

12-2-19

DISCHARGE DOCUMENTS

R. O. No.
H. Q. No.

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

copy of bill

Name COULSON, HARVEY, ROY
 Regt. No. 285374 Rank Pvt.
 Corps 320th Br. (2nd Div.)
Demob'd

39238



30-7
17-7

39238

Cover for Disch. Docs - 1
 A.D. 122-1
 M.D. 192-1
 M.D. 124-2
 A.D. 178-1
 M.D. B465-2
 AF 91237-2
 M.D. 192-1
 M.D. 178-1
 M.D. 192-1

45
ATTESTATION PAPER.

220th YORK RANGERS, OVERSEAS BN, C.E.F.

No. **285374**

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... **COULSON.**
- 1a. What are your Christian names?..... **Harvey Roy.**
- 1b. What is your present address?..... **Unionville, Ont.**
- 2. In what Town, Township or Parish, and in what Country were you born?..... **Markham, Ont.**
- 3. What is the name of your next-of-kin?..... **Mr David Coulson.**
- 4. What is the address of your next-of-kin?..... **Unionville, Ont.**
- 4a. What is the relationship of your next-of-kin?..... **Father.**
- 5. What is the date of your birth?..... **Sept., 22nd-1891.**
- 6. What is your Trade or Calling?..... **Farmer.**
- 7. Are you married?..... **No.**
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... **Yes.**
- 9. Do you now belong to the Active Militia?..... **12th York Rangers.**
- 10. Have you ever served in any Military Force?..... **No.**
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... **Yes.**
- 12. Are you willing to be attested to serve in the } **Yes.**
 CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, **Harvey Roy Coulson**, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date **May 30th.,** 191**6**. *Harvey Roy Coulson* (Signature of Recruit)
W R Peeson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **Harvey Roy Coulson**, do make Oath, that I will be faithful and bear true Allegiance to His Majesty **King George the Fifth**, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date **May 30th,** 191**6**. *Harvey Roy Coulson* (Signature of Recruit)
W R Peeson (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 **Markham,** this **30th** day of **May** 191**6**.

O. S. Smith (Signature of Justice)

Description of COULSON, Harvey Roy. on Enlistment:

Apparent Age 24 years - months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Height 5 ft. 7 $\frac{1}{2}$ ins.

Chest measurement { Girth when fully expanded..... 35 $\frac{1}{2}$ ins.
Range of expansion..... 3 $\frac{1}{2}$ ins.

None.

Complexion Fair.

Eyes Blueish brown.

Hair Slight brown.

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

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* FIT for the Canadian Over-Seas Expeditionary Force.

Date..... May 30th., 191 6

Place..... Markham, Ont.

Thos Young
Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

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

D. A. Brown Lieut. Col. (Signature of Officer)
O/C 220th Overseas Bn. C.E.F.

Date..... May 30th., 191 6.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 285374. (Rank) Pte.

Name (in full) COULSON, HARVEY ROY. enlisted in
the 220th Bn.

CANADIAN EXPEDITIONARY FORCE at Markham, Ont. on the 30th
day of May. 19 16.

HE served in England and France.

and is now discharged from the service by reason of
"DEMOBILIZATION."

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

Age 26
Height 5'7"
Complexion Fair.
Eyes Brown.
Hair Brown.

Marks or Scars
Vacc. Scars on left arm.
G.S.W. L. Leg. -----23-9-18.

H.R. Coulson
Signature of Soldier

[Signature]
Issuing Officer

O.C. No. 2
Rank

Date of Discharge Jan. 23rd, 1919.

Appointment

Signed at Toronto, Ont. this 23rd. day of Jan. 19 19.

in Military District No. #2 D.O. 2

File Reference No. JAN 23 1919
DISTRICT DEPOT

EVC.

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

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

Uniform is not to be worn after
expiration of one month from
date of discharge, except by special
permission of G. O. C. district.

P. 878

Extract from Sailing List No 99

Unit:-

12^d Res No 1 CORPS

Reg. No

Rank

Name

Sailed for Canada,

Military District No

285374

PTE

C^DFULSON, H. R.

Canada 20th Coy

21-12-18

Acted on

Ledger Ck.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

FILE No. _____
RECEIVED
 FFR 241919
 PAYMASTER
 OTTAWA, CANADA DISTRICT No. 2

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

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

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 this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names Harvey Roy 2. Surname Coulson
3. Rank Pte 4. Original Unit 220 5. Reg. No. 285374
6. Address, in full, to which future payments of gratuity are to be forwarded
Harvey R. Coulson
Unionville, Ont.
7. Date of enlistment in the C.E.F. 30-5-16
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Bertha Irene Coulson
9. Relationship of such dependent Wife
10. Address, in full, of such dependent Mrs Bertha I. Coulson
Unionville, Ont.
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:
Yes. 3rd Bn, Aug 15th 1918 till
wounded at Arras Sept. 1st 1918.
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? no
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service not applicable
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 two years + 7 months
+ 22 days. units 220th, 134th, 1st C.C. Rc,
+ 3rd Bn.
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

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

One payment \$100. payment made from Toronto

20. Have you been issued with a War Service Badge? If so, what class? ... *not yet*

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? ... *not applicable*

24. Are you now serving in the C.E.F. ... *no* If not, give:—(a) Date of discharge

January 23 - 1919 (b) Reason for discharge ... *Demobilization*

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 ... *no*

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

with 3rd Battalion at ... Aug 29 - 30 - 31st

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? ... *no*

(b) If so, are you in receipt of full pay and allowances from that Department? ... *not applicable*

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: *Harvey R. Coulson*

Place of Residence: *Unionville*

Declared before me at: *Markham Village*

Cur 5 of north
This *24th* day of *February* 1919

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths.

R J Brown & Co

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 2

NAME OF SOLDIER

Coulson Army

RANK

Pte.

REGIMENT

No. 285374

F.B. 465.
20MM.-6-18.
1772-39-950.



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
											U	L	P			Gold	Porcelain				
Condition on first Examination																					
<p>DISCHARGE EXAM. Certificate issued for</p> <p>CASUALTY Co. # 2 D.D. <i>Fillings</i></p> <p>Date <u>IAN 18 1919</u> <i>2 Porcelain Crowns.</i></p> <p style="text-align: right;"><i>W. Manning</i></p>																					

MEDICAL CASE SHEET.*

No. in
Admission
and
Discharge
Book:

Regimental No.

Rank.

Surname.

Christian Name.

285374

Pte

Coulson

A.R.

Unit.

Age.

Service.

Year

1918

36an Bu

26

2 1/2

Station
and Date.

Disease

G.S.W. Lt Leg flesh

Wounds healed - F.U.

DT B.C. Harden

5-10-18

men Epsom

FURLOUGH ADDRESS IN FULL

1.4.18 M
9.10.18 H

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
(6365) W2944/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349) [P.T.O.]

Station
and Date.

MEDICAL CASE SHEET.*

Meth

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname	Christian Name.
	285374	Pte.	Coulson	H. R.
		Unit.	Age.	Service.
Year 1918	3 rd Can. Bn		26	30 12
Station and Date.	Disease Sh. W. Lt. Leg.			
Sept 20	On Sept 17/18 Shrapnel wound of middle left leg. Flesh wound P. C. Wound covered by fur seal.			
	Below this fur.			
24	X. Ray neg. to f. b. v fracture			
24	Piece of f. b. removed & assayed & sent			
26	Healed to cure			
	J. Wallace Capt			

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

Station
and Date.

ORIGINAL MEDICAL HISTORY SHEET

45
M.O. 30
79
ORIGINAL

Surname COULSON, Christian Name Harvey Roy.

Examined { on 30th day of May 1916
at Toronto, Ont.

Approved by [Signature]
Rank Capt M.O.

Birthplace { City or Town Unionville,
County Ontario.

Apparent age 24 years.

Trade or occupation Farmer,

Height 5 feet 7 1/2 Inches

Weight 140 lbs.

Chest measurement { Minimum 32 inches
Maximum expansion 35 1/2 inches

Physical development Good.

Small-pox Marks None.

Vaccination Marks { Arm Right - Left -
Number None.

When Vaccinated last Never.

(a) Marks indicating congenital peculiarities or previous disease None.

(b) Slight defects but not sufficient to cause rejection None.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT	M.O.
<u>5/10/18</u>	<u>DI.</u>	<u>B.L.</u>	

Date	Result	VACCINATIONS	M.O.
<u>2/4/17</u>	<u>X</u>	<u>[Signature]</u>	

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.	M.O.
<u>4/10/16</u>	<u>+</u>	<u>[Signature]</u>	
<u>11/20/16</u>	<u>+</u>	<u>[Signature]</u>	
<u>19/10/16</u>	<u>+</u>	<u>[Signature]</u>	
<u>2/6/17</u>	<u>+</u>	<u>[Signature]</u>	

Enlisted on 30th day of May 1916 at Toronto, Ont.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>220th O.S. Bn.</u>	<u>285374</u>		<u>30/5/16.</u>
Transferred to	<u>134th Bn</u> <u>12th Regt</u> <u>3rd Bn 8-11-18</u>			<u>27/5/17</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>1st CCD. Water</u> <u>Exhib. Camp</u>	<u>29/11/18.</u> <u>18-1-19</u>	<u>a3</u> <u>Met.</u>	<u>Det. Rank Capt</u> <u>A11 Mil. Substn Lt</u>

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

CANADIAN

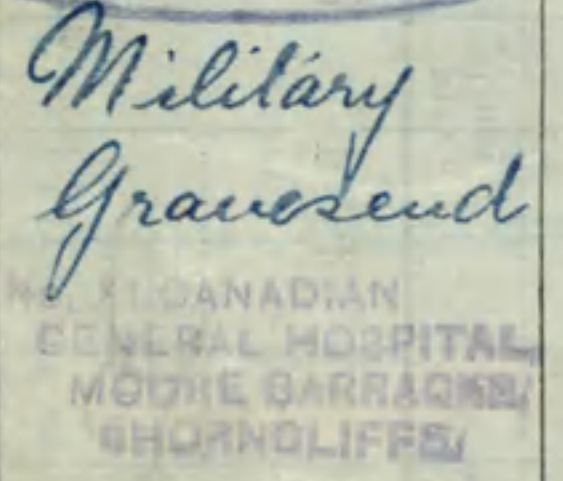
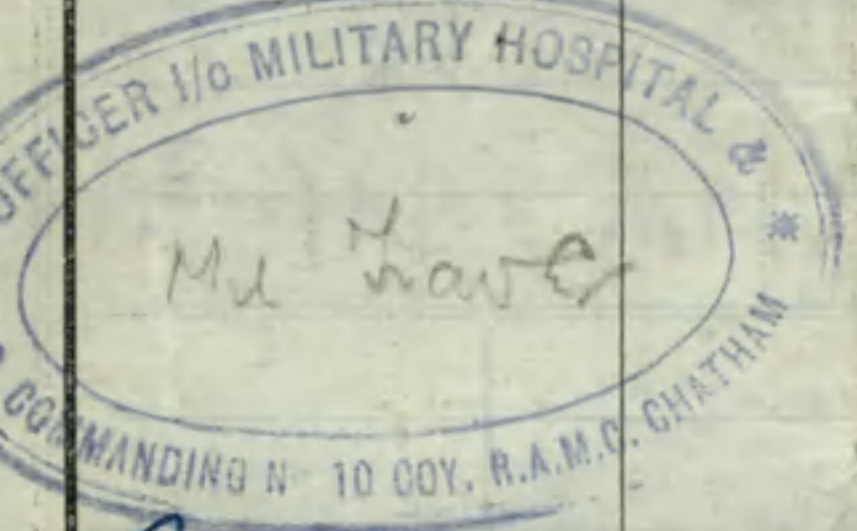
Harvey Roy.

Christian Name

COULSON,

Surname

STATION	Date of Arrival at the Station	DATES OF						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
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
Bass Hosp. Toronto		23	3	1914	14	4	17	Throat & tonsils Diphtheria	25	Moderately severe case cured.	A.O. Thomas
		18	2	18	27	3	18	Gonorrhoea	38	Treatment with permanganate irrigations bid. Alkaline mixture externally. Apparently cured stoppages as per date	W.D. Christie Capt
		4	9	18	6	9	18	SW Leg Sept	3		
Military Gravesend		6	9	18	19	9	18	" "	13	Transferred to Pitt Chatham	J.P. King Major R.A.M.C.
		2	10	18	2	10	18	" "	14	P.W. middle L. leg. X-Ray neg. to fracture of b.	Stewart
M.C.H. Exon		4	10	18	14	OCT	1918	Do.	11	Wound healed - no disability - Heart & Lungs normal. Discharged to Command Depot. Cat. DI	B.C. Hanson Capt R.A.M.C.



(9) Is your Father alive?.....**Yes.**.....

If so, state name and address **David Coulson, Unionville, Ont.**.....

(10) Is your Mother alive **Yes.**.....

If so, state name and address **Elizabeth Coulson, Unionville, Ont.**.....

(11) If your Mother is a widow.....**No.**.....

Are you her sole support, or not?.....**No.**.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

.....**Wife receives the Government Separation Allowance.**.....

(15) Are you insured?.....**No.**.....

If so, in what Company?.....

Have you made arrangements for payment of your Insurance premium.....

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

B. H. Brown
.....**Lieut. Col.**
'016 229th Overseas Bn. C.E.F.
Officer Commanding.

Date **April 4th. 1917.**.....

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins..... **220th YORK RANGERS, OVERSEAS BN. C.E.F.**

(2) Regimental Number..... **285374**

(3) Full Name of Soldier..... **Harvey Roy Coulson.**

(4) Place of Birth..... **Pickering, Ont.**

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

(6) If married, state,
(a) Full name of your wife..... **Mrs Bertha Coulson.**

(b) Present Postal Address..... **Agincourt, Ont.**

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

(8) Have you any children?..... **No.**

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

Also their names and ages.....

DUPLICATE MEDICAL HISTORY SHEET DUPLICATE

Surname **GOULSON,** Christian Name **Harvey Roy.**

Examined { on **30th** day of **May** 191**6**
 at **Toronto, Ont.**

Approved by *[Signature]*
 Rank **Capt** M.O.

Birthplace { City or Town **Unionville,**
 County **Ontario.**

Apparent age **24 years.**

Trade or occupation **Farmer,**

Height **5** feet **7 1/2** Inches

Weight **140** lbs.

Chest measurement { Minimum **32** inches
 Maximum expansion **35 1/2** inches

Physical development **Good.**

Small-pox Marks **None.**

Vaccination Marks { Arm Right - Left -
 Number **None.**

When Vaccinated last **Never.**

(a) Marks indicating congenital peculiarities or previous disease **None.**

(b) Slight defects but not sufficient to cause rejection **None.**

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

Date	Result	VACCINATIONS
2/2/17	X	<i>[Signature]</i>
		M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
4/10/16	+	<i>[Signature]</i>
4/10/16	+	
5/8/16	+	
		M.O.
		M.O.
		M.O.

Enlisted on **30th** day of **May** 191**6** at **Toronto, Ont.**

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	220th O.S. Bn.	285374		30/5/16.
Transferred to	3 Bn.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT

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

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

M.D. 2
No. 56

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 285374 Rank Plt Name Coulson HR

Corps No. 2 District Depot who was* **DISCHARGED**

On JAN 23 1919 191...., to.....
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Jan 1 191. 9
to JAN 23 1919 191...., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Balance Cr. from prev. month.....	10	06
Advances by Cheques } No.			Reg'tl. Pay... <u>23</u> days at \$... <u>1c.</u>	23	00
} No. <u>16305</u>	20	00	Field Allow... <u>23</u> days at \$... <u>10c.</u>	23	00
Assigned Pay and Sep'n Allee. No. <u>17222</u>	22	30	Separation Allowance* (Monthly).....	22	30
Other charges.....			Other Allowances* <u>Sub</u>	12	00
Payment on transfer or discharge No. <u>17221</u>	62	36	Other Credits* <u>Clothing</u>	35	00
Bal. Cr. (to be paid by the new unit).....			Bal. Dr. (to be deducted by new unit).....		
Total.....	104	66	Total.....	104	66

*Give particulars.

A monthly stoppage of \$ 30 (†) has..... (‡) been paid on account of Assigned Pay for the month of December 191. 8 } (to) Assignee Mrs Betty J Coulson
{ and Sep'n Allee. for month of January 191. 9 } Unionville
(Address) Ontario

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

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

REMARKS:—

- State (1) date of enlistment.....
- (2) if married and if a Separation Allowance Card has been submitted. Yes
- (3) cause of discharge..... authority DO #50
- (4) authority for transfer.....

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay List of the Unit.

Date JAN 21 1919
Place TORONTO, ONT.

[Signature]
PAYMASTER, NO. 2 DISTRICT DEPT.
Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster, triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

CANADIAN DOMINION EXPEDITIONARY FORCE

LIST OF MEMBERS

THE FOLLOWING IS A LIST OF THE MEMBERS OF THE CANADIAN DOMINION EXPEDITIONARY FORCE WHOSE NAMES ARE ON THE ROLL OF THE FORCE AS OF THE 1st JANUARY 1917.

NO.	NAME	RANK	REGIMENT
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
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27
28
29
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31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50

THE NAMES OF THE MEMBERS WHOSE NAMES ARE ON THE ROLL OF THE FORCE AS OF THE 1st JANUARY 1917 ARE AS FOLLOWS:

...

...

Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank..... *Pte.* Name..... *Boulson* Surname..... *Harvey*
 Unit or Corps..... *3rd Batt 12th Regt.* (If a soldier) Regtl. No..... *285374*
 Born at..... *Markham Yorks. Co.* on, date.....
 Signature (for identification)..... *H.R. Boulson*

The examination is to be made jointly by two Medical Officers.

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe.

Weight..... *145* lbs.
 Height..... *5* ft. *8* ins.

no

2. **NUTRITION AND DIATHESIS?**

Good

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. **NERVOUS SYSTEM?**

normal

4. **RESPIRATORY SYSTEM.**

normal

5. **HEART?**

Abnormal Sounds?

Abnormal Size?

Pulse Rate?

Intermittence or irregularity?

normal
no
no
72 *no*

6. **ARTERIES.**—Any hardening?

no

7. **DIGESTIVE SYSTEM?**

normal

8. **GENITO-URINARY SYSTEM?**

Urinalysis—s.g.?

Reaction?

Albumen?

Sugar?

normal
1010 *acid* *no* *no*

9. **SKIN, MIDDLE EAR, EYE**

or any other part?

normal

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

*Shrapnel Scar upper limb.
 no disability*

11. Opinion as to the health and physical condition of the one examined?

Good

Examined at.....

Signed.....

Date.....

Signed.....

Himmel Park
17.12.18

J.W. Todd Capt. M.O.
J.W. Cotton Capt. M.O.

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

Admission to hospital for general care

Admission
12/12/22

pt. [unclear]
[unclear] [unclear]
[unclear] [unclear]
[unclear] [unclear]

1. PHYSICIAN

142
3

2. NUTRITION AND WEIGHT

142

3. FEVER SYSTEM

[unclear]

4. RESPIRATORY SYSTEM

[unclear]

5. HEART

[unclear]

6. BLOOD

7. URINE

8. ABSTRACT

9. INDICATIVE SYSTEM

[unclear]

10. GASTRO-INTESTINAL SYSTEM

11

11. SKIN AND MUCOUS MEMBRANES

[unclear]

[unclear]

[unclear]

[unclear]

12. GONORRHOEA

[unclear]

12-12-22

[unclear]

[unclear]

Regional No. _____

MEDICAL HISTORY of—

A.F. B.178

Regimental No. _____

Region _____

Surname

Caulson

Christian Names

R. R.

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.

Colour of Hair _____ Complexion _____

„ Eyes _____

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= _____ With Glasses { R. _____
 { L.E.—V= _____ L. _____

Identification Marks, such as Tattoo, Moles, Scars, etc. :—

Defects or Ailments :—

Examined and found—

- Fit for Grade** { I.
 { II.
 { III.
 { IV.

(Strike out those which do not apply.)

Signature _____

Chairman of Medical Board.

Re-examined for posting at _____

On _____ day of _____ 191 _____

Enlisted { at _____
 { on _____ day of _____ 191 _____

Joined on enlistment	Corps. <u>3 ban!</u>	Regtl. No. <u>285374</u>

Transferred to { _____

TABLE III.—Boards, Courts of Enquiry, 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
<u>29/1/14</u>	<u>Proceed with a</u>

Special Remarks : state if a discharged Soldier

TABLE IV.—Service Table.

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

Became non-effective by _____
 on _____ day of _____ 191 _____

(Signature) _____
 (Rank) _____

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

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 285-374 Rank Pte. Surname GOULSON.
(Given name in full)

Unit or Corps No. 2 D.D. Birthplace HARVEY Markham, York,

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

1. GENERAL DESCRIPTION:

Physique good Weight 140 lbs. Height 5 ft. 8 in. Colour of Eyes Hazel
 Nutrition good
 Pulse 72 - regular
 Condition of arteries soft
 Vision Rt. 20 Left 20
 Hearing (conversational voice) Rt. 25 ft. Left 25 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin).
No vac. scar left arm - childhood
Scar left leg - shrapnel wound - 1918 France

Opinion as to general health and physical condition Phys - Fit - Aii

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary Sytem no Cardio-Vascular System no
 Special Senses no Integumentary System no Respiratory System no
 Disturbance of mentality no Muscular System no Digestive System no
 Osseous and Joint System no Any other general condition no

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Hypertrophic Laryngitis Diphtheria 1917 in Canada - good recovery
Gonorrhoea 1918 in England - good recovery
Shrap W. Left leg Sept 1918 in France - scar well healed - no disability.
No hemorrhoids, hernia, varicocels or varicose veins.
Urine analysis - all ^{good} none.

APPROVED
 JAN 18 1919
J. H. Lewis
 CAPT.
 #01 A. D. M. S. M. D. 2

(If space is insufficient, continue on back of form.)

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at (Overseas)

Date

Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at *Galt, Can.* (Canada)

Date *18-1-19*

Signed *M. R. F. J. L. L.* M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to, or during service.

Signature *285874 J. R. Coulson*

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

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

[OVER]

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

M.D.2

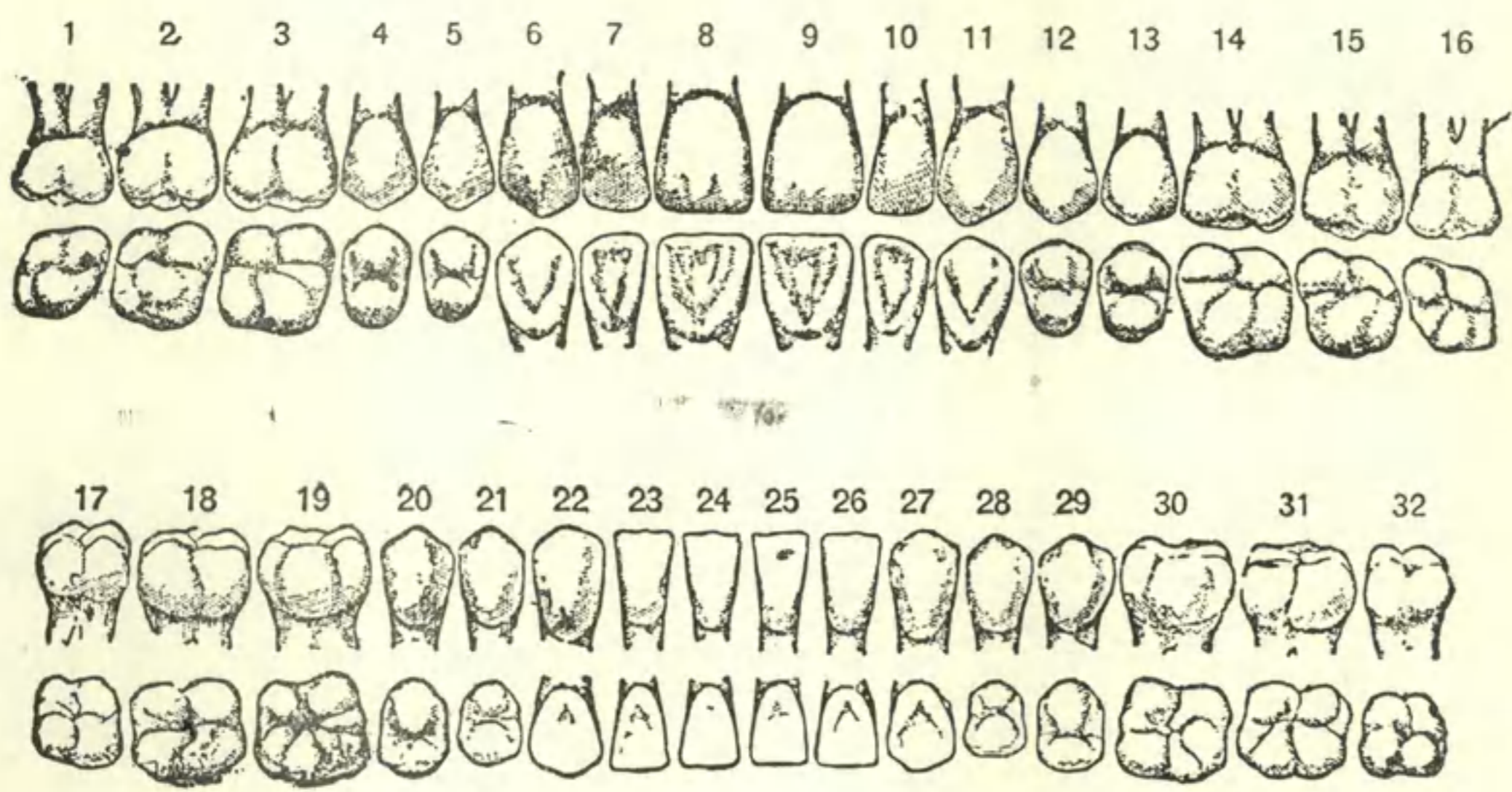
DIRECTIONS TO
DENTAL OFFICERS

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) COULSON H. R.
REGIMENT 3rd B.N. RANK PTE No 285374

Date of Examination in England 1942.18 Date of Examination in France _____

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

HAS HE EVER REFUSED DENTAL TREATMENT ?

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

- (a) In Canada
 - (b) In England
 - (c) In France
- } yes.

KINMEL PARK,
NORTH WALES.

Signature of Dental Officer A. Kennedy
Print Kennedy

M.D.S.

34 B. Gousson H. R. 1883



Shut noz

Casualty Form—Active Service.

Regiment or Corps *220 Corp Rangers*
 Rank *Pte* Surname *Caulson* Christian Name *Harvey Roy*
 Religion Age on Enlistment years months
 Enlisted (a) *30-5-18* Terms of Service (a) *sofw* Service reckons from (a) *30/5/18*
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b) *Farmer*
 or Corps Trade and Rate
 Occupation Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form, B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ... Disembarked...			
<i>12-9-18</i>	<i>1609RD</i>	<i>F.O.S. from 313rd</i>	<i>Witley</i>	<i>4-9-18</i>	<i>Pl^{ts} 253 RD</i>
					<i>LIEUT: FOR LT. COL. I/C RECORDS, C.O.M.F.</i>
<i>3.12.18.</i>	<i>Ceases to be attached on proceeding to</i>	<i>12th Res.</i>	<i>Witley</i>	<i>D.O. No 3342/3-12-18</i>	<i>for Lieut Canadian Command Depot,</i>
<i>3-12-18</i>	<i>12th Res.</i>	<i>M.O.S. 12th Res Battn</i>	<i>Witley</i>	<i>3-12-18</i>	<i>Part 11/ 287</i>
<i>13.12.18</i>	<i>do.</i>	<i>On Command to Kinnel Park.</i>	<i>do</i>	<i>13.12.18.</i>	<i>pl^{ts} 296</i>

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c
 (17591.) Wt. W 1887-P 1124. 1,000,000. 6/18. D & S. Form B/103. (E. 1256.)

9418.

M.O wd. 10.
NO. XI. CGH.

24.9.1918.

Pte. H.R. Coulson.
285374. 3rd Bn. Canadian. 26.
GSW. left leg.

Negative to foreign body and negative
to fracture.

Amo
OFFICER IN CHARGE

NO. XI CANADIAN GENERAL HOSPITAL, MOORE BARRACKS,
SHORBROUFF.



G.C. Rank **220th. Bn. to 1st. Cent.** Name **COULSON? Harvey Roy.** Reg'l No. **285374.**
 Unit **Ont. Regt.** If in perm. Corps }
 What Unit? } Married or Single **Single.**

Place and Date of Enlistment **Markham. 30th. May 1916.** Place of Birth **Markham Ont.**

Name and Address, Next-of-Kin **Mr. David Coulson,**
Unionville Ont. Canada. Relationship **Father**

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

N/E. R.B. No. **16882**
 File R.L. **CAN. OR**
 Category **6 seas cas**

Discharge, Date and Place Reason Character

H. W. V., Ld.—9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
ARRIVED IN ENGLAND 7 5 17 S. S. OLYMPIC					
9.5.17	3 Res.	T.O.S	Wandling	7.5.17	Pt II-126 + Pt II-92 220th Bn 7.5.17
28-5-17	134th Bn.	T.O.S from 3 Res	Witley	26.5.17	Pt II-148 + Pt II-144 3 Res 27-5-17
7.3.18	12th Res	T.O.S. 134th	Pte "	6.3.18	Pt II 57 (136th Pt II 25 27.3.18)
9.4.18	"	S.O.S. 513 Bn Opeas	"	8.4.18	" 85 (Pt II 34 27.13.4.18)
6-9-18	3	Wounded	"	Field	29.18 620312
12-9-18	160th Bn.	T.O.S from 3rd Bn	"	Witley	4-9-18 Pt II 253% 2nd Bn Pt II 20 900/17-9-18
17-10-18	"	on command 1st Bn	"	"	14-10-18 Pt II 288
3-12-18	12 Res	T.O.S from 160th Bn	✓	✓	3-12-18 Pt II 289/344 12.12.18 1000
16-1-19	✓	S.O.S to C.E.F. Canada	✓	-	21-12-18 - 13

AF. B. 103 CHECKED
 APR. 1918

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12.
 25m-4-17.
 H. Q. 1772-39-819.

To Whom *WIFE*
Mrs Bertha J. Coulson By Whom Assigned *Coulson, H.R.*
 Address *Unionville* Regtl. No. *285374.*
Ont. Rank *Plt.*
 Rate *\$2000.* Corps *220th Batt.*

May 1st - 1917
 MAY I 1917 PAYMENTS

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



1
K 221

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2

Mrs Bertha J. Coulson, WIFE.
PAYMENTS.

Name of Soldier

Coulson H. R.
Plé. 285-374. 220th Bn.

L. L. Job 4503. - Req. 6832.

Month.	Year.	Cheque No.	Amt.	Remarks.
			<i>\$ 2000</i>	<i>MAY 1 1917</i>
April	1916		.	
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May		<i>B 12823</i>	<i>20</i>	
June		<i>N. 16891</i>	<i>20</i>	<i>W</i>
July		<i>Z 23315</i>	<i>20</i>	<i>W</i>
Aug.		<i>G 28723</i>	<i>20</i>	<i>W</i>
Sept.		<i>F 39389</i>	<i>20</i>	<i>W</i>
Oct.		<i>T 47635</i>	<i>20</i>	
Nov.		<i>A 36789</i>	<i>20</i>	
Dec.		<i>K 56785</i>	<i>20</i>	<i>160⁰⁰</i>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

mlb

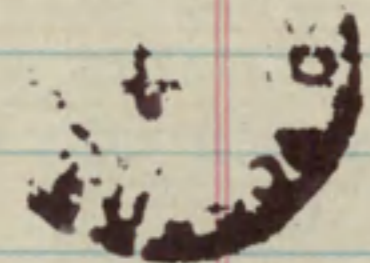
MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

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.				



18-6-16
SEPARATION ALLOWANCE 166

Name *Bertha S. Boulson*

Name of Soldier *Boulson Harvey Roy*

Address *Unionville
Ont.*

Regtl. No. *285374*

Rank *Pte.*

Corps *220 Bn.*

Relation to Soldier }
wife, child or mother } *wife.*

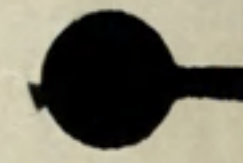
To what Corps belonging }
when called out }

PAYMENTS

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



THE UNIVERSITY OF CHICAGO
LIBRARY



SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2. *Bertha J. Boulson*

Wife
PAYMENTS.

Name of Soldier *Boulson Harry R.*
Pte.

L. L. Job 4503. Req. 6332.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		X 14377	48	48
Sept.		V 15161	20	20
Oct.		F 18892	20	20
Nov.		H 21478	20	20
Dec.		H 24819	20	20
Jan.	1917	I 28055	20	20
Feb.		J 31161	20	20
March		I 34256	20	20
April		J 604	20	20
May		J 3632	20	20
June		M 4431	20	20
July		L 10662	20	20
Aug.		P 14479	20	20
Sept.		O 16638	20	20
Oct.		L 22696	20	20
Nov.		J 25474	20	20
Dec.		W 25306	20	20
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

228

20
20
20
20
20
20
20
20
20
20

368

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 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.				

170
 43
 613

Date of Enlistment

18-6-16

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

10797

RATE OF ASSIGNMENT

May 1/17

RATE OF SEPARATION ALLOWANCE

25	25	30	
---------------	----	----	--

20			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 285374
 Rank *W.* Promoted Reverted Discharge
 Soldier's Name *H. R. Coulson*
 Battalion *220 Bn.*
 Beneficiary *Bertha J. Coulson*
 Relationship *Wife*
 Address *NOV 25 Rec'd OK.*

PARTICULARS OF ASSIGNMENT

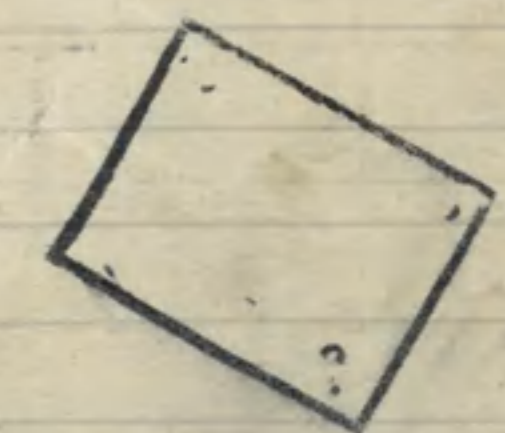
Name *Mrs Bertha J Coulson (wife)*
 Address *Unionville Ont.*
 Change of Address
 1
 2
 3
 4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec 31		368	160	528	
Jan	A 57109	30	20	50	
Feb	D 99383	25	20	45	
March	A 117549	25	20	45	
April	B 62	25	20	45	
May	M 16108	25	20	45	
June	A 27598	25	20	45	
July	31043	25	20	45	
Aug	A 40953	25	20	45	
Sept	L 42817	25	20	45	
Oct	M 50733	25	20	45	
Nov	D 58789	25	20	45	
DEC	D 66008	45	20	65	

3775-7-11

M. F. W. 128
400M-617-177239-141
L. L. 22320-M. & D. 7383.

31/12/18 We closed
 up to Ret'd per
 RA. 693 Date 30/12/18 X of 11.9
 MP# 2 Clerk... *[Signature]*



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. _____

Rank _____ Promoted _____ Reverted _____ Discharge _____

Soldier's Name _____

Battalion _____

Beneficiary _____

Relationship _____

Address _____

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.-6-17-1772-39-141
 L. L. 22320-M. & D. 1983.

Date.

Remarks.

Pt. 2 Order No.

M.F.W. 192
150M—6-18.
1772-39-1243.

Name..... COULSON, Harvey Roy Rank..... Pte. Regtl. No..... 285374

Original unit..... Present unit 12th Res. M/ or S. Age 27 Religion Meth. Fyle Depot..... Ref. H.Q.....

Port, ship, and date of arrival..... Halifax. Carmania. 30-12-18.

Next of kin..... Father. Mr. D. Coulson. Unionville. Ont.

Address on leave..... same

Address on discharge..... same

Transportation issued Yes No Date..... Character on discharge.....

Previous occupation..... Farmer. Date and place of enlistment..... Markham. May 30th 1916.

Diagnosis..... "Demobilization" Date of Medical Boards..... 18-1-19

T. Date.	Remarks	Pt. 2 Order No.
22-12-18	Posted to Cas. Co. (Ex. Camp 30-12-18	
	Leave & Subs. from 2-1-19 to 16-1-19	7
23-1-19	SOS DISCHARGED "DEMOB'N" 91 days PDD & C.A.	20

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

SURNAME

CHRISTIAN NAME OR NAMES

REG. No.

Coulson

H. R.

285374

RANK
Pte.

UNIT
134

1 C.O.

Co.

12 R. 1 C.O. (3)

TROOP

BATTY.

HOSPITAL

DATE OF ADMISSION

- 1. Canadian Spl. Witley 19-2-18
4 G. H. Camiers HOSP. 2-9-18
- 2. Fort Pitt mil. Chatham, 4-9-18
11 Coy. - 51 Cliffe HOSP. 21.9.18
- 3. Woodcote Ph. Epsom. 5.10.18
HOSP.
- 4. HOSP.

DIAGNOSIS

V.D.G. 1/10

G.S.W. L. Legh

- 1
- 2
- 3

Disch. 27.3.18

DATE

- C.L. 22-2-18 C146-1
- 2.4.18 C177-2
- 6.9.18 A312(3)
- " 9-9-18 A314(2)
- 24.9.18 B327-2
- 9.10.18 B340-5
- 17.10.18 B347(4)

REMARKS

Dis. 14.10.18.

A.M.D. 2 Dept.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

Harvey Roy

Name **COULSON**

Rank

Pte

Reg. No. 285374

Unit

~~13th~~ th Bn~~13th~~ th Bn

Next of Kin

Canada

2nd Bn

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
19 2	Can Sp. Hos, Wisley		V. D. G.	C 146		12906
27 3	Discharged		do	C 177	no	4043
2 9	4 ft. Banniers	Wisley		312	Q 509	3794/3
4 9	Mil H. Chatham		do	B 314		25942
21 9	11 B. H. Shovelife		do	B 327		27082
5 10	Woodcote Farm Camp Epsom (Auto Letter)		do	B 340		28300
10 10	Mil (Camp) Epsom		do	B 340		28300
14 10	Discharged.		do	B 340		28300
	Auto 27/10	Woodcote Farm				28300

Notified
N/K O.

List
No.

Casualty

Place

Movement

Date

Name

Unit

Reg. No.

Reg. No.

Rank

Date

Movement

Place

CASUALTY

N K O

W.O. List

1

From Halifax Per S.S. "Olympic" 29-4-17

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

Methodist.

DESCRIPTION.

APPARENT AGE

24.

YEARS

0.

MONTHS

HEIGHT

5.

FEET

7 1/2.

INCHES

CHEST MEASUREMENT.

35 1/2.

INCHES

EXPANSION

3 1/2.

INCHES

COMPLEXION

Fair.

EYES

Blueish Brown.

HAIR

Slight Brown.

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Markham Ont.

DATE

May 30th 1916.

Present Address.

Unionville Ont.

SURNAME.

Coulson.

24 CARD NO.

CHRISTIAN NAMES

Harvey Roy.

*Dis 23.1.19. 2 Demob
100.20 of FOLLY 19 #2ND*

REGL. No.

285374

RANK

Pvt.

UNIT

220th.

Bn.

FORMER CORPS

12th. York. Rangers.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Coulson. David.

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

Unionville Ont.

COUNTRY OF BIRTH

Canada. Markham Ont.

DATE

Sept. 22nd 1911.

PLACE OF ATTESTATION

Markham Ont.

DATE

May. 30th 1916.

*1916-30-12-18 248
42*

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
C146	Gen. Spec. Witley	19-2-18	O. D. 4
B.177 ⁽²⁾	Disch.	27/3/18	" " "
B312 ⁽³⁾	4 Gen Comiers	2-9-18	Grew Lt Leg
B214 ⁽²⁾	Sat Pitt Chatham	4-9-18	Grew Lt Leg
B321 ⁽²⁾	11 Gen Gunmore Ek Stone	21-9-18	Grew Lt Leg
B345 ⁽⁵⁾	Mil. Com. Wdate Rk Epsom	5-10-18	Grew Lt Leg
B347 ⁽²⁾	Discharged	14-10-18	Grew Lt Leg

REGT'L. No. 285374

H. Q. FILE NO 649

NAME

Coulson, H R ^{away} by

RANK AND CORPS

Pte (134th Bn) 3rd

FOLLOWS

NO.

Form 220

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

7-9-15
9509

David Coulson
7-9-15

(Father) Unionville Ont.
Adm. + Gen. 24. Dannel Carriers
Sept 2nd 1915. G.W. L. Leg.

26
Number 285-374

Rank

Surname

COULSON

Christian Name

Harvey

Roy

Units

13th Cav Regt

Theatre of War

France

Date of Service

8-4-18

Remarks

Latest Address

Unionville

Cent

Roll No.

B. Page 20798

200m.-6-21.M.

REGT. NO. RANK NAME
UNIT AGE SERIAL NO. IN A. AND D.

TOTAL SERVICE WHERE DATE AND PLACE OF ORI
AND HOW LONG

DISEASE OR INJURY

OPERATIONS

RESULT OF OPERATIONS

(A) DATE OF ARRIVAL AT HOSPITAL AS AN ADMISSION

(B) AS A TRANSFER (STATE WHERE FROM)
NAME OF HOSPITAL

DATE OF DISCHARGE TO UNIT

DATE OF DISCHARGE AS AN INVALID

DATE OF DEATH

DATE OF TRANSFER (STATE WHERE TO)
NAME OF HOSPITAL

OTHER INDEPENDENT CONDITIONS DIAGNOSED

DESP. MAR 3 1923
REGN. NO. GA1223.

IN CA

No. 285374 RANK Pte

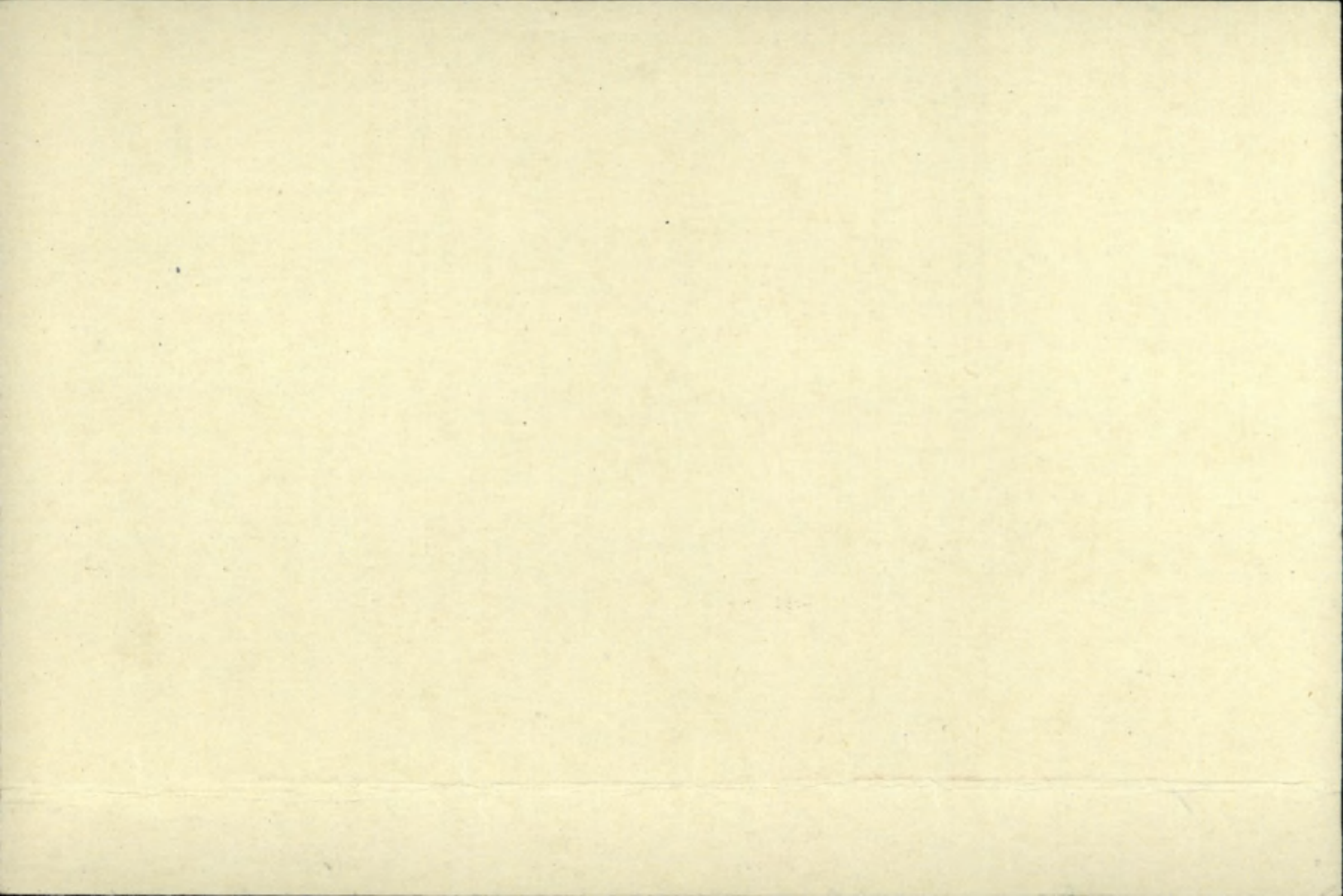
NAME Coulson. Harvey Roy.

T. O. S. 30-5-16
no 45 of 1-6-16

UNIT 220th Battalion C. E. F.

M. D. 2

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1916	1916.			
May 30	June 30	✓		
	July	✓		
	Aug.	✓		
	Sept	✓		
	Oct	✓		
	Nov.	✓		
	Dec.	✓		
1917	1917			
	Jan.	✓		
	Feb.	✓		
	Mar.	✓		
	Apr.	n.		


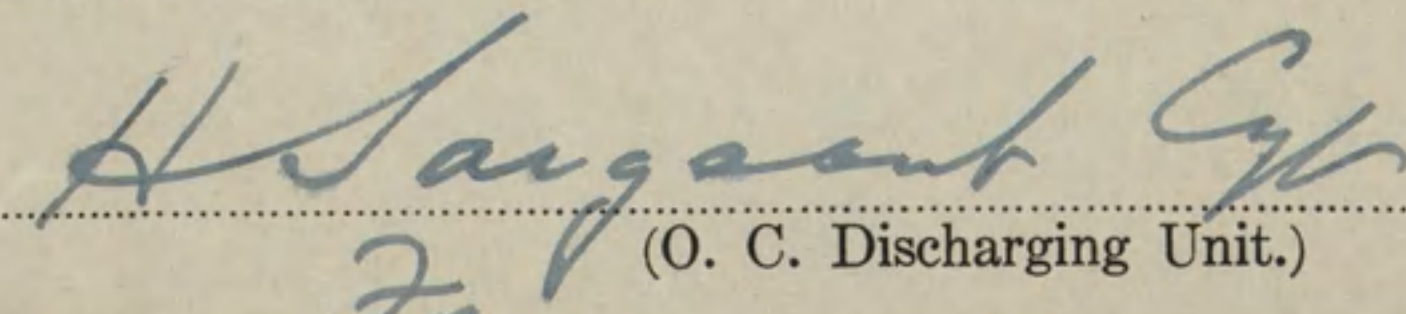


LIST OF DISCHARGE DOCUMENTS.

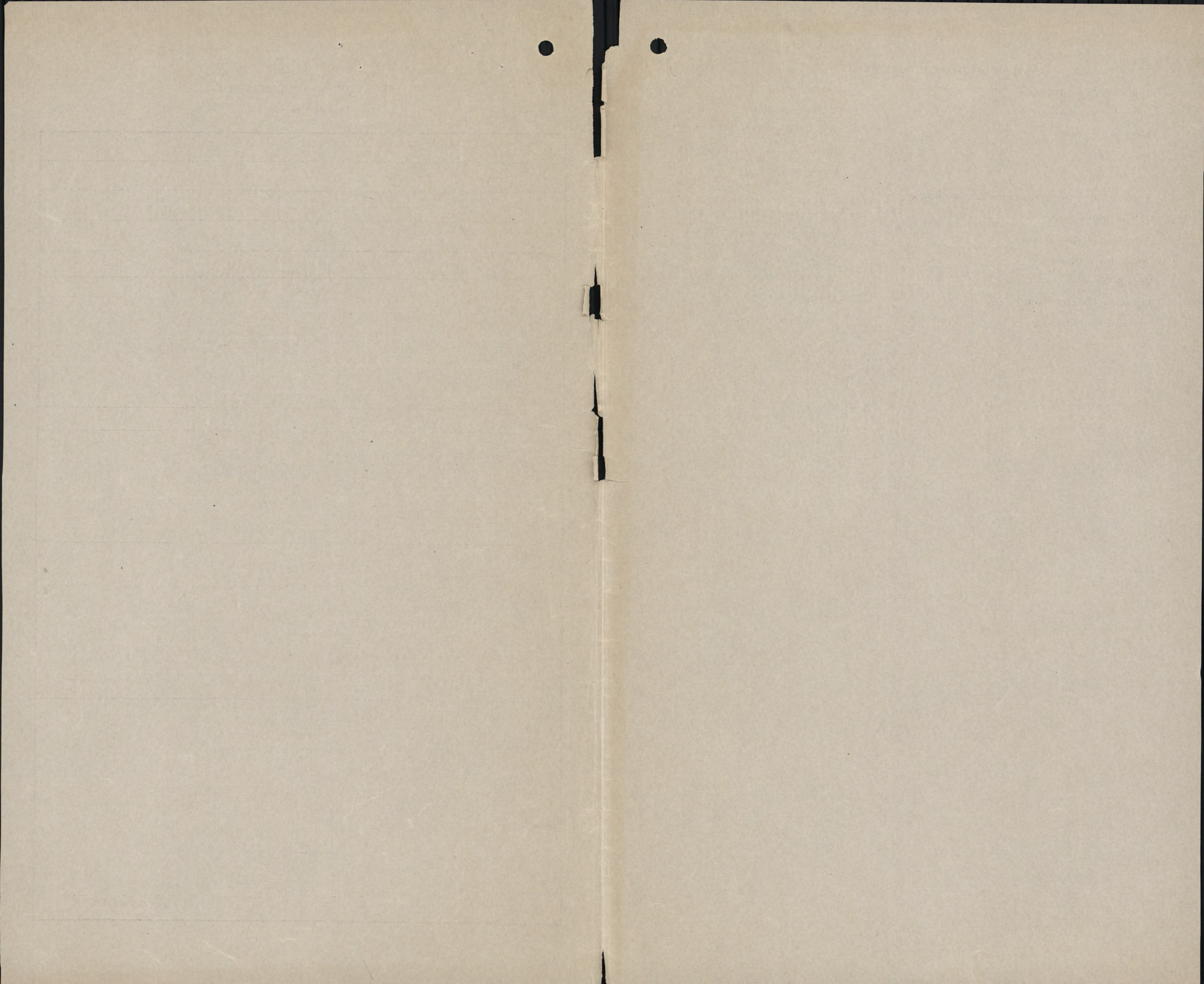
Attestation Paper, Triplicate..... Militia Form W. 23
 or Particulars of Recruit..... Militia Form W. 133
 Field Conduct Sheet..... Militia Form W. 178 or A.F.B. 122
 Casualty Form..... Militia Form W. 54 or A.F.B. 103
 Last Pay Certificate..... Militia Form W. 44
 Certificate that missing documents 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

SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

EVC.

1. No. 285374.		
2 Rank. Pte.		
3. Name. COULSON, HARVEY ROY.		
4. Unit. 220th Bn.		(#2 D.D.)
5 Date of Discharge	JAN 23 1919	Place TORONTO, ONT.
6 Reason for Discharge.....  ON GENERAL DEMOBILIZATION		
7. Authority. #2 D.D. D.O.Pt.II. #19.		
8. Proposed Residence after Discharge..... Unionville, Ontario.		
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. ? Harvey Roy Coulson..... Signature of Soldier.		
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place..... TORONTO, ONT. Date..... JAN 23 1919 Signature.....  (O. C. Discharging Unit.)		

no. R. B.
 7/2/19



P. 889.
MARRIED OR SINGLE

Married
Markham, Ont.

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN *Mrs. Bertha Irene P. Coulson*
Unionville, Ont.

RELATIONSHIP OF NEXT OF KIN *Wife*

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$ *25.00* EFFECTIVE (DATE) *1-5-17*

PAYABLE TO *as above*

RELATIONSHIP OF DEPENDANT *Wife*

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

REG'L. No. *285374* RANK *Clt.* NAME *Coulson, Harvey Roy*

IF IN PERMT. CORPS | UNIT *228th O.S. Bn.* TRANSFERRED TO *3rd Res Bn.* DATE *1/5/17* AUTHORITY *20144 27/5*

PERMANENT FORCE ALLOWANCES TRANSFERRED TO *134 Bn.* DATE *24/16* AUTHORITY

PLACE OF ATTESTATION *Markham, Ont.* TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION *29-5-16* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$*20.00* DATE EFFECTIVE *1-5-17*

PAYABLE TO *Mrs. B. I. P. Coulson, Unionville, Ont.* RELATIONSHIP *Wife*

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL
<i>10/2/18</i>		<i>V.</i>	<i>Wesley Spec. Hosp.</i>

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS							
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT										
			\$	c.			\$	c.			\$	c.																										
<i>1917</i>																																						
<i>May 1</i>			<i>Balance from Canada</i>													<i>6 60</i>	<i>6 60</i>																					
<i>May 31</i>	<i>31</i>	<i>100%</i>	<i>34</i>	<i>10</i>												<i>34 10</i>																						
<i>June 23</i>	<i>23</i>	<i>100%</i>	<i>25</i>	<i>30</i>												<i>25 30</i>	<i>4 20</i>	<i>28 5</i>								<i>14 60</i>												
<i>June 24-30</i>	<i>7</i>	<i>100%</i>	<i>7</i>	<i>70</i>												<i>7 70</i>																						
<i>July 1-31</i>	<i>31</i>	<i>100%</i>	<i>34</i>	<i>10</i>												<i>34 10</i>	<i>30 4</i>	<i>2 9 16</i>								<i>2 43</i>												
<i>Aug 1-31</i>	<i>31</i>	<i>100%</i>	<i>34</i>	<i>10</i>												<i>34 10</i>	<i>30 1</i>	<i>15 17</i>								<i>2 43</i>												
<i>Sept 1-30</i>	<i>30</i>	<i>100%</i>	<i>33</i>													<i>33</i>	<i>4 89</i>	<i>30 17 29 28 8</i>								<i>2 43</i>												
			<i>168</i>	<i>30</i>												<i>6 60</i>	<i>17 4</i>	<i>90</i>									<i>26 76</i>	<i>14 59</i>										

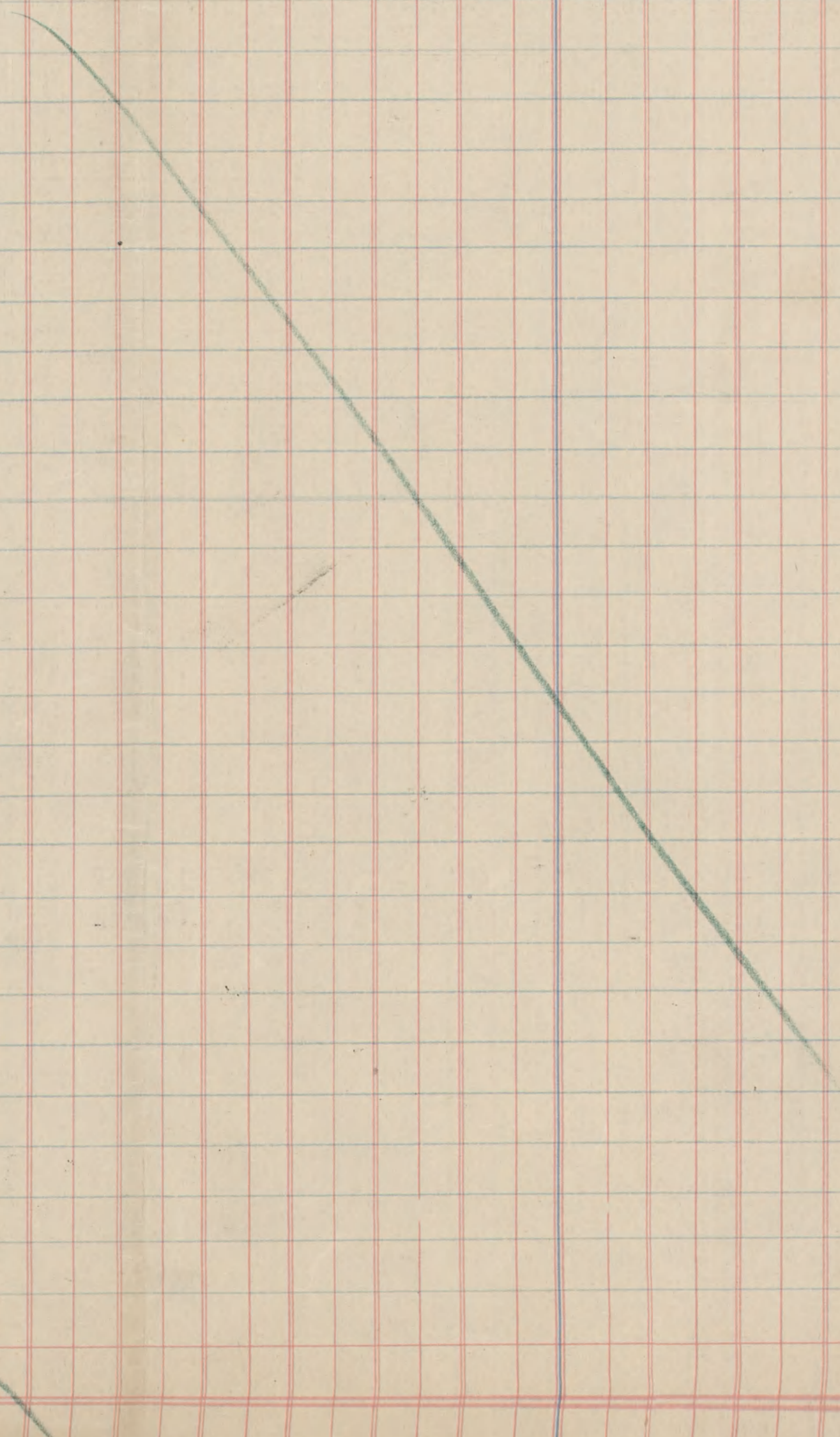
MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SERIALIZED
<i>Sept 30</i>	<i>Balance</i>	<i>23 55</i>							<i>33 55</i>		
<i>Oct</i>	<i>P. Pay</i>	<i>34 10</i>		<i>Can. A. P.</i>					<i>20 47 65</i>		
				<i>AK 620 129.17 134 Bn</i>	<i>4 87</i>						
				<i>AK 690 29.9.17 134 Bn</i>	<i>7 30</i>				<i>35 48</i>		
			<i>34 10</i>		<i>12 17</i>			<i>20</i>			

285374 Mc Coulson Harvey Roy

\$2000

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS				
	NO. OF DAYS	RATE	NO. OF DAYS	RATE	NO. OF DAYS	RATE				NO. 1	DATE	NO. 2	DATE	NO. 3	DATE	NO. 4	DATE				1	2				3	4	CREDIT	DEBIT

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEPARATE ENG.
Oct.	Balance fwd.								35 48		
Nov.	P. Pay	33		Can. a.p.					20		
				SR 734 15/10/17 13 487							
				SR 781 30/10/17 12 973							
				AR 820 13/11/17 12 4 87							
Dec.	P. Pay	34 10		Can. a.p.					20 113 11		
1918		67 10			19 47				40		
Jan.	P. Pay	34 10		Can. a.p.					20 59 21		
				AR 922 5/12/17 13 4 87							
				AR 972 27-11-17 " " 7 30							
				AR 1005 17-12-17 " " 12 17					32 87		
Feb.	P. P.	34 10		Can a.p.					20		
		30 80							20		
				AR 1098 10-1-18 13 4 87							
				AR 1154 29-1-18 " " 7 30							
				AR 1226 11-2-18 " " 4 87					26 63		
Mar	P. P.	30 80		Can a.p.					20		
		34 10							20 40 73		
		34 10							20		



No. 1

* Strike out whichever inapplicable.

ASSIGNED PAY	ENGLAND OR CANADA. * CANADA.	SEPARATION ALLOWANCE	ENGLAND OR CANADA. * CANADA.				
EFFECTIVE DATE:-	1/5/17	EFFECTIVE DATE:-					
AMOUNT:-	20	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.					
Mrs. P.S.P. Coulson (wife)							
Unionville Ont							
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS							
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
1/11	5513	18/12	973				
2/11	6522	19/12	973				
4/12	3510		730				

NAME:- *Coulson. Harvey Roy*

NUMBER:- *285374*

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private

UNIT AND TRANSFERS

ORIGINAL UNIT:- *220th Bn*

DATE ACCOUNT FIRST OPENED - *1/5/17*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
<i>NR</i>	<i>1.4.18</i>	<i>26.4.18</i>	<i>134th Bn</i>
	<i>1/5/18</i>		<i>370th Bn (a)</i>

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>1</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE: *Disch'd to ban 1/9 days NR 8th Bn 65th Bn*

MONTH	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR 1	DR 2.	DR 3.	DR 4.	BALANCE	DEFERRED	SEPARATION
1918											
2/13/18	Bal. fwd -								40.73		
2/13/18	P.P.	33		ban. ad				20			
				SN. ad 229 #13118	2.43						
				" " 71 #4118	4.46						
May		33			6.89			20			
		34/10		3/10 1 st Lt. V. G. G. R. 6 578	8.03			20			
June		33			8.03			20			
		33		459 " " 578	3.57			20			
July		34/10			3.57			20			
		34/10		782 " " 2078	4.46			20			
Aug		34/10			4.46			20			
		34/10		104 1/8 " "	3.57			20			
Sept		33			3.57			20			
Oct	SE 14/10 to 27/10/18 = (13 days) @ 75¢	33			9.75			20			
	1 st Lt. G. G. R. 2024 4/21/10-18	33		Ca Pay				20			
	1 st Lt. G. G. R. 2024 4/21/10-18	33		AR 1348-7/10/18 - Ca Pay from 487				20			
	1 st Lt. G. G. R. 2024 4/21/10-18	33		AR 3314-14/10/18 - ✓	24.33			20			
	1 st Lt. G. G. R. 2024 4/21/10-18	33		Ca P. 46481 - 14/10/18.	24.33			20			
	1 st Lt. G. G. R. 2024 4/21/10-18	33		AFO. 1823A 69240-20/9/18 - M. GRAY. Hosp.	85			20			
	1 st Lt. G. G. R. 2024 4/21/10-18	33			54.38			20			
Nov		33		Ca Pay				20			
Dec		34/10		✓ (Dec)				20			
				AR 5513-15/11-1 st Lt. G. G. R.	9.73			20			
				AR 6522-27/11 - ✓	9.73			20			
				AR 3510-3/12-1 st Lt. G. G. R.	7.30			20			
					26.76			40			
					67.10						

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

REGT. No. 285374 RANK Pte. NAME (IN FULL) COULSON, H.R.
C 1153

M. OR S.	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?
					<i>160 R D.</i>	<i>Unionville Ontario</i>
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO DATE AUTHORITY
					DATE OF ATTESTATION	TRANSFERRED TO DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY, \$	DATE EFFECTIVE
<i>yes.</i>	<i>1-1-19</i>				<i>20.00</i>	<i>1-1-19</i>
TO WHOM PAID	RELATIONSHIP				PAYABLE TO	RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS
<i>Mrs Bertha J Coulson</i>	<i>wife</i>				<i>wife</i>	
ADDRESS					ADDRESS	
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE
					DISCHARGED	PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY
					<i>Toronto</i>	<i>23/1/19</i> <i>Demob.</i> <i>Do 20</i>

MONTH	PAY AND F. A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2				COL. NO. 3	DEBIT	CREDIT	DEBIT		CREDIT
1919																			
Jan 23	23	110	25 30	104 66	16305	17221	17222	20 00	162 36	22 30				104 66					
			<i>35 = 12 00</i> <i>22 30</i>																
				<i>500</i>															
									<i>cheque A</i>	<i>W.S.G. cheque A</i>			<i>S. A</i>						
								<i>JAN 22</i>	<i>14 16</i>	<i>70 00</i>	<i>14 17</i>		<i>30 00</i>	<i>100</i>					
								<i>FEB 20</i>	<i>204 908</i>	<i>70 00</i>	<i>204 909</i>		<i>30 00</i>	<i>2 00</i>					
								<i>Mar 19</i>	<i>240 040</i>	<i>70 00</i>	<i>240 011</i>		<i>30 00</i>	<i>3 00</i>					
								<i>Apr 19</i>	<i>245 544</i>	<i>70 -</i>	<i>245 545</i>		<i>30 -</i>	<i>4 00 -</i>					
								<i>May 16</i>	<i>344 418</i>	<i>70 -</i>	<i>344 419</i>		<i>30 -</i>	<i>6 00 -</i>					
				<i>500</i>						<i>350</i>			<i>150</i>	<i>500</i>					

Do 7 T.O.S. Sub on L.P.C 10 06

N. 14 19 mailed 24.1.19.

240010-240011 mailed 21-3-19.

W.S.G. PAID IN FULL

J. H. Hees CAPTAIN
FOR PAYMASTER WAR-SERVICE GRATUITY

