

Trans to

7th M. D. First Depot Battalion New Brunswick Regiment
Regtl. No. 3257017

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class one)

1. Surname..... **Phillips**

2. Christian name..... **Harold Randolph**

3. Present address..... **93 Coburg St., St. John, NB**

4. Military Service Act letter and number..... **654667--PC**

5. Date of birth..... **6th November 1895**

6. Place of birth..... **St. John, NB**
(town, township or county and country)

7. Married, widower or single..... **single**

8. Religion..... **Methodist**

9. Trade or calling..... **express clerk**

10. Name of next-of-kin..... **Elizabeth Phillips**

11. Relationship of next-of-kin..... **mother**

12. Address of next-of-kin..... **Douglastown, North. Co., NB**

13. Whether at present a member of the Active Militia..... **no**

14. Particulars of previous military or naval service, if any..... **nil**

15. Medical Examination under Military Service Act:—
 (a) Place..... **St. John NB** (b) Date..... **October 1917** (c) Category..... **A-2**

DECLARATION OF RECRUIT

I, **Harold Randolph Phillips**, do solemnly declare that the above particulars refer to me, and are true.

Harold Randolph Phillips (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... 22 yrs..... 5 mths.	} Distinctive marks, and marks indicating congenial peculiarities or previous disease. NIL vision RD-20-20 LD-20-20 Hearing normal both ears
Height..... 5 ft..... 9 ins.	
Chest } fully expanded..... 35 ins.	
measurement } range of expansion..... 4 ins.	
Complexion..... sallow	
Eyes..... grey	
Hair..... light brown	

L. M. A. Ostry Lt. Col.
O. C. O. C. 1st. Depot Battalion New Brunswick Regiment Depot Btln.

Place..... **St. John NB** Date..... **23-4-18**

REGIMENTAL DOCUMENTS

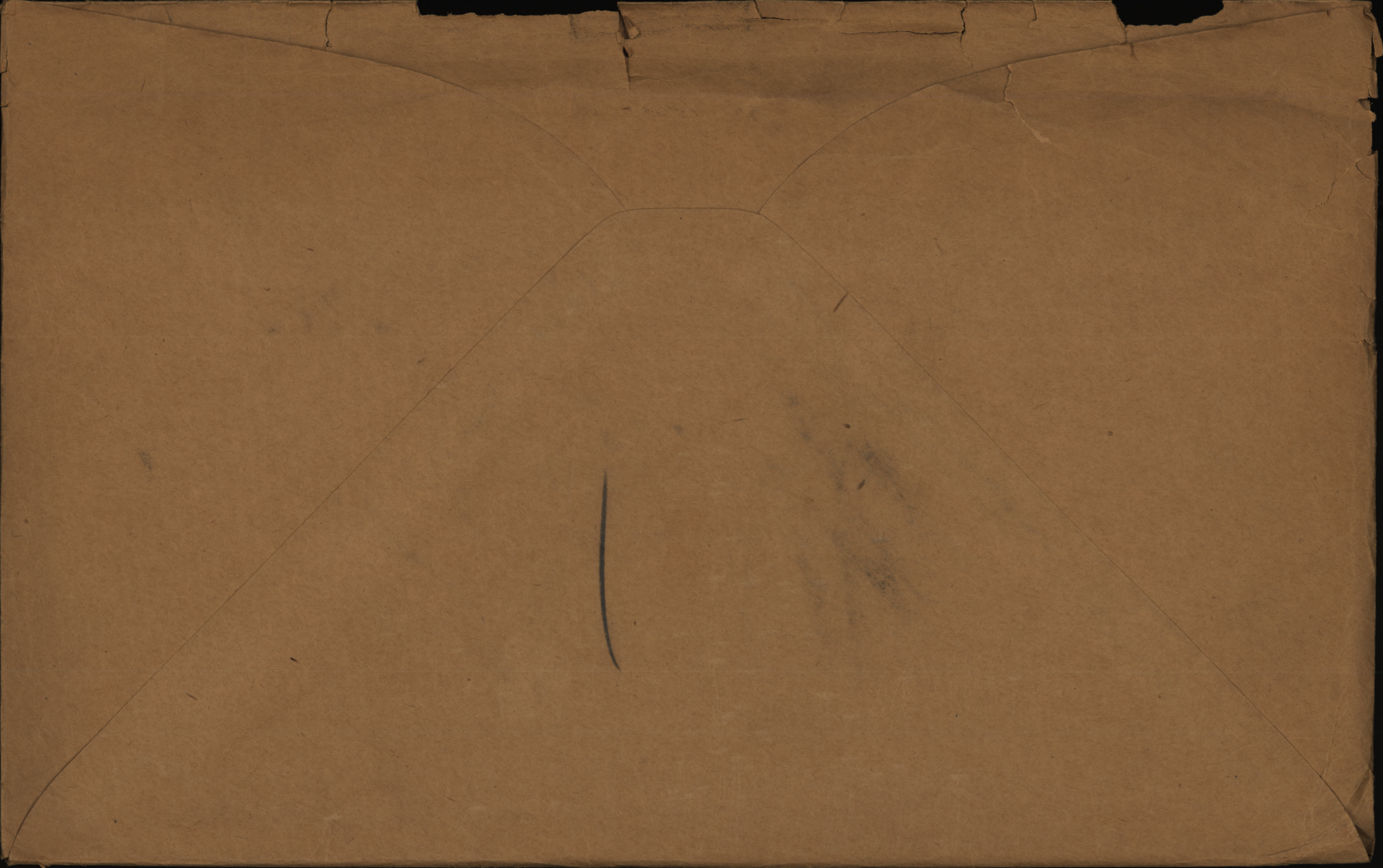
NAME PHILLIPS, HAROLD RANDOLPH REGT. NO. 325 7017 UNIT C.G.A. H. Q. FILE NO. _____

⑤

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)		1000 B2B 57			DEATH
CASUALTY FORM (M.F.W. 94 or A.F.B. 103)	28/1/2				Category
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 173)				6699	DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Submat.</i>
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)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
<i>1 1149</i>					

H

29-27
23-27
2-28



SURNAME.

Phillips

CHRISTIAN NAMES

Harold Randolph

REGL. No.

3. 257017

RANK

Pte

UNIT

N. B. Regt 1st Lps Bn

FORMER CORPS

96ul

74
CARD NO. *4*
S.O.S. Dis 6-10-19
"Demist"
FOLL.
with 100275 of 2-10-19

#6100
T. O. S. *Apr. 23 1918*
D. O. Part II No. *116*

NEXT OF KIN.

NAMES IN FULL

Phillips, Mrs Elizabeth

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

*Douglastown, Northumberland Co
96. B.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada, St John, 96. B.

DATE

Nov 6th 1895

PLACE OF ATTESTATION

St John, 96. B.

DATE

Apr 23rd 1918

*0/8 3/8/18 1357
3*

*R/C 19-9-19 412
13 Pte*

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

Number... 325-7017... Rank... ~~1st~~ Ltn.

Surname... PHILLIPS

Christian Name... Harold Randolph

Units... 1st Lt. Theatre of War... England

Date of Service... 15-8-18

Remarks...

Latest Address... Douglas town NB

Roll No. A page 1891

Port, ship, and date of arrival.....

Next of kin.....

Address on leave.....

Address on discharge.....

Transportation issued Yes No Date.....

Character on discharge.....

Previous occupation.....

Date and place of enlistment.....

Diagnosis.....

Date of Medical Boards.....

Date.	Remarks

PREP. SEP. 16 1030
 REG. NO. 445763

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

Reg. No. 3257017 Name Phillips H. R.
 Rank Pte Corps C. M. G. 40 Age 24 Service 6 $\frac{3}{12}$ 6 $\frac{10}{12}$ F. M. I.
 Ledger No. 884 Serial No. A. 35976

HOSPITALS

DATE

DIAGNOSIS

Camp Hill - (Rockhead) Halifax

19-9-19.

v. W. G.

ad

San Carlos D.D. 6

29-9-19

HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.

50M-6-19.

1772-39-1332.

Surname

Christian Name or Names

Reg. No.

PHILLIPS

Rank 1.

2.

3.

4.

Pte.

Unit

H.R.

Misc.

3.

4.

Can. Records

3257017

Cas List.

Hospital and Diagnosis.

Date

30-4-19 C302

CSH WITLEY

24-4-19

V.D.G.

R

INV. TO CANADA

11-9-19

A.M.D. 2 Dept

Dep. of D.G.M.S. O.M.F. & Lenses

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Phillips Christian name Harold Randolph
 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 654 667 FC
 3. Consecutive number on schedule of men reporting for service (if he appears on it) _____
 4. Address (including street and number, if any) 98 Corburg St. St John NB

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 22 day of April 1918, by the undersigned medical board sitting at West St John NB

5. Age as stated 22 Years 5 Months. 6. Apparent age 22 Years 5 Months
 7. Height 5 Feet 9 Inches. 8. Weight 162 Pounds.
 9. Chest measurement { Minimum 31 Ins. 10. Complexion Sallow { Eyes Gray
 { Maximum 35 Ins. { Hair Black
 11. Physical development Good { Good Fair Poor 12. Smallpox marks Nil
 13. Number of vaccination marks { Right arm — 14. When vaccinated last childhood
 { Left arm 1
 15. Distinctive marks and marks indicating congenital peculiarities or previous disease _____

16. Slight defects but not sufficient to cause rejection nil
 The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis
 (Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category H20
 17. (a) Vision R 20 20 L 20 20
 (b) Hearing. R normal L normal
J B Wilson President.
 _____ Member. _____ Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>29/4/18</u>	<u>nil</u>	<u>Bg Dash Capt</u> M.O.	<u>3/5/18</u>		<u>Bg Dash</u> M.O.
<u>25/5/18</u>	<u>good</u>	<u>Bg Dash</u> M.O.	<u>4.6.18</u>		<u>Bg Dash</u> M.O.
		M.O.	<u>10.6.18</u>		<u>Bg Dash</u> M.O.

Joined 23 day of April 1918 at 'B 'N 'NHOR '18 ST. JOHN, N. B.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>Step. Batt</u>	<u>3257017</u>		<u>23.4.18</u>
Transferred to.....	<u>#9 OVERSEAS SIEGE BATTERY, C. E. F.</u>			<u>23.4.18</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>ENH. W. H. H. G.</u>	<u>28.8.19</u>	<u>VD 9. I.T.C.</u>	<u>Temp D</u> <u>J B Wilson Capt</u>

Signature of Man H P Phillips

Surname *Phillips* Christian Name *Hawla Rowland*

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				
<i>ROMANIAN SPECIAL, WITLEY, SURREY.</i>		<i>23</i>	<i>4</i>	<i>19</i>	<i>31</i>	<i>SEP</i>	<i>1919</i>	<i>Gonorrhoea</i>	<i>142</i>	<i>J.T.C. treatment not completed. Stoppage as per dates.</i>	<i>R. W. ...</i> CAPT. REGISTRAR.
<i>H.M.A. Araguay</i>		<i>11</i>	<i>9</i>	<i>19</i>	<i>26</i>	<i>9</i>	<i>19</i>	<i>V.V.D. G.</i>	<i>9</i>	<i>condition unchanged.</i>	<i>W. ...</i> Capt.
<i>Rockhead</i>		<i>19</i>	<i>9</i>	<i>19</i>	<i>29</i>	<i>9</i>	<i>19</i>	<i>VD. Gleet</i>	<i>10</i>	<i>Ureic dis: smears negative. Still slight occasional discharge (clear) urethra apparently free from infection.</i>	<i>P. ...</i>

CASE HISTORY SHEET.

4444
12/14/40

Rockhead Hospital. Station.
3257017 Rank Pte Name Phillips HR Age 24
Unit LEWD Completed years of service 3 1/2 16 1/2 mil. Where and how long }
Date of admission 19. 9. 19 Date of discharge 29. 9. 19
Diagnosis G.S. Place of origin Canada

CONDITION ON ADMISSION AND PROGRESS OF CASE

Complaints Occasional slight watery discharge in am. from urethra

History Contracted V.D. in Canada Dec 1914. Had treatment of gonorrhea since.

Present Condition Slight watery discharge still present in morning. Urine clear smears negative

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

Hot irrigation, vaccine, rest & steam

(Especially any specific or special form)

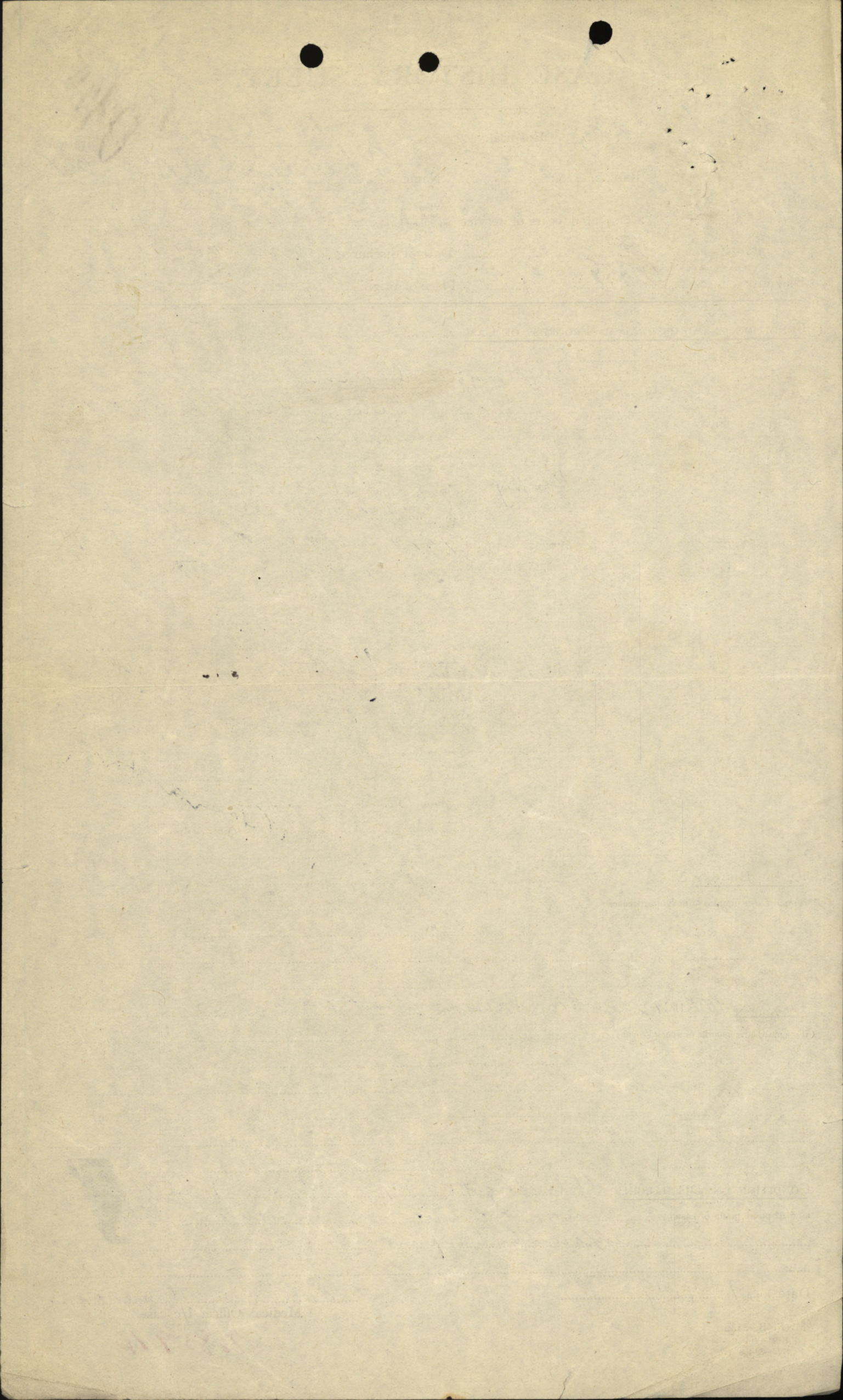
CONDITION ON DISCHARGE

(and disposal made of case.)

Still slight watery discharge. Urine clear smears negative for gonococci. Discharge apparently free from infection

Date 29. 9. 19

E. Romnell Capt. C.A.M.C.
Medical Officer i/c case.



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. 325-7017 Rank Pte Surname Phillips
(Given name in full)
Harold Randolph
 Unit or Corps 2nd Birthplace St John N.B.

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

1. GENERAL DESCRIPTION:

Physique good Weight 165 lbs. Height 5-9 ft. Colour of Eyes green
 Nutrition good
 Pulse 72
 Condition of arteries good
 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.)
none except operations scars for Circumcision

Opinion as to general health and physical condition good

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

Nervous System no Genito Urinary System yes 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.

Suffers from partially fallen arches in feet. Had V.D. with gleet discharge since 1914. Smears negative for gonococci 27.9.19. Apparently no infection

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 *HHV* (Canada)

Date *29. 9. 19* Signed *E. Rommel* M.O.
Captaine

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

Signature *H.P. Phillips*

(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.)

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

~~War Service Badge~~

~~Class. No. No.~~

This is to Certify that No. 3257017 (Rank) Private

Name (in full) Harold Randolph Phillips enlisted in
the First Depot Battalion

CANADIAN EXPEDITIONARY FORCE at St John N.B. on the Twenty Third
day of April 1918

HE served in Canada and England

and is now discharged from the service by reason of Wound

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

Age 24 years light months

Height 5 ft 9 inches

Complexion Sallow

Eyes Green

Hair Light Brown

H.R. Phillips
Signature of Soldier

Marks or Scars

[Signature]
Issuing Officer

Rank

Date of Discharge

6-10-1919

Appointment

Signed at

St John N.B.

this

2

day of

October

1919

in Military District No.

File Reference No.

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

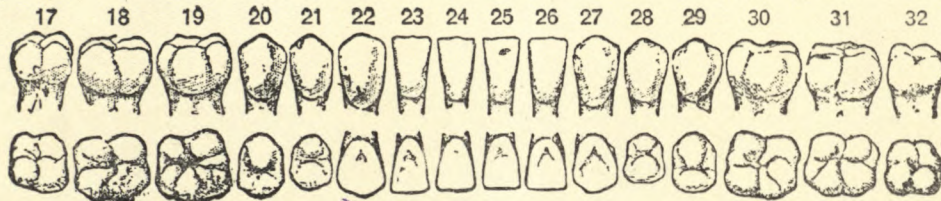
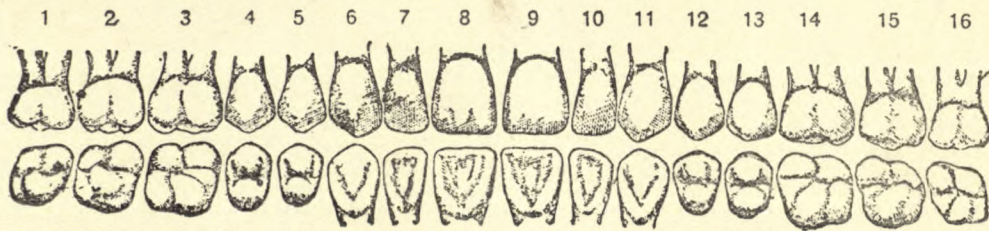
.....
Appointment

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

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) PHILLIPS, H.R.
 REGIMENT C. M. G. D. RANK PTE No. 3257017

Date of Examination in England 14 DEC 1918 Date of Examination in France _____



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

No

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

(a) In Canada

Yes

(b) In England

(c) In France

Signature of Dental Officer

B. J. Beaton Capt

**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.



CHILLIKOTTE
C. P. D. D.

The ...

DENTAL HISTORY SHEET

M.F. 504-2-18
1772-30-950.

CANADIAN ARMY DENTAL CORPS

DISTRICT.....

NAME OF SOLDIER.....

Phillips

REGIMENT.....

7th Sigs Det

RANK.....

Sgt

No. *2257019*



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	Pyrrhea	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS
											U	L	P			Gold	Porcelain				
1918	8													2							Op. 4. 9. 12. 16. 30 32
June 17	1. 13 15. 17 18 20. 29									3 3 4 19				8 10					A. H. LeBlanc	1	Op. 2. 18. 31
June 17										1/9 7.18									A. H. LeBlanc	7	
June 17																			A. H. LeBlanc	7	
June 18	4. 16.									1/31									A. H. LeBlanc	7	Completed.
June 19	30																		A. H. LeBlanc	7	
June 19	1/15																		A. H. LeBlanc	7	

INSTRUCTIONS

- 1. On examination the condition of papers should be noted in the margin of the list.
- 2. On failure of spots to be made in the margin.
- 3. On failure of spots to be made in the margin.
- 4. On failure of spots to be made in the margin.
- 5. On failure of spots to be made in the margin.
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 10. On failure of spots to be made in the margin.

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100

100

СЛУЖБА ВЪЗМЪ ДЪЛАТЪ ГОДИНА

ДЕНТАТЪ ИСТОРИЯ SHEET



CR Rank Name PHILLIPS, Harold Randolph. Reg'l No. 3257017.
 Unit *Dft. No 9 Sge. Bty* If in perm. Corps, }
 What Unit? } Married or Single Single.
 Place and Date of Enlistment St. John, N.B. Apr. 23rd. 1918. Place of Birth St. John, N.B.
 Name and Address, Next-of-Kin Elizabeth Phillips,
 Douglastown, North. Co., N.B. Relationship Mother.
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to *X 439* Relationship
 Discharge, Date and Place Reason Character

H. W. & V., Ltd., 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.				
					15.8.18 S.S. IXION
20-8-18	Rec Bde	Ten S on arrival	Emb Wilby	15-8-18	Pt 0. 232
9-10-18		SOS to Bm & Depot	Emb "	8-10-18	282 & # 271 d/11-10-18.
25-2-19	C.M.G.S.	^{S.O.S.} Harris to C.R.O.	a Seaford	24-2/19	47 amended Pt II 52 a/3-3-19
25-2-19	C.R.O.	Res for Child	Pa London	24 7/19	15-47
12-6-19	C.R.O.	S.O.S. to Gen. Depot	" do	30 7/19	Gen Rep 205 P.I.V. 134 No 133 d/20.6.19
		General Depot			
18-9-19	C.R.O.	In to Canada	" "	11-9-19	CLC 24 SL 510 m p 4
11-9-19	C.Qm Atp.	SOS to 1000 & remains ^{in Hosp.} patrol	Wilby	11-9-19	Pt II 201.
9*10*19	Records	S.O.S. TO CANADA	London	11-9-19	A O 4

*500
comp
to
HQ's*

*my own
by me*

for

*John
Avery*

#9 OVERSEAS SIEGE BATTERY, C. E. F.
Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 103.

350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. 1st Depot. Battn. N.B. Regiment

Regimental No. 3257017 Rank Gunner Name Harold Randolph Phillips

Enlisted (a) 23-4-18 Terms of Service (a) C.E.F. 6 months Service reckons from (a) 23-4-18

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

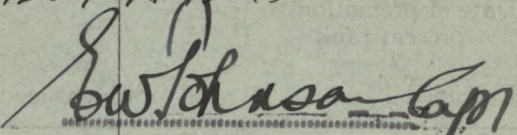
Extended Re-engaged Qualification (b) Express Clerk

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
	Transferred to	#9 o/s Siege Battery, CEF	St. John, NB	23-4-18	
		Embarked	Canada	4-8-18	H. M. T.
		Disembarked	England	15-8-18	"NELLORE"
20-8-18	Res. Bde. C.F.A.	T. O. S. from Canada	Witley	15-8-18	B.O. Pt. II 232
		On Command Frensham Pond.			
9-10-18	Res. Bde. C.F.A.	Off comm. Frensham Pond S.O.S. to C.M.G. Depot	Witley	3-10-18	B.O. Pt. II 282
			<i>B. Gray</i>		Lieut., Res. Bde. C.F.A.
11.10.18	Com. CMGD.	Taken on Strength,	SEAFORD.	1.10.18	Depot Order Pt. II No 271
25.2.19.	Com. CMGD.	On Command to Can. Records, Office, London.	Seaford.	24.2.19.	D.O. Pt. II. No. 47
25/2/19	CPO	26.8 from CMGD	London	25/2/19	<i>RECOMMEND</i> Lieut. Adjutant, Cannon Machine Gun Depot 53 23/3/19


(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.]

Casualty Form - Active Service

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

12-6-19	C.R.O.	200 to Gen Depot.	London	12-6-19	PH 134 (u)  Adt. FOR Officer i/o Records, Canadian Overseas Military Forces.
---------	--------	-------------------	--------	---------	---

24.9.190/5 T.O.S. No. 6 D. D. from 11.9.19 and posted. ~~Dispt. B. 213 19.9.19~~
 H. P. Sect. 19.9.19 267

29-9-19	HS	Trans to Gen Depot	HS	29-9-19	DO 273  Officer i/o Records No. 6 D.D. Lieut.
---------	----	--------------------	----	---------	--

6/10/19 DISCHARGED at Halifax, N.S. D. O. 273
 DISCHARGE SECTION NO. 6 DISTRICT DEPOT LIEUT

ASSIGNED PAY: ENGLAND or CANADA. SEPARATION ALLOWANCE. ENGLAND or CANADA.
EFFECTIVE DATE: 1/8/18. EFFECTIVE DATE:
AMOUNT: 20⁰⁰ Stopped 1/6/19. AMOUNT:-

NAME: PHILLIPS Harold, Randolph
NUMBER: 3257017

NAME, ADDRESS, RELATIONSHIP & AUTHORITY: Mrs Elizabeth Phillips Mother, Douglastown, N. B.
L.P.C. rendered 8/9/19
Bal of 94⁰⁰ 30/9/19
Dis Canada
auth N12885, 4/9/19. Roll 394. C. Skosh. W. Stey.

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
L.P.C. from Canada	16/8/18	2nd Lt
2047 ^a	24/7/19	1st Lt
2072	26/7/19	1st Lt

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS: UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F'D	UNIT TRANSFERRED TO
			ORA
271	11-10-18	4-10-18	26-11-18
D.P. 14/19	14/19		L. G. C. P. Rec
Ru 60 47 ^a	24.2.19		Sec RHO.
134	30.5.19		Gen Dep. T. M. W.

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
29/8	5510	Wiley £3	14 60	23/4/19		Ad. Can Spec Hosp Wiley	9 60
4/9	5715	Do £3	14 60			Hosp Stop. 23/4/19	16 30 79
							161 04 60 @ 60

AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALL'CE
L.P.C. from Canada	1 00	10		
20 47 ^a	1	50		1 50
20 72	1 20	50		1 50
134	1	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:-

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
15/8/18	Bal from Canada								26 50		
16-31/8/18	Gen Pay 16 days	14 60		AR 3898 22/8/18 Dunstan	4 87						
				A.P.				20			
		17 60			4 87				19 23		
sep		33		ad				20	32 23		
				6187 18/9 Ad.	24 33						
				B4005 (cap) 9/9	1 32				6 58		
		33			25 65			20			
Oct		34 10		ad.				20	20 68		
				ENAR. 6161 comp. 26-10-18	4 87						
				" 4732 " 12-10-18	4 87				10 94		
		34 10			9 74						
Nov		33		bal				20			
		34 10		5773 Enked 13/11	4 87						
		34 10		6185 " 24/11	4 87						
				6431 " 21/12	9 73			20			
				6.0.P.				20			
		10 20		Dr 5039 Amgd 12/10	4 87				27 80		
					24 34			60	27 70		
				6920 Amgd 15-1-19	4 87						
				94005 - 5067 13/7	5 40						
Dec		30 80		AR 710 Amgd 31/7	4 87						
Jan		34 10		" 7052 " 17/7/9	9 73						
				AR 39838 London 24/7/9	12 17						
				" 40182 " 25/7/9	24 33						
				6.0.P. (Feb-Mch)				40			

AUTHORITY
A.P. NOM. ROLL

* Strike out whichever inapplicable.

ASSIGNED

ENGLAND

SEPARATION

ENGLAND

PHILLIPS H R

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED
				61.37			40	27.80	
			DN 42596 - 28/19 2920						
			" 49580 " 14/19 2920						
			" 56447 " 28/19 2920						
				148.97			40	96.27	
	Subs. 24/19-31/19 = 54	64.90						42.73	
	2nd coll 24/19-25/19 300.17							30.87	
	1st coll 26/19-31/19 6070.170							29.07	
	Cap. RT.							66.93	
	acc. dr. pay 26/19 6070.240							69.33	
			Cal. April				20	49.33	
			AR 61965	14/19 38.93				10.40	
May	PTA 3 rd	9920	Cal.				20	89.60	
							40	185.60	
June	PTA 3 rd	96-						52.10	
			% for sub 23/4 30/6 69 day 150		103.50			54.50	
			% for class bl rates 23/4 30/6 69 40		27.60			40.70	
			" " 23/4 30/6 69 20		13.80			74.80	
July	PTA 1 st	3410						72.37	
			DN AR 1814 Wally CSH 24/19 2.43					67.50	
			" " 2764 19/19 4.87					7.30	
Aug	PTA 1 st	3410						62.63	
			DN AR 3000 CSH Wally 17/19 4.87					91.86	
								124.86	
Aug	PTA 1 st	3410						115.13	
			AR 5158. CSH Wally 19.8.19 4.87					97.3	
			AR 5717 4/9/19 CSH Wally 9.73					97.3	
			AR 5510 29/8. Wally 14.60					96.60	
			Temp. 2.2. 23/4/19 to 30/8/19 161 day 96.60					393	
			AR 510 Lod Can 10 9/19 111.70						

124.86
 96.60
 25.266
 29.20
 28.26
 94.51

War Service Badge

Class.....No.....

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

M.A.H.
Montreal
Mother

1. No.	325 7017.	
2. Rank.	Pvt	
3. Name.	PHILLIPS.	Harold Randolph.
4. Unit.	CMGD.	Cga
5. Date of Discharge	6.10.1919	Place Halifax

6. Reason for Discharge Demobilization

.....

.....

7. Authority. R 6 14 9.0

8. Proposed Residence after Discharge.....

.....

.....

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.? 39

H.A.P. Phillips

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place..... Halifax

Date Oct 6 - 1919

Signature.....

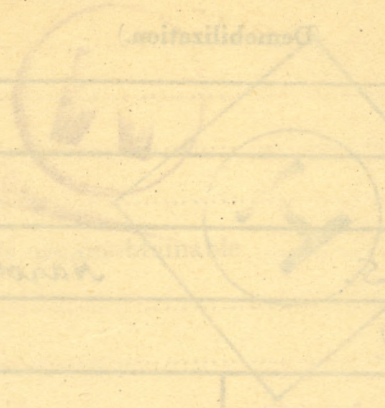
..... (O.C. Discharge) DISTRICT DEPOT.....

..... COMDG No. 888 Unit.

PROCEEDINGS ON DISCHARGE

SHORT FORM

1. No.	456 7017
2. Rank	1st Lt.
3. Name	PHILLIPS
4. Unit	1st Regt.
5. Date of Discharge	July 1918
6. Reason for Discharge	Discharged
7. Authority	1st Lt. B. O.
8. Proposed Residence after Discharge	
CERTIFICATE TO BE SIGNED BY SOLDIER	
I hereby acknowledge that at the underlined place and date I received my discharge Certificate	
M. F. W. 39	
Signature of Soldier	
CONFIRMATION	
The discharge of the above named man is hereby confirmed	
Date	July 1918
Place	At Camp
Signature	



LIST OF DISCHARGE DOCUMENTS

Certificate that missing documents are unobtainable
 Last Pay Certificate
 Certificate Form W-34 or A.F.H. 103
 Field Contact Sheet
 Minutes Form W-113
 Minutes Form W-31
 Certificate of Discharge
 Medical History Sheet
 Proceedings of Medical Board
 Dental History Sheet
 Medical Report
 Regimental Contact Sheet
 Company Contact Sheet

CERTIFICATE TO BE SIGNED BY SOLDIER

I hereby certify that the above listed documents are true and correct copies of the original documents on file in the office of the Adjutant General, Department of the Army, Washington, D.C.

[Signature]

CONFIRMATION

I hereby certify that the above listed documents are true and correct copies of the original documents on file in the office of the Adjutant General, Department of the Army, Washington, D.C.

[Signature]

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

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 CAN. SPEC. HOSP. WITLEY DATE 28-8-19

1. 1 (a) Unit C. M. C. D. (b) Regimental No. 2257017 (c) Rank PTE
 (d) Surname PHILLIPS (e) Christian name HAROLD RANDOLPH
 (f) Home address DOUGLASTOWN N.B.
 (g) Next of Kin MRS. ELIZABETH PHILLIPS (h) Relationship MOTHER
 (i) Address of Next of Kin DOUGLASTOWN N.B.

2. Age last birthday 21 YRS Date of birth NOV. 6/95
 3. Enlistment, or Appointment (if an Officer) (a) Place ST. JOHN N.B. (b) Date APRIL 23/18

4. Personal description:
 (a) Height 5 FT. 9 IN. (b) Weight 160 LBS. (c) Complexion FRESH
(stripped)
 (d) Colour of hair BROWN (e) Colour of eyes HAZEL (f) Identification marks, Scars, etc.
1 INCH SCAR OVER RIGHT EYE.

5. Former trade or occupation EXPRESS CLERK.

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 <u>1</u>	Days <u>69</u>
---	-------------------	-------------------

	PERIODS	
	From	To
Canada	<u>23-4-18</u>	<u>1-7-18</u>
England	<u>15-7-18</u>	<u>Present</u> <u>1-6-19</u> <u>296</u>
France or other theatres of War		

7. Original disease, or injury Sporadic

(a) Date of origin Dec. 1914 (b) Place of origin Canada
 (c) Cause Sporadic infection

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.)

Urethral discharge

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.)

Watery mucous discharge from urethra.

Urine clear with shreds.

Last smear June 30, 1919 gonococci present.

(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 Genito-Urinary System...no (If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
Special Senses...no Respiratory System...no Integumentary System...no
Disturbances of Mentality...no Digestive System...no Muscular System...no
Osseous and Joint Systems...no Any other general condition...no

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

Onset 1914 in hospital in Montreal Can discharged uncured Jan. 1915. Effect persisted, admitted Low. Spec Hosp Witley Apr 23, 1919. Complicated by abscess Right ^{Left} Testis gland given routine hospital treatment

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).)

none

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

no

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

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

no

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? *ⓐ yes ⓑ 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? *2 months*

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

Routine hospital

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)

yes hospital 2 months

16. Can the former trade or occupation be resumed?

(If not, briefly state why)

yes

17. Recommendations

Further hospital treatment in Canada

H. E. Kerton Capt. MC.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

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

I complain in addition of

H. R. Phillips Pte 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 we concur

19. Is the invalid fit for

- (a) General service, (Category A) (Yes or No.) *lw*
- (b) Service abroad, not general service, (" B) (Yes or No.) *lw*
- (c) Home service (Canada only), (" C) (Yes or No.) *lw*
- (d) Temporarily unfit. (" D) (Yes or No.) *yes temp D*
- (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.)

As in (15)

- (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.)

Invalided to Canada with DMS letter 25/10/19

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

PLACE *Essex*

DATE *28-8-19*

John Home Capt President.
Phillips Capt 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.

PLACE *[Stamp: CERTIFIED COPY]*

DATE.....

..... President
..... Members

APPROVED BY *[Signature]* Col. C.A.M.O.

APPROVED BY.....

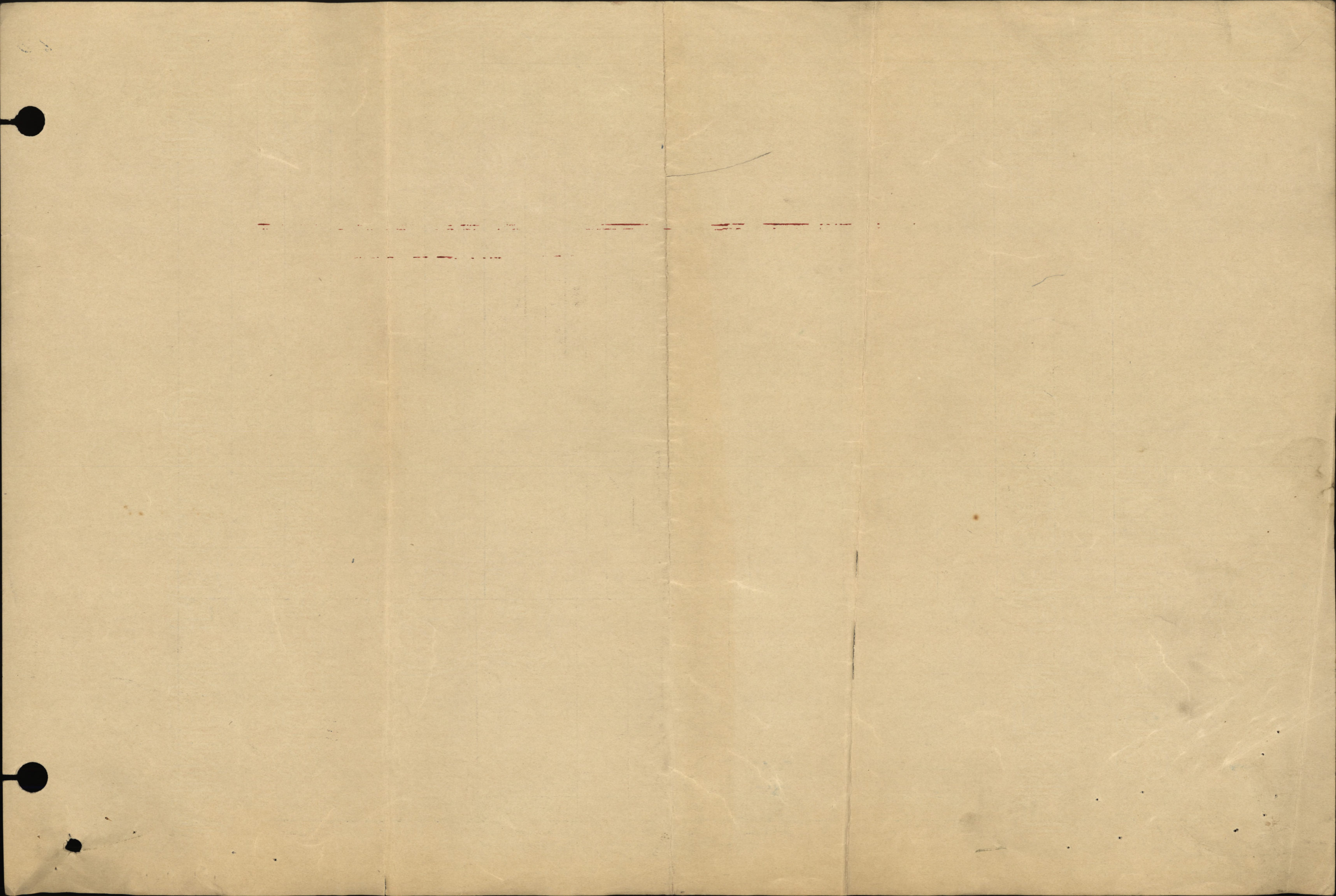
O. Mc Canadian Special Hospital, Witley
Assistant Director of Medical Services.

Director-General of Medical Services.

DATE.....

DATE.....





Date of Enlistment *23rd April 1918*

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

P 9233

1st August 1918

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

<i>20.00</i>			
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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

cc

No. _____

Rank _____ Promoted _____ Reverted _____ Discharge _____

Soldier's Name _____

Battalion *9 Overseas Siege Battery C.E.H. Det 111*

Beneficiary _____

Relationship _____

Address _____

Name _____

Address _____

Change of Address _____

1 *MRS. ELIZABETH PHILLIPS,*

2 *DOUGLASTOWN,*

3 *NORTH CO., N.B. 20 20.00*

4 *% 3257017 GNR HAROLD R. PHILLIPS*

5 *TWENTY DOLLARS*

Date 1918	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Aug 7</i>	<i>36681</i>		<i>20</i>	<i>20</i>	<input checked="" type="checkbox"/>
<i>Sept 6</i>	<i>39320</i>		<i>20</i>	<i>20</i>	<input checked="" type="checkbox"/>
<i>Oct 6</i>	<i>46085</i>		<i>20</i>	<i>20</i>	<input checked="" type="checkbox"/>
<i>Nov 9</i>	<i>61194</i>		<i>20</i>	<i>20</i>	<input checked="" type="checkbox"/>
<i>Dec 9</i>	<i>65160</i>		<i>20</i>	<i>20</i>	<input checked="" type="checkbox"/>
<i>Jan 2</i>	<i>73352</i>		<i>20</i>	<i>20</i>	<input checked="" type="checkbox"/>
<i>Feb 6</i>	<i>80239</i>		<i>20</i>	<i>20</i>	<input checked="" type="checkbox"/>
<i>Mar 2</i>	<i>85806</i>		<i>20</i>	<i>20</i>	<input checked="" type="checkbox"/>
<i>Apr 2</i>	<i>3185</i>		<i>20</i>	<i>20</i>	<input checked="" type="checkbox"/>
<i>May K</i>	<i>6386</i>		<i>20</i>	<i>20</i>	<input checked="" type="checkbox"/>
			<i>200</i>	<i>200</i>	

14525# -88

A.P acct closed 31-5-19. per A3M 12-4-19 ~~AM~~ 5⁶/₁₀

WMO dis #P 108954, 5⁶/₁₀ H.

A/c Closed

Ret'd per *Aragnano*

Date *19/9/19* M.F.W. 187 *2/10/19*

Closed *M.F.*

M.D.#6.

M. F. W. 126.
40M. 6-17-1772-89-1141
L. L. 22320-M. & D. 1993.

AUTHORITY FOR NEW ACCT. *M.D. 7 B. 2*
Y/Code 27/8/18

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

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

M. F. W. 128.
 4096. 6-17-1772-33-1141
 L. L. 22320-M. & D. 1992.