ORIGINAL

ATTESTATION PAPER.

No.

Folio. 439546

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

~~439546~~

(ANSWERS).

1. What is your name? ..... Harvey Robert
2. In what Town, Township or Parish, and in what Country were you born? ..... Crosshill Ayshire Scotland
3. What is the name of your next-of-kin? ..... Rosana Harvey
4. What is the address of your next-of-kin? CROSSHILL Dalhowan Street Ayshire Scotland
5. What is the date of your birth? ..... 19 July 1884 AYRSHIRE
6. What is your Trade or Calling? ..... Baker
7. Are you married? ..... Yes
8. Are you willing to be vaccinated or re-vaccinated? ..... Yes
9. Do you now belong to the Active Militia? ..... No
10. Have you ever served in any Military Force? ..... No
    If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? ..... Yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? ..... Yes

R Harvey ..... (Signature of Man).

W Pmills ..... (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Robert Harvey, 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.

R Harvey ..... (Signature of Recruit)

Date August 5 1915 W Pmills ..... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Robert Harvey, 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.

R Harvey ..... (Signature of Recruit)

Date August 5 1915 W Pmills ..... (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 Exeter Ont this 5th day of August 1915.

J P Earnshaw J.P. ..... (Signature of Justice)

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

A. N. Hayes ..... (Approving Officer)

M. F. W. 23.
200 M.—5-15.
H. Q. 1772-39-841.

Description of Robert Harvey on Enlistment.

Apparent Age 25 years 11 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 8 ins.

Chest measurement.
- Girth when fully expanded 37 ins.
- Range of expansion 4 ins.

Complexion Clear

Eyes Blue

Hair Black

Religious denominations.
- Church of England
- Presbyterian yes
- Wesleyan
- 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).

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 Aug 5 1915 W. J. Gunne

Place Kenora Ont. Kenora Ont.
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.

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

C. H. Schuler (Signature of Officer)
Major
98th Regt

Date Aug 8 1915

GW
3/7/19

REGIMENTAL DOCUMENTS

NAME HARVEY ROBERT Rte REGT. NO. 439546 UNIT 52nd Bn H. Q. FILE NO.

H

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)				M	DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				13219	Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob
	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					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	CD3					
2	Mis					
1	[illegible]					
	[illegible]					
1	[illegible]					

H

W. 2589
100M-11-18
1772-39-1377

439546	HARVEY	ROBERT
I.D. number **No. d'identification**	**Surname** **Nom de famille**	**Given names** **Prénoms**

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU PERSONNEL

OPEN
ATIA

Location
Lieu 4/38

R. 149.

Name Harvey Robert Rank Private Reg. No. 439546

Unit 52nd Battalion

Next of Kin Rosana Harvey, Crosshill. Dalrymple Ayrshire Scotland

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
5.7.16	No 3 Div Rest Station		Influenza	A115		
8.7.16	Discharged		do	A115		
21-9-16	No 22 Gen Hos	Camiers	Shell Shk	A161	D 1998	3/10/16
1-10-16	No 6 Con Depot	Etaples	do	A168		
3-10-16	No 5 Con Depot	Edyeuse	do	A172		
25-10-16	Discharged	Do	(Do)	A188		
14-12-16	No 8 Stny Hosp.	Wimereux	Neurasthenia	A226		
21-12-16	No 1 Con Depot	Boulogne	Do	A234		
8-1-17	Base Details		(Do)	A247		
6-2-17	Boys. Rest Station.		Hammer Toes	A283		
11-2-17	Rejoined Unit		(Do)	A286		
20-2-17	Boys Rest Station		9 C Toes	A297		
27-2-17	Rejoined Unit		(Do)	A294		

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

REGT'L No 439546.

NAME Harvey. Robert.

H. Q. FILE No. 649-

RANK AND CORPS Pte 5/2nd Bn.

FOLLOWS No.

FOLLOWS

CABLE

No.	Date	NATURE OF CASUALTY
01998	3-10-16	Adm. No 22 Gen Hosp Camiers Sept 21st 1916. (shell shock)

L. L. Job 90581—M. & D. 6314.

M. F. W. 42—50M—1-16.
H. Q. 1772-39-893.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A/115.	No 3. Aus. Rest Station	5-7-16.	Influenza.
A/115.	Discharged	8-7-16.	Influenza.
A 161.	No 22 Gen. Camiers	21-9-16.	Shell Shock. Sk.
A 168. to	" 6 Convt. Depot, Etaples	1-10-16	" "
A 172. to	" 5. " " Cayeux	3-10-16	" "
A 188 Ex	No 39 Gen. Hosp. Havre.	25-10-16	" " (Base Details)
A. 226	No 8 Stat. Wimereux	14-12-16	Neurasthenia.
A. 234	" " No 1 " "	21-12-16	"
A/248(2)	Cf. No 1. Convr. Dep. Boulogne to Base Details	8-1-17.	"
A 283.	Corps Rest Stat.	6-2-17	Hammer Toes
A 286	Rep. from Base	11-2-17	" " Rejoined Unit
A 297	Corps Rest Station	25-2-17	D. C. T. Feet.
A 297	Rep. from Base	27-2-17	D. C. T. Feet. Rejoined Unit

S.O.S. Dis. M.U. 31-7-18 - 10
auth. D.O. 100 of 26-7-18.
"L" 10.
14-5-19.
Gom.

NAME Harvey. Robert

RANK & No. Pte. 439546.

CORPS ~~52nd~~ II 10. D. D (S.O.S. 28-5-19. Demob. D.O. 151 of 31-5-19. #10.D.D.) ~~Battalion~~

ENLISTMENT, PLACE Kenora, Ont. DATE Aug. 5th 1915. M.

FORMER CORPS nil

COUNTRY OF BIRTH Scotland, Ayrshire

NEXT OF KIN Harvey, Rosana

ADDRESS OF NEXT OF KIN Dalhowan St, Ayrshire, Scot.

DISCHARGE, PLACE DATE

O/S 23-11-15 275/10

R16. 25-5-19. 322/39.

M. F. W. 22. 100 m.—9-15.

L. L. 85779—M. & D.—6011.

H. Q. 1772 39 839. Pte.

REMARKS:

Number 439546 RR Rank Pte.

Surname HARVEY

Christian Name Robert

Units 52nd Bn. Can. Inf. Theatre of War France

Date of Service 21-2-16

Remarks

Latest Address Keewatin P.O.
Ont.

Roll No. B Page 17498

200m.-2-21.M.

DESP. NOV 30 1926
REGN. No. 27474

No. 39546
439546

Rank Pte.

Name Harvey, R.

T. O. S. 6-8-15 D.O. 1190 / 7-6-15.

Unit 52nd Battalion, C. E. F.

M. D. 10.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Aug. 6	1915 Aug. 31	✓		
	Sept.	✓		
	Oct.	✓		
	Nov.	✓		
	Dec.	✓		

UNIT SAILED
NOV 23 1915

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
Harvey	R.	439546

Rank	Unit	Co.	Troop	Batty
Pte.	52nd Bn.			

Hospital: 3 Div. Rest Station

Date of Admission: 5.7.16

Transferred 22 Gen. Camiers Hosp. 21.9.16

6 Conval. Etaples Hosp. 1-10-16.

5 Cayeux Hosp. 3.10.16

#8 Stationary Dimereux Hosp. 14.12.16

Diagnosis: Influenza

(1) Shell Shock (slt)

Later Diagnosis (if changed): Hammer Toes.

(2)

(3) I. C. T. Neck.

Additional Diagnoses: If more than one state present

DISPOSITION: Dis. 8.7.16 Date

C.L. 1.8.16 A115

3.10.16 a161

C.L. 11-10-16 A 168

16.10.16 a172.

3.11.16 a188.

C.L. 21.12.16 A226

1.1.17 A234

17-1-17 @248

" 1-3-17 a283

5.3.17. A286.

19.3.17 a297

REMARKS

Base Details 25-10.16.

Base details 8-1-17

Rly. unit. 11.2.17.

" " 27.2.17

A.M.D. 2 Dept.
Bch. of D.G.M.S. O.M.F.C. London

Rw. LDtr
Rw. W.B.

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	10/ Com. Boulogne	21. 12. 16
	Corps Rest Sta.	6-2-17
2.	" " "	20. 2. 17
3.		
4.		
5.		
6.		
7.		

Form P. 812B
7961 10m 1/5/19 D.671

CA 2911
FILE NO.

WAR SERVICE GRATUITY and SEPARATION ALLOWANCE

Payable to HARVEY MRS R.

Address CRO CORSSHILL. AYRSHIRE SCOTLAND

Dependent 439546. HARVEY R.

Address

Date	Cheque No.	Gratuity			Payments			Balance Due.			Remarks
1919		36	11	6							
July 17	46154				12	6	7	24	4	11	
" 28.	60093.				6	3	3	18	1	8	
Aug 20	69321				6	3	3	11.	18	5	
Sept 15.	96624				6	3	4	5	15	1	
Nov. 6	131040				5	15	1				
		36	11	6	36	11	6				

ORIGINAL

MEDICAL HISTORY SHEET.

439546
~~A.39546~~

Surname: Harvey Christian Name: Robert

Examined on 5 day of August 1915 at Kenora Ont

Birthplace: City or Town Cross Hill; County Scotland

Apparent age 25

Trade or occupation Baker

Height 5 Feet 8 Inches.

Weight 147 Lbs.

Chest measurement: Minimum 33 inches; Maximum expansion 4 inches

Physical development Good

Small-Pox Marks no

Vaccination Marks: Arm Right. Left.; Number 1 large.

When Vaccinated last Childhood

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection none

Approved by W. J. McCullough, W. J. Gunn

Rank Capt AMC M.O. 52nd Batt

Date	Fit or Unfit	Examined for Re-engagement,
		M.O
		M.O.
		M.O
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
1915	Good	W. J. McCullough M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
13/8 '15	Good	W. J. McCullough M.O.
28/8 "	"	M.O.
1/10 "	"	M.O.

Enlisted on 5 day of Aug. 1915 at Kenora

	Corps	Regt'l Number.	Habits.	Date.
Joined on enlistment	52nd O.B.	439546		5 Aug. '15
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
S.M.B. Seaford	30.4.19	Hammer Toes Neurasthenia	Bii 3 mos.

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.—5-15.
H. Q. 1772-39-439

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	
No3 Div.rest Station.		5	7	16	8	7	16	Influenza	4	Discharged.	A115-115	(EW)
No22 Gen.Hpl.	Camiers.	21	9	16	1	10	16	Shell shock.	11	To No6 Canadian Depot, Etaples.	A161-168	"
No6 Con.Depot.	Etaples.	1	10	16	3	10	16	"		To No5 Con. Depot. Caifeux	A172	"
No5 "	" Caifeux.	3	10	16	25	10	16	" "		To Base Details.	A188	"
Corps Rest Station		6	2	17	11	2	17	Hammer toes.		Reported from base, r4joined unit.	A283-286	"
8th S.H.	Wimerux	14	12	16	21	12	16	Neurasthenia			A226-234	"
No1 Con.Dep.	Boulogne	21	12	16	8	1	17	"		To Base Details.	A248	"
Corps Rest Stn.		6	2	17	11	2	17	Hammer Toes.		Rep from Base Rej. Unit	A283-A286	GH
Corps Rest Stn.		20	2	17	27	2	17	I.C.T. Feet		Rejoined Unit	A297-A2-8	WH

Duplicate Medical History Sheet posted to here.

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

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

5334

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

2nd. Contingent (Wife)

To Whom Mrs Rosanna Harvey

Address Crosshill
Ayrshire, Scotland

By Whom Assigned Harvey Robert

Regtl. No. 439516

Rank Pte

Corps 52nd Battn

Rate $20.00

Nov.

~~DEC~~ 1 1915

PAYMENTS

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

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

Class "A" Badge No. 166066 issued

THIS IS TO CERTIFY that No. 439546 (Rank) Pte

Name (in full) Harvey, Robert enlisted in

the 52nd Bn.

CANADIAN EXPEDITIONARY FORCE at Kenora on the 5th

day of August 1915.

HE served in France 52nd Bn.

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	29	Marks or Scars	
Height	5'8		
Complexion	Clear		
Eyes	Blue		Nil
Hair	Black		

R Harvey
Signature of Soldier

H. A. Anton Major
O.C. Dispersal Station "L"
Issuing Officer

Date of Discharge

Dispersal Station L.M.
MAY 28 1919
Military District No. 10

Rank

Date 28 May 1919

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

M.F.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

DISCHARGE CERTIFICATE

CANADIAN EXPEDITIONARY FORCE

5-8-15

5/8/15

363

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name Harvey. Rosanna M^rs

Address Crosshill
Ayrshire
Scotland

Name of Soldier Harvey. Robert.

Regtl. No. 39546.

Rank Private

Corps 52nd Battn

Relation to Soldier wife, child or mother } wife

To what Corps belonging when called out }

ENGLISH

PAYMENTS

42229 M. CO.

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

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

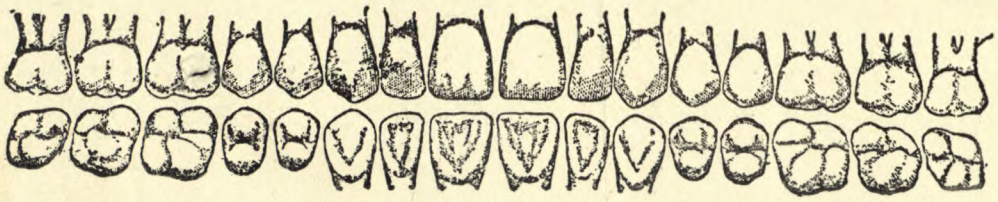
Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) HARVEY, R.

REGIMENT 5 Inf RANK Pte. No. 439546

Date of Examination in England 14/1/19. Date of Examination in France

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16



17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

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

L. S. O'Neill

1. FILLINGS 23, 24,
2. EXTRACTIONS 20, 21, 22, 29, 30 31,
3. CROWNS
4. DENTURES
   - (a) Full Upper ✓
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower ✓ 17, 18, 19, 20, 21, 22, 25 28, 31

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 No
- (c) In France

A.D.D.S. CHAMPHOTT HEADQUARTERS

Signature of Dental Officer C C Graham Capt

5-8-15.

4097
Duplicate

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

5628

Name Harvey Rosanna Mrs
Address c/ Mrs A. Hutchison - Dalhowan St. Crosshill Ayrshire Scotland

Name of Soldier Harvey Robert
Regtl. No. 39546. 439546
Rank Private
Corps 52nd Battn

Relation to Soldier wife, child or mother } wife

To what Corps belonging when called out }

P.O. Crosshill.

PAYMENTS

$20.00 26/5/16

42229 M. CO.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Marriage Certificate Produced
Sept.				SEP 27 1915 D.L.K.
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.		I. 10619.	37 ..	37.00
Oct.				
Nov.				
Dec.			60 .	cc I. 170028-40.
Jan.	1916			
Feb.				
March			60 .	cc I 235106/18 60

157

MILITIA AND DEFENCE. S. 203.

SEPARATION ALLOWANCE.

Name of Dependant Harvey, Mrs Rosanna

Relation to Soldier Wife

1 c/o Mrs. A. Hutchison
Dalhowan St,
P.O. Crosshill, N.B.

2

P.O.

3

P.O.

4

P.O.

Name of Soldier Harvey, Robert

Regtl. No. 439546

Rank Pte

Corps 52nd Battn.

To what Corps belonging when called out

Month.	Year.	Cheque No. or Postal Draft Book No.	Amount. $	c.	Amount. £	s.	d.	Date.	£	s.	d.	REMARKS.
		Brought Forward ...	157	-								
Apl.	1916	B2978	20									
May		B.15643	20	—								
June		B.18217	20	—								
July		B33570	20									
Aug.		B43137	20									
Sept.		B.45150	20	—								
Oct.		B54482	20									
Nov.		B.74594	20									
Dec.		B 81762	20									
Jan.	1917	B 95542	20									
Feb.			$ 357	-								
Mar.												
Apl.												
May												
June												
July												
Aug.												
Sept.												
		Carried Forward ...										

Total Separation Allowance paid to end of January, 1917

TRANSFERRED TO ASSIGNED PAY LEDGER.

ENTERED

CHECKED

STATISTICAL ALLCE. 11 SEP 1915 CANADIAN CONTINGENT

R—122.

Rank Pte. Name HARVEY, Robert Reg'l No. 439546

Unit 52nd Bn. If in perm. Corps, What Unit? Married or Single Married.

Place and Date of Enlistment Kenora, Ont. August 5th 1915. Place of Birth Crosshill, Ayshire, Scotland.

Name and Address, Next-of-Kin Rosana Harvey

Crosshill, Dalhowan Street, Ayrshire, Scotland, Relationship

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E P 22360
File
Cat. C. R. Can

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
		Arrived in England Embarked for France.		3 DEC 1915 20-2-16	nR.
1.8.16	OC 52nd	Adm. No 3 Div Rest Stn	Field.	5.7.16	CLA 115. Influenza. 44
"	"	Disch. ~ ~ ~ ~	"	8.7.16	" 115 "
3.10.16	"	Ad No 22 Gen Hosp.	Camiers	21.9.16	" 161. 63. Shell Shock slt
11.10.16	"	T No 6 Conv Depot	Etaples	1.10.16	" 168 "
16.10.16	"	T No 5 " "	Cayeux	3.10.16	" 172 63 "
3.11.16	"	Base Details. Ex No 39 Gen Hosp	Havre	25.10.16	" 188. 63. "
21.12.16	"	#8 Staty Hosp	Wimereux	14.12.16	" 226. 86 Neurasthenia
1.1.17.	"	#1 Conv Depot x #8 Sty Hos	"	21.12.16	" 234 "
17-1-17	"	BASE DETAILS Ex No1 Convalescent Depot	Boulogne.	8-1-17	" 248 86. "

439546 Harvey Robt.

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
1-3-17	OC 52nd	Corp Rest. Station	Field	6-2-17	CLH 283 102 Hammer Toes
5-3-17	"	Rejoined Unit	"	11-2-17	" 286 " " "
19-3-17	"	Corp Rest Station	"	20-2-17	" 297 105 " ICT Feet
19-3-17	"	Rejoined Unit	"	27-2-17	" 297
7-4-17.	"	att to 9th Can Inf. Bgde. HQ S.S.	Field Pte	20-3-17	Pt II O. 33
	19 2 19	SENDBN PROC, TO ENGLAND			10.2-19. D O. 9
5/3/19	52d Bn	S.O.S. on att to M.R.D.	B'shall	4/3/19	Part II O. 14. MRD 11 DO 110 d/20-4-19
16-3-19.	HQ. 9th Inf Bde.	Taken on Strength.	—do— Ptr.	16-3-19	Pt II O. 8
14-4-19	18th Res	T.O.S on posting from M.R.D	Seaford	12-4-19	—"— 104 MRD 11 DO 110 d/20-4-19
9-5-19	—"—	S.O.S on trsf to N.P. MD 10	—"—	9-5-19	—"— 129 MD 10 11 DO 125 d/18-5-19
17-5-19	MD 10	S.O.S on trsf to C.E.F. in Canada	Rhyl	14-5-19	—"— 130

To Can. 14-5-19 75-L-36

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

11616

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

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

(Wife)

Duplicate

2nd. Contingent

To Whom Mrs Rosanna Harvey
Address Crosshill
Dalkeman Pt
Ayrshire, Scotland

By Whom Assigned Harvey Robert
Regtl. No. 439546
Rank Pte
Corps 52nd Battn 5.8.15
Bramshott

Date $20.00 Nov.

DEC 1 1915 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.		98981	40	
Jan.	1916			
Feb.				
March			$40 —	Carried Forward:

RECEIVED FROM
DEC 20 1915
OTTAWA.

RECEIVING SEPARATION ALLOWANCE $ 20.00
EFFECTIVE Aug 1915
RELATIONSHIP Wife

A.P. & S.A. checked & found correct.
22/3/17 W. H. Field

ASSIGNED PAY.

By whom assigned Harvey, Robert. ✓

Regtl. No. 439546. Pte. 52nd Batt. Branksolb.

Month	Year	Cheque No.	ASSIGNED PAY Amt.		SEPARATION ALLOWANCE Pay Sheet		REMARKS.
Jan.	1916	109714	20	✓			
Feb.		130383	20	✓			
March		157099	20	✓			
Apl.		8743	20	✓			
May.		32967	20	✓			
June		59877	20	✓			
July		97701	20	✓			
Aug.		134051	20	✓			
Sept.		166818	20	✓			
Oct.		201263	20	✓			
Nov.	1916	237921	20	✓			
Dec.		282578	20	✓			
Jan.	1917	319835	20	✓	35	00 ✓	TOTAL SEP. ALL. PAID TO 31 JAN. 1917, FROM SEP. ALL. LEDGER.
Feb.		363172	20	✓	20	✓	
March		399890	20	✓	~~20~~ 20	✓	
Apl.							
May			340		397		
June							
July							
Aug.							
Sept.							
Oct.							
Nov.							
Dec.							

(641)—Wt. W1751-1403.—500,000.—5-15.—C. & G. Forms B. 103/1.

Army Form B. 103.

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

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

Casualty Form—Active Service.

Regiment or Corps 52nd Can Bn

Regimental No. 439546 Rank Pte Name Harvey R.

Enlisted (a) 5-8-15 Terms of Service (a) Mobilization Service reckons from (a) 5-8-15

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 Date	Report From whom received	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.
		Landed in France			21:2:16	
		EMBARKED FOR FRANCE.			20 2 16	13144 CY 1844 QMG2
9/7/16	2 CFA.	Influenza	ad	2 CFA.	5/7/16	a36 #107. 26/7/16
15/7/16	O.C. 52B	Ret to Unit	tf.	3 DRS	6/7/16	
					8/7/16	B213.
21.9.16	22 Genl.	W. shell shock slt	ad	22 Genl	21.9.16	W3034 #35
1.10.16	"	"	to	6 C. Dep	1.10.16	" #52
1.10.16	6 C. Dep	"	ad	"	"	" #54
22.9.16	5 CFA	"	ad	5 CFA	18.9.16	a36 #151. 23/10/16
			to	DRS	19.9.16	
27.10.16	C B D	T.O.S		C B D	27.10.16	UR
1.11.16	C B D.	Left for Unit		Fed	1.11.16	UR
11.11.16	O.C. 52B	Joined "		"	5.11.16	B213
14.12.16	8 Staty	Neurasthenia	ad	8 Staty.	14.12.16	W3034 #166
21.12.16	"	"	to	1 Con Dep	21.12.16	" #174
"	1 Con Dep	Sick	ad	"	"	" #175
16.12.16	32 CCS	Neurasthenia	ad	32 CCS	13.12.16	a36 #174 3/1/17
			to	AF 12	14.12.16	

(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

439546 Pte. Harvey R

Report Date	Report From whom received	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.
17.12.16	9 C.F.A.	Neurasthenia	ad to	9 C.F.A. 32 CCS	13.12.16	a36 #177 12/1/17
7.1.17	1 Con. Dep.	Fit	to	Base Dtls	7.1.17	W3034 (195)
17.1.17	C.B.D.	Left for unit		Fed.	17.1.17	UR
13.1.17	"	T.O.S.		CBD	13.1.17	UR
20.1.17	O.C. 52B.	Rejd. unit		Fed.	20.1.17	B213
14.2.17	10 C.F.A.	Hammer toes r	ad to	10 C.F.A. CRS	4.2.17 6.2.17	a36 (E2507) #189 24/2/17
17.2.17	O.C. 52B.	Rejoined unit		Fed.	11.2.17	B213
17.2.17	"	To Hspe. sick			16.2.17	B213
3.3.17	"	Rejd. unit		Fed	27.2.17	B213
25.2.17	9 C.F.A.	I.C.T. feet	ad to	9 C.F.A. CRS	16.2.17 20.2.17	a36 E2803 #194 13/3/17
3.3.17	4 C.F.A.	"	ad to	4 C.F.A. Duty	20.2.17 27.2.17	a36 E2804 #195 15/3/17
25.3.17	G.O.C. 9 C.I.B.	attchd 9 C.I.B. H.Q. sub-staff			20.3.17	B213 P II D.O. #33 7/4/17
24.3.17	O.C. 52B.					B213
16.9.17	G.O.C. 9 C.I.B.	10 days Leave		UK	16.9.17	B213 P II 84 24/9/17
30.9.17	"	Rejd from Leave		Fed	28.9.17	B213
9.3.18	52B.	14 days Leave		UK	6.3.18	" P II 24/18
30.3.18	"	From Leave		9 C.I.B. HQ	21.3.18	
14.12.18	"	14 days Leave		UK	14.12.18	" P 1 121/18
20.12.18	Can Reeds	Granted extension		28.12.18 to	1.1.19	UR P 1 2/19
18.1.19	9 C.I.B.	From Leave		Fed.	11.1.19	B213

O.C. Cdn. ~~D.O.S. for demobilisation to C.F.C.~~ N/R.
Cons. Cmp. ~~Depot~~ Pt. 2. O/S. 8/19
Le Havre

Proceeded to England 10.2.19.

A. Brantet

Lieut. for Lt. Col A.A.G.
Cdn. Sect. C.M.C.

Rank Pte. Name HARVEY, Robert Reg'l No. 439546

Unit 52nd Bn. If in perm. Corps, What Unit? Married or Single Married.

Place and Date of Enlistment Kenora, Ont. August 5th 1915. Place of Birth Crosshill, Ayshire Scotland.

Name and Address, Next-of-Kin Rosana Harvey

Crosshill, Dalhowan Street, Ayrshire, Scotland, Relationship

Assigned Pay Monthly $ 20.00 Payable to alone address

Relationship

Separation Allowance $ Payable to

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.
Dec 1 1915	Dec 31	31	1.00	31	31	.10	3.10	10	44.10	30 77		7.30 4.87	20		32.17	11.93	Clothing Indents
Jan. 1 1916	Jan 31	31	1.00	31.00	31	10	3.10		34.10	122 171		4.87 4.87	20.00		29.74	16.29	
Feb 1	29	29	1.00	29.00	29	.10	2.90		31.90			17.21	20		37.21	10.98	
Mar 1	31	31	..	31 —	31	..	3.10		34.10	82 115		26.72 26.72	20 —		75.74	19.84	
				122.00			12.20	10.00	144.20			44.36	80.00		124.36	19.84	

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

MARRIED OR SINGLE Married

PLACE OF BIRTH Crosshill, Ayrshire, Scot.

NAME AND ADDRESS OF NEXT OF KIN Rosana Harvey
Dalhowan St. Crosshill, Ayrshire Scot.

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ ~~25.00~~ 20.00 EFFECTIVE (DATE) 1.12.17.

PAYABLE TO Rosana Harvey
Dalhowan St. Crosshill, Ayrshire Scot.

RELATIONSHIP OF DEPENDANT

APPSA checked & found correct 2/3/17 F Binnie

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 439546 RANK Pte. NAME Harvey Robert

IF IN PERMT. CORPS WHAT UNIT UNIT 52nd Bn

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Kenora, Ontario

DATE OF ATTESTATION Aug 5th 1915

TRANSFERRED TO / DATE / AUTHORITY

ASSIGNED PAY MONTHLY $ 20.00 DATE EFFECTIVE 1/12/15

PAYABLE TO Rosanna Harvey, Crosshill, Dalhowan St., Ayrshire, Scot. RELATIONSHIP Wife English

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)

C.E.

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
Mar 31			122				12							10	144 20									44 36				80		124 36	19 84				
1/4 30/4	30	100	30	00	30	10	3 00								33 00	153	15/4	163	30/4					26 2	26 2			20 00		25 24	27 60				
1/5 31/5	31	1	31		31	10	3 10								34 10	221	15/5							25 5				20		22 55	39 15				
1/6 30/6	30	1	30		30		3 00								33 00			280 248	15/6						25 6 25 5				20		25 11	47 04				
1/7 31/7	31		31		31		3 10								34 10	322	30/6	385	15/7					4 26	26 1			20 00		26 87	54 27				
1/8 31/8	31		31		31		3 10								34 10	419	31/7	481	14/8					26 1	26 1			20		25 22	63 15				
1/9 30/9	30		30		30		3 00								33 00	522	31/8							26 1				20		22 61	73 54				
1/10 31/10	31		31		31		3 10								34 10													20		20 87	64				
1/11 30/11	30		30		30		3 00								33					567 6.10 392 20.10 805 30/10		058 ... 620				174 174 698		20		30 46	90 18				
Dec 31	31		31		31		3 10								34 10	652	30/11	705	15/12			48 82	17/12/16	26 2	11 33		24 33	20		58 28	96 66				
1917			39 70				29 70																											
Jan 31	31	100 10	34 10												34 10					607	8/1/17	C.D.B.				261		20		22 61	77 49				
Feb 28	28		30 80												30 80	830	30/1			845	17/1	C.D.B.		436		698		20		31 34	76 95				
			501 60											10 00	511 60									659 9	24 28	20 05	24 33	300 00		434 65	carried forward				

439546 Pte. Harvey. Robert. Assigned Pay $20.00

DATE 1917	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
1917 Sept.			501 60											10 00	511 60									65 99	24 28	2005	24 33	300. -		434 65					
March	31	1st/10	34 10				397 00								397 00 / 34 10	94/28/2		1029/1013/193						2 62 / 2 61	2 61 / 2 61			20. 397		30 46	80 59				Y.A. to 31/3/17
April	30		33 -				20 60								53 00	45 7/4/17 1309	28/4/17	60	2m	1309	28/4/17	Ch 780 697		2 62		2 62		20. 20		45 74	88 35				
May	31		34 10				20 40								54 10							Ch 504569						20 20		100 00	102 45				
June	30		33				20								53 -					100 29/4/17	658	ch A44732 135	3/4/17 658			3 49 / 24 34		20 20		67 83	87 62		87 62		
July	31		34 10				20								54 10							ch A 21454						20 20		40	101 72		101 72		
Aug	31		34 10				20								54 10 / 20							Ch A 15367						20 20		40 -	115 82		115 82		
Sept	30		33 --				20								53 --					273 2/11/17		Ch A 14/9/17 188651						20 20		62 15	106 67		106 67		

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR 3	DR 4	BALANCE	DEFER. PAY	SER. ALLCE. ENG.
Aug.	Bal. Brot down	106 67							23940 cf		
							20		106 67		20
4	S.P.O.	34 10		SN 27549 CR 48.	8/11/17	43	✓ 5 36				
4				42 Rtn	10 4	24/6/17	✓ 2 68				
4				SN 16190 48 Rtn	12 6	4/6/17	✓ 2 68				
11				" "	928	5/7/17	✓ 2 68				
11				" "	319	28/7/17	✓ 2 68				
4				" "	"	"	✓ 8 93				
11				" "	480	12/8/17	✓ 5 35				
4				52 Bn	753	17/8/17	✓ 3 57				
11				" "	750	"	✓ 58 40				
		34 10				42 33			20 28 44	20	20
Nov.	P.Sgt	33		a.p. 5a Nov.	B54071					20	
				a.R. 214 43 Bn.	12/9		✓ 5 35				
Dec	✓	34 10		Bq1672 ap-5a						20	25
				651 116 Bn	✓ 23/10 5/11/17		3 57		46 62		
		67 10				8 92				40	45
1918 Jan	✓	34 10		C57092						20	25
				730 43 Bn	✓	4/11	3 57				
				775	✓	✓ 20/11	14 28				
				811	✓	✓ 4/12	4 46				
									38 41		
		34 10				22 31			~~43 41~~	20	25

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR 3	DR 4	BALANCE	DEFER. PAY	SER. ALLCE. ENG.
	Brt fwd								38 41		
Feb				Q8699						20	25
			30 80								
				c/k 1004 43 Bn. 20/1			✓ 8 03				
				✓ 1012 58 Bn. 21/1			✓ 4 46				
				✓ 2509 3 Div Sig Co. 5/1			✓ 4 46				
			30 80				16 95		32 26	20	25
Mar				Q28886							
			34 10							20	25
				c.p. 2460 6/3			✓ 4 87				
				c/k 1103 43 Bn 13/2			✓ 4 46				
				c.p. 2241 52 Bn 20/3			✓ 2 43				
				c/k 1160 43 Bn 26/2			✓ 3 57				
				✓ 1226 52 Bn 7/3			✓ 4 46				
				O.W.A.A. 869 43 Bn	16/12/17		✓ 3 57		23 00		
			34 10				23 36			20	25

66 36 / 43 36 / 23

ap. & a. checked & found correct 22/3/17 [illegible]

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY * ENGLAND ~~IRELAND~~	SEPARATION ALLOWANCE * ENGLAND OR ~~CANADA~~
EFFECTIVE DATE:- 1-12-15	EFFECTIVE DATE:- 1-12-17 / 1.9.18
AMOUNT:- 20 00	AMOUNT:- ~~25~~ / 30 00

NAME: HARVEY Robert.
NUMBER:- 439546. 198

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

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 Rosanna Harvey. Dalhowan ~~S.P.K~~ Crosshill. Wife Ayrshire. Scotland	Same
~~Stopped~~ 1.4.19	

UNIT AND TRANSFERS

ORIGINAL UNIT:- 52 Bn

DATE ACCOUNT FIRST OPENED.-

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D.	UNIT TRANSFERRED TO
N.R	1-6-18	19-6-18	43 Bn. E
"	1.9.18	20.9.	52 "

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
~~L.P.C.~~ Bal	1	✓ ✓ 10		
Red. ~~L~~ - D. 16.40				

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
8/2	231	B'Shott	9 73				

~~L.P.C.~~ Bal D. 26.13
Red. ~~L~~ - D. 16.40
L.P.C. Cancelled.

PARTICULARS OF RENDERING NON-EFFECTIVE: ~~Dis to Can. 25/2/19 N.Bde E/3429 52 Bn 21/2/19 B'Shott. M.D. 10~~ L.P.C. Bal. ~~Debit 26.13~~
~~A/d to Can. 25/2/19 NR E/3429. Bham. 21/2/19 Bham MR~~ Ledger Bal ~~Debit 16.40~~ 10

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3.	DR 4.	BALANCE	DEFERRED	SEPARATION
1918									23 00		
March 31	Balance Brought forward										
April				a/c 2a CR 13683.			20				25
	P Pe	33		a/c 34. 43 Bn 10/4	7 14				28 96		
		33			7 14		20				25
May		34 10		B6884			20		42 96		25
				✓ 134 43 Bn 9/5	8 92 ✓						
				272 ✓ 22/5	3 07				30 47		
		34 10			12 49		20				25
June	P Pay	33		B61314 £9.4.11			20				25
				DNAR 4 9 Bde 13.6.18	1 78 ✓						
				" " 217 " 9.6.18	4 46 ✓						
				" " 222 " 25.6.18	4 46 ✓				32 77		
		33			10 70		20				
July	P P	34 10		B72709 £9.4.11			20		46 87		25
		34 10		DNAR 426 52 Bn 4.7.18	3 57		2		43 30		
				" " 641 9 Bde 24.7.18	4 46				38 84		
		34 10			8 03		20				
Aug	P P	34 10		C21300 £9.4.11			20				25
				DNAR 737 52 18.8.18	4 46				48 48		
				" " 900 " 22.8.18	3 57				44 91		
		34 10			8 03		20				
Sept		33		D22348			20				25
				a/c 110 9. ✓ 15/9	3 57						
				✓ 1239 ✓ 19/9	2 14				42 20		a/c Agreed
		33			10 71		20				25
Oct.		34 10		D65433 £9.4.11			20				25
				AR 1516 9 Bde 6.10.18	3 73						
				✓ 2141 ✓ 52 Bn 19.10.18	3 73				53 84		agreed
		34 10			7 46		20				25

OVER

NUMBER 439546 RANK NAME Harvey R

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918	Ford								53 84	✓	
Nov.	G. Tay	33		2. 11989			20.				40
				AR 2432 52 Bn 2.11.18	3 73						
Dec	✓	34 10		2 43052			20				30
				AR. 2740 ✓ 15.11.18	9 33						
				✓ 3274 ✓ 1.12.18	7 46						
				✓ 5583 Boulogne 15.12.18	4 66						
				✓ 3485 52 Bn. 15.12.18	5 60						
1919				✓ 354 ✓ 15.12.18	58 40						
Jan	✓	34 10		F2054 - £10.5.6 89.18			20		5 86		30
		101 20			89 18		60				100
Feb		30 80		AR4605 ✓ 16.1.19	3 73						
				F54449			20				30
				AR4969 ✓ 1.2.19	9 33						
				March A.G. F54571			20				30
				AR231 B'shott 18.2.19	9 73				26 13		
				✓ 826 CCC Rn. on D.C. 8.3.19	9 73				3586		
		30 80			32 52		40		40 9586 6710 8724 9973 1949 497 2336		60
Mar		34 10		~~Expn~~			~~20~~				~~30~~
Expn.		~~33~~		~~May~~			~~20~~				~~30~~
Mar		34 10		AR 8093 29/3 awing 7	9 73						
Expn		33		~~61~~ 61055 11/4 Ldw 2	4 87						
				~~Mar Exp~~			~~20~~				~~30~~
				Apn A46032 £10.5.6			20				30
May		34 10		A 65862 £10.5.6			20				30
				13/5 3885 Rhyl 70	4 87						
		101 20			19 47		40		587		60
June		33		~~A2175~~ 2A21761			20				30
July		34 10		B 103846			20		3297		30
		67 10					40				60
				B 145719 aug. £10-5-6			20		1294		30
				% Pd. 13/9/6 3/7/19. Bal 8 14/9/19.		168 30			15533		
						168 30	20				30

NET

Sailed 14-5-19

53.06
36.66
16.40 Debit

L

SHORT FORM.

PROCEEDINGS ON DISCHARGE

(Demobilization.)

M. D. 10.

Group 12

EMBARKED FOR CANADA MAY 14 1919

DISEMBARKED, HALIFAX, ~~24 5 19~~

1. No. 439546

2. Rank. Pte.

3. Name. Harvey R.

4. Unit. 18Th. 52nd c. Bn.

5 Date of Discharge MAY 28 1919 Place Fort Arthur

6 Reason for Discharge Demob

B Wife.

War Service Badge Class "A" No. 166066

7. Authority. D.O. 151

8. Proposed Residence after Discharge Keewatin.

MEDICAL DOCUMENTS FORWARDED TO [illegible] or P. B. C. on JUN 2 9 1919

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.?

R Harvey

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

MAY 28 1919 PORT ARTHUR, ONT.

Date

Signature [illegible] Major

(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

1. Triplicate Attestation Paper (M F W. 23), or Particulars of Recruit (M.F.W, 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A,F.B. 178).
4. Proceedings of Med, Board (M.F.B.227 or M.F.W,129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B, 218a)
8. Discharge Certificate (M.F.W. 39) (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M,F.W. 39a),
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F.W, 2595).
15. Sundry Documents.

Group A
Checked by No. 26
C.M.M.
Date 14/8/19

1. No.
2. Ran
3. Nam
4. Unit
5 Date
6 Reas
7. Auth
8. Prop
9.
I h
M. F
10.
Place
Date

M.F.B. 218a—300M.-11

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 Bramshott DATE 15/2/19

1. 1 (a) Unit 52nd Bn. (b) Regimental No. 439546 (c) Rank Pte

(d) Surname HARVEY (e) Christian name Robert

(f) Home address Cross Hill - Maybole - Scotland

(g) Next of Kin Rosana Harvey (h) Relationship Wife

(i) Address of Next of Kin Cross Hill - Maybole - Scotland -

2. Age last birthday 28 Date of birth July 19th 1890

3. Enlistment, or Appointment (if an Officer) (a) Place Kenora (b) Date 5/8/15

4. Personal description:

(a) Height 5' 8" (b) Weight 150 (stripped) (c) Complexion Brunet

(d) Colour of hair Dark Brown (e) Colour of eyes grey (f) Identification marks, Scars, etc. None

5. Former trade or occupation Baker

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
	3	189

	Periods	
	From	To
Canada	5/8/15	23/11/15
England	23-11-15	20/2/16
France or other theatres of War	20-2-16	11/2/19

7. Original disease, or injury (1) HAMMER TOES
(2) NEURASTHENIA.

(a) Date of origin (1) Childhood (2) 1916 - (b) Place of origin (1) Scotland (2) France

(c) Cause (1) congenital
(2) Shell Shock -

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.)

(1) Hammer Toes) pain in feet, inability to march
(2) Neurasthenia) - nervousness - necessity for rest of body for therapeutic reasons - (d) No -

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.)

A Well nourished nervous man c̄ a coarse tremor of hands - Tongue protruded centrally - no tremor - no thyroid enlargement - Eyes: pupils equal & react to light & convergence no nystagmus - Cranial nerves normal - Superficial reflexes - very active - Man is apparently functionally nervous - Both feet show a cond^n of hammer toe - of 3 outer toes both feet
Complains of having hammer toes & being nervous
Heart & Lungs: negative
Other Systems negative -

(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

None -

10. (a) History (of the condition referred to in Section 9 (a).) Has had hammer toes since he can remember - was alright generally until he suffered (Shell Shock?) Sept 1916 - Since then has been nervous - Hammer toes prevent him from marching

10.—(b) (Here give a con
to or since enlistn
No illness b
No 3 - D. R Stea 5
No 22 G H 21-9-1
No 6 C D - 1-10-
No 5 C D - 3-10-
#8. S H. 14-12-16
No 1 C. D. 21-12-
(c) (Here give a descriptio

11.—(a) Did the dis

(b) If so, has it
condition at time

(1)

12. Was the disabili

refusal to acce

The regimental
(If the answer is in th
this question, co

13. What is the pro

than one?

14. Treatment (Cas

(2) Us

15. Is further treat

16. Can the former

17. Recommendatio

(Sections 7, 8, 9 an

I, the undersig
present condition

I complain in add

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).)

No illness before Enlistment — Corps Rest Sta 6-2-17 Hammer toes
No 3-D.R Sta 5-7-16- Influenza — Corps Rest Sta 20-2-17 I C T feet
No 22 G H 21-9-16 — Shell
No 6 C D-1-10-16 — Shock
No 5 C D- 3-10-16 —
#8. S.H. 14-12-16- Neurasthenia
No 1 C. D. 21-12-16 do —
No other hosp history

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

None —

11.—(a) Did the disabling condition have its origin before enlistment? (1) Yes (2) 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.)

(1) No (2) N.a.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (a) No (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? (1) permanent (2) 6 months —

14. Treatment (Case reports, general or special, should be secured and attached where possible.) (1) N.A.
(2) usual Hospital treatment —

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)

N.A.

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

17. Recommendations N.A.

D Nathan Capt. Can C.
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.....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.....

R Harvey .....Rank.
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.

.....

.....

.....

.....

.....

.....

.....

.....

19. Is the invalid fit for

(*a*) General service,	(Category A)	(Yes or No.)
(*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.)

.....

(*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.)

.....

.....

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..... .....
} Members

DATE..... .....

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..... .....
} Members

DATE..... .....

APPROVED BY

.....
Assistant Director of Medical Services.

DATE.....

APPROVED BY

.....
Director-General of Medical Services.

DATE.....

~~1345~~ H-1752

BOHEMIAN

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

AUDITOR | PAYMASTER

M. OR S. | REGT. No. 439546 RANK Pte NAME (IN FULL) Harvey. R. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes | DATE EFFECTIVE

TO WHOM PAID Mrs R Harvey | RELATIONSHIP wife

ADDRESS Broadhill Dyc Bordon

Payable London

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 52 | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO Dis Stn L | DATE MAY 14 1919 | AUTHORITY D, O, 151

DATE OF ATTESTATION 5-8-14 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 30/- | DATE EFFECTIVE

PAYABLE TO Go. Keewatin P.O. Ont | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE Eng y/c closed 31-5-19

DISCHARGED M.D. 10 | DATE MAY 28 1919 | REASON D | AUTHORITY D, O, 151 | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	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.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																															23	36	83	86			BAL. ENG. L. P. O.
1/5-31/5/19	24	1.10	37	40	35 70	-			142	40							4 87		4 87 50		104	30									119	04					Clothing Allce. 1st payment W.S.G.
																																				Advances - Boat - Train
			W.S.G.	Ex													W.S.G.	Ex													Soldiers Depend"					Dr.
183 days @ mins			420 -	180 -			600 -										70 -		- -												350	180					1st Payment W.S.G. as above
																					6	60									343	40	180	-			Advances Boat & Train
																					2	-									343	40	178	-			2 -"- Ex -"-
June 16																		178 -																			S.A. pay a/c London
" 27																	773109	70																			1st payment Ex.
July 2													Aug 1				1704782	70													273	40					70 - 2nd
													- 28				1224682	70													203	40					70 - 3rd
													Sep 28				1246579	70													133	40					70 - 4th
													Oct 28				1691947	63	40												63	40					70 - 5th
																																					63 40 6th
			420	180 -	600 -												413	40	178 -		18	60			600 -												
																	— a/c closed —																				
nov. 8.																					90	-			150						150						
																					60	-															

Overpayment of $150.00 ($90.00 S.A. - $60.00 A.P.) passed to Suspense per P.A.B. ruling 15.1.21 See file 8138 R.35 AHB 21.1.21

Sent for payment 8/5/19 June

S.A. pay a/c July Disp of Bd Cert Pat. Mtl. Cert 2.1.38 - R - 35 - d - 29/8/19 Rec'd 10. 31-10-19 Debit England Letter sent re Recovery 8.11.19

AUDITED OCT 24 1919

Major A. D. P. S., M. D. No. 10

Refund request issued 22-9-20 Jane

M. F. W. 2596. 1772-39-1390.

Sheet 2

(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
12.4.19		S.O.S.	on Proc. to Canada 12 4/19			
			W. J. Hearst Lt for O.C. 3rd Div'l Pool			
14/4/19	18th Res		TOS from MRD	Seaford	12/4/19	Do 10 W
~~6.5.19.~~ 9/5/19.	O.C. 18th		SOS on transfer to Kinmel Park for return to Canada	10 Wing Seaford	~~6.5.19.~~ 9/5/19.	~~Do 126~~ Do 129.
						H. Cook Capt
		10/5/19	TOS		for Adjutant 18th Res. Bn	
		14/5/19	C.C.C. Kinmel Park for return to Canada. Part 11 Orders No. 124. SOS C.C.C. Kinmel Park on embarking for Canada, Part 11 Order No: 128 W D Bowsfield Lt. for Commanding 10 Wing, Kinmel Park Camp,		14.5.19	T.O.S. Dispersal Station Do Pa 151 " 2
						L
			MAY 14 1919 EMBARKED FOR CANADA			and Dispersed 28-5-19 " " 3
						A. Gore Lieut. for O. C. 10 District Depot

Nothing to be written in this margin.

SERVICE AND CASUALTY FORM (Part I).

Army Form B. 103—I.
Part I.

(1)*Substantive rank *Acting rank *[To be entered in pencil to facilitate alteration.]	(2) Regiment or Corps	(3) Regtl. No.
(4) Surname		
(5) Christian Names		
(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

Initials and Rank of an Officer.

(Authority) (*date*)

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

(16) (Record of Occupation in Civil life (*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
(18) Demobilizer (*f*) (Place) (Signature of Posting Officer
(19) Pivotal-man (*f*) (Date)
(20) Qualifications (*g*) *or* (21) Corps trade and rate

(22) Extended { (23) Re-engaged {

(24) Miscellaneous entries:—

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

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

Nothing to be written in this margin.

W1889—P2 1150 1M 5/18 G W P Co (3496)

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 Seaford. DATE 30.4.19

1. 1 (a) Unit 18 Res. (b) Regimental No. 439546. (c) Rank Pte.

(d) Surname HARVEY. (e) Christian name Robert.

(f) Home address Cross Rd - Maybole - Scotland

(g) Next of Kin Rosana Harvey (h) Relationship Wife

(i) Address of Next of Kin same as above.

2. Age last birthday 28. Date of birth 19.7.1896.

3. Enlistment, or Appointment (if an Officer) (a) Place Kenora. (b) Date 5.8.15.

4. Personal description:

(a) Height 5-8" (b) Weight 150 Est. (stripped) (c) Complexion Fair

(d) Colour of hair Brown (e) Colour of eyes Grey (f) Identification marks, Scars, etc. Nil

5. Former trade or occupation Baker

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
	3.	268.

	Periods	
	From	To
Canada	5-8-15	23-11-15
England	23-11-15	20-2-16
	11-2-19	30-4-19
France or other theatres of War	20-2-16	11-2-19.

7. Original disease, or injury (1) Hammer Toes.
(2) Neurasthenia

(a) Date of origin (1) Before Enlistment (2) 21-9-16 (b) Place of origin (1) Seaford (2) France

(c) Cause (1) - Congenital (2) - Shell explosion

M. F. B. 227.

40UM.—11-18.
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.)

(1) Partial loss function of feet
(2) Partial loss normal function of nervous System

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.)

I Both feet have condition of hammer toes of three outer digits - Complains of pain in feet when marching -
II - Patient is of neurotic type - is well nourished and well developed Hands show coarse tremor - and there is mean ordination of fine muscular movements - Memory is poor for recent events - and he fails on the four word test - Word association fairly good Has no battle dreams - Reflexes active No evidence of thyroidism - Heart rate irritable - average - 96 p.m. not

(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

greatly affected by exercise B.P. 120-60 - Sleeps well at times at other times sleep is broken Is putting on weight - Does not feel confident to undertake any new work

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

- Was blown up by shell 21-9-16 - Was in hospital for about five weeks - Then returned to unit but was notable to carry on in line and has been employed at Bgd H.Q. - States that he had no neurasthenic symptoms before enlistment

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*).)

Influenza (5-7-16) & (8-7-16) Recovered
I.C. - Feb - 20-2-17. Recovered

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

Nil

11.—(*a*) Did the disabling condition have its origin before enlistment? I Yes II 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.)

I No - II Not applicable

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? A 1+2 No B 1+2 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? - I Permanent II Six months

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

I Nil

II - Hospital

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? - No

(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? - Yes

(If not, briefly state why)

17. Recommendations

Geo. A Ramsay Capt C Hume

Medical Officer by whom the case is brought forward.

STATEMENT [redacted] THE INVALID

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

I, the undersigned Pte Harvey R. 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

Pte Robt Harvey Rank.

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.

Yes, except

In 10 (a) add "Neurasthenia" M.H.S. - in hosp. for a month with it. 14.12.16.

In 13 (2) for 6 mos read 3 mos

19. Is the ~~invalid~~ O.R. fit for

(a) General service,	(Category A)	(~~Yes or~~ No.)
(b) Service abroad, not general service,	(" B)	(Yes ~~or No.~~) Yes B II
(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~~ O.R.

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

(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~~ O.R. be ~~discharged~~. (When not for discharge add special recommendation.)

Boarded for return to Canada

Auth. A.S. Tel. 9083 11.11.18

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.

[signature] Malcolm Capt. President.

PLACE Seaford

DATE 30.4.19

[signature] Lieut. } 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.

[redacted]

.....President

PLACE.....

DATE..... } Members

APPROVED BY

D. P. Byers Capt for Assistant Director of Medical Services.

DATE.....

APPROVED BY

Director-General of Medical Services.

DATE.....

OFFICE STANDING MEDICAL BOARD 30 APR 1919 SEAFORD, SUSSEX.