, 57 Wellington St. St. Catherines~~

RELATIONSHIP ~~a~~ Mother

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE ~~1st Sept~~ [A2M 11/9/16]

PAYABLE TO ~~M. Christie 57 Wellington St. St. Catherines~~

RELATIONSHIP Mother

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) ~~16/8/16~~ 19/3/18 EFFECTIVE 1st MAY 1918 REASON Discharged Not dependent Relative. Soldier's Request.

DISCHARGE DATE AND PLACE 18/8/16, Canada REASON AND AUTHORITY C.L. 1 L 1301 C.R.

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

2 CORD

C.J.

DATE	PAY NO. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE NO. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY NO. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 NO.	1 DATE	2 NO.	2 DATE	3 NO.	3 DATE	4 NO.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
			27 50				27 50							6 56	309 06												115 24	60	10 79 7	283 21	25 85				
April 1-30	30	1 00	30 00		30	10	3 00								33 00	1011	18/4/16	1068	30/4/16			6571	3/4/16	4 87 10 22	7 91			61	15 00		38 61	20 24			
May 1-31	31	1 00	31 00		31	10	3 10								34 10	1118	16/5/16	1167	30/5/16					7 30	7 30				15 00		29 60	24 74			
June 1-10	10	1	10		10	10	1 00								11													15 00		15 00	20 74			
11-30	20	1	20		20	10	2								22																42 74			
July 1-31	31	1	31		31	10	3 10								34 10					CBD 3/4/16 3956						4 26		15		19 26	57 58			
Aug 1-5	5	1	5		5	10	50								5 50					CDB 24/4/16 4490						4 25		15		19 25	43 83			
~~Sept 1-30~~	~~30~~	~~1~~	~~30~~		~~30~~	~~10~~	~~3~~								~~28 60~~					~~1st Pay 2nd Pay~~						~~4 36~~		~~15~~		~~41 6 09~~	~~72 43~~			
Sept 1-30	30		30		30		3								33					CBD 5164 6/8 4481 13-7 4496 20-7						4 36 4 36 4 80		15		25 31	70 12			
Oct	31		31		31		3 10								34 10	Batt 2461 15/8								4 86 24 33	2 43 2 43	4 36 4 36			15	3 30	52 35	51 85			
Nov	30		30		30		3								33	B2109 4/9 H258 24/9		1350 15/11 1450		1372 22/11 1462				9 73 2 44	9 74 2 44	24 33			15		66 12	18 75			
Dec	31		31		31		3 10								34 10	1370 22/11 1450 31/11				Can 3489 14/9		C 29/12 C 31/12		2 43 2 43	14 60		9 73 9 73		15	1 46	55 38		2 53		
			5 5 00				55 00																												
			605											6 56	611 56									68 61	51 72	50 72	135 81	195	112 73	614 09		2 53			

Checked A. Brassington

Checked [illegible]

Checked [illegible]

L.R.C. to Batt. for Discharge to Canada: C.L. 1 1301 16/8/16

Day Book Verified by Clerk A. Grey 14/4/16

Original Pay Book Lost.

106. Cancelled Leave. P.P.B. Batt. P.P. H. Gen. V-2 25/4/16 Leave Charges A.12. 8 days. 19/4 25/4/16.

24005, 14. 19/9 Jan 2

406460 Pte Christie Harry. a/Cpl

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS
			6	05										6 56	6 11 56
Jany. 31	1	10 4	3	4 10										10 22	44 32
Feb 28			3	0 80											30 80
Mch 31			3	4 10											34 10
Apl 30			3	3 --											33 00
May 30			3	3											33 00
June 1				1 10											1 10
July 30	1	10	3	3 -											33 -
Aug 31			3	4 10											34 10
Sept 30			3	3											33
			90	5 30										16 78	92 208

ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date
						6	1½ 17
						169 Pte C.G.D	27.4.17
						RR15, 21&26RS.	6/8/17
						6 Mtr	18/8/17
						6 Etch.	
						347	30.5

CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS
68 61	51 72	50 92	135 31	195	112 73	614 09
4 87				15		19 87
				15	2 1 4	17 14
7 30	7 30			15		44 21
4 87	9 74			15		15
				15		15
		7 30				7 30
		10 09		15		25 09
				15		15
			2 4 3	15		17 43
		12 4		15		16 24
85 65	68 76	69 33	137 74	330	114 87	806 35

BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	2 53			Gbr: #40.36½ Bn: Cape 1416. C.R. 1011 chgd in Error.
21 92				
35 58				Ø4005. #24 9/12
25 47				
43 47				
61 47				Trans to 3rd CBD 31/5/17
55 27				
63 18				
82 28				
98 95				
115 73				

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. PAY	SER. ALLCE. ENG.
									115 73		
Dec 31	QP	34 10							15 134 83		
		34 10							15		
Nov.	2 Pay	33.							15		
				A.P.							
				DN. A.R. 101 15.9.17 12 Rec.					121 7		
				" 251 14.8.17 Etch.					1 22.		
				" 88 31.8.17 2-CORD					244		
				" 91 15.8.17 "					1460		
				" 3 15.6.17 "					1460		
				A.R. 136. 6.11.17 "					730		
				" 109 28/9/17 " "					973		
				" 25. 30.6.14. 2 Pay.					486.		
				/ 117 10/10 12 ✓					12 16		
				✓ 137 26/10 ✓					973		
Dec 1918	2 Pay	34 10		Dec ap.					88 81		
		67 10							30		
Jan				ap					15		
				DN A.R. 40. 15.7.17 2 Rec.					24 33		

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. PAY	SER. ALLCE. ENG.
Twd		34 10							24 33		15
	Pay	34 10		A.R 149-28/11/17-12 Rec					14 60		
				DN AR 158 19.12.17 "					19 47		43 82
		34 10							58 40		15
Feb	Pay	30 80		ap							15
	SF. 4-7-17 to 25-7-17 2 CORD-DO 188-8/11/17.	7 30		AR 171- 10/1/18- 12 Rec.					14 60		
	adjust pay. 20/10/17 - 28/12/15. 132 days @ 10d. 2 CORD. DO 226-21-10-17.	13 20		✓ 194- 25/1/18- ✓					7 30		
				✓ 789- 9/2/18- 5 Dn. 8/6's					9 73		48 49
		51 30							31 63		15
Mar	Cpl Pay	37 20		ap							15
				FORFEITS 2 ay 2 pay. RW. AWL. M.N. 9-2-18: 10.30 P.M. 11/2/18. 2 CORD 36. 12/2/18					240	
				AR 3155- 26/3/18 / 66 D					14 60		
				✓ 2615- 11/3/18- ✓					7 30		
				✓ 3852- 22/3/18- ✓					29 20		8.00 DP 17 19
		37 20							51 10	240	15