Original 931212

ATTESTATION PAPER.

No. 2 Construction Batt'n, C. E. F.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Simmons
1a. What are your Christian names?	Harold
1b. What is your present address?	Kentville N. S.
2. In what Town, Township or Parish, and in what Country were you born?	Kentville N. S.
3. What is the name of your next-of kin?	Percy Simmons
4. What is the address of your next-of-kin?	Kentville N. S.
4a. What is the relationship of your next-of-kin?	Father
5. What is the date of your birth?	29th Aug. 1898
6. What is your Trade or Calling?	Farm Hand
7. Are you married?	No
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes
9. Do you now belong to the Active Militia?	No
10. Have you ever served in any Military Force? If so, state particulars of former Service.	No
11. Do you understand the nature and terms of your engagement?	Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Harold simmons (Signature of Recruit)

Date Aug 22nd 1916 William Tollives (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Harold Simmons, 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.

Harold simmons (Signature of Recruit)

Date Aug 22nd 1916 William Tollives (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 PICTOU, N. S. N. S. this 22nd day of Aug 1916.

C. W. Reis Capt (Signature of Justice)

Capt.

Justice of the Peace in and for the County of Pictou, Province of Nova Scotia

M. F. W. 23.
400M.—1 -15.
H. Q. 1772-39-841.

Description of Harold Simmons on Enlistment.

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

Height 5 ft 6½ ins.

Chest measurement.
- Girth when fully expanded 34 ins.
- Range of expansion 3 ins.

Complexion Dark

Eyes Brown

Hair Black

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

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 August 25 1916

Place Victoria N.B.

D McMurray
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.

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

D.H. Sutherland (Signature of Officer)

Date OCT 20 1916 191 .

931212	SIMMONS	HAROLD
SIN/NAS	Surname/Nom	Given names/Prénoms

CANADIAN FORCES
FORCES CANADIENNES

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

A0-348-8912

"CONTENTS CONFIDENTIAL"
"CONTENU CONFIDENTIEL"

CF 478 (10/74)
7530-21-870-6931

COMPONENT
ÉLÉMENT CEF

P. 559

MARRIED OR SINGLE S.

PLACE OF BIRTH Kentville N. S.

NAME AND ADDRESS OF NEXT OF KIN Percy Simmons
Kentville N. S.

RELATIONSHIP OF NEXT OF KIN Father.

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

	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.
								Separation							3 25	3 25							
	Apr. 1/30	30	1 10	33	00											33 00							
MAY	1.31	31	1 10	34	10											34 10	41 15	1/5 19/4					
June	1.30	30	–	33	00											33 00	70	14/5					
July	1.31	31	–	34	10											34 10							
Aug.	–	–	–	34	10											34 10							
Sep.	1.30	30	–	33	–											33 –							
				201	30											204 55							

67 30/5. 125 12/6 202 25/6 277 12/7 300 25/7

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
Sep	Bal	~~101 74~~ 86							101 74		
Oct	P.P.	34 10		AR. 580. 27 8/17 2 Constr. Bn att. C.F.C.	3 57		–	10			
				– 629 11 9/17 – – – –	3 57						
				– 469 13 8/17 – – – –	3 57				115 13		
		34 10			10 71			10			

OTIONS, &c.

EFFECTIVE DATE	AUTHORITY

OSPITAL, &c.

NAME OF HOSPITAL

REG'L NO. 931212 RANK NAME Simmons Harold

IF IN PERMT. CORPS WHAT UNIT } UNIT 2nd Con. Bn. TRANSFERRED TO DATE AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Pictou N.S. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION Aug 22-1916 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 10.00 DATE EFFECTIVE 1.4.17.

PAYABLE TO Mrs Gertrude Simmons, Kentville N.S. RELATIONSHIP Mother.

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)

ACQUITTANCE ROLLS 2 No.	2 DATE	3 No.	3 DATE	4 No.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY N.S.	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
													3 25				Bal from Canada.
										10 -		10 -	26 25		5 -	21 25	
						9 73 4 87				10		24 60	35 75		10 -	25 75	
						4 86				10		14 86	53 89		15 -	38 89	
										10 -	5 50	15 50	72 49		20 -	52 49	Inferts 5 do. pg 21.5.17 D.O. 120. 26.7.17.
		67	30/5.					3 57		10 -		13 57	93 02		25 -	68 02	
		125 202 277 300	12/6 25/6 12/7 25/7					3 57 3 57 3 57 3 57		10 —		24 28	101 74		30 -	71 74	
						19 46		15 85		60 -	5 50	102 81	101 74				

ALANCE DEFER- -RED. PAY SEP. ALLCE. ENG.

101 74

15 13

Pte 931212 Simmons. H 10.00

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
MONTH	PARTICULARS				CR. 1		CR. 2		PARTICULARS					DR. 1	DR. 2	DR. 3	CR. 4	BALANCE		DEFER-RED. PAY	SEP. ALLCE. ENG.						
	Oct Bal																	115	13								
Nov	P.P.				33	-											10										
									AR-829.	28 9/17			C.F.C.	3	57												
									-853.	12 10/17			--	3	57												
									-975.	25 10/17			--	3	57												
DEC	--				34	10			-1093.	10 11/17			--	3	57		10	147	95								
					67	10								14	28		20										
JAN 1918		P.P.			34	10.											10.										
									-1262.	23 11/17			2 Counts Bn	12	49												
									-1435.	21 12/17			-- --	7	14			152	42	50							
					34	10								19	63	- -	10										
FEB		"			30	80			Assigned Pay								10										
									-1866.	24 1/18			C.F.C.	3	57												
									"1599	4 1/18			Jura "	3	57			166	08								
					30	80								7	14		10										
MAR 1918		"			34	10			Ass Pay								10			60							
									AR 2015 -	14 2/18.			C.F.C. Jura	7	14												
									"2323. -	18 3/18			"	7	14			175	90								
					34	10								14	28		10										

CASH PAYMENTS			ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
2	3	4				CREDIT	DEBIT			

SURNAME. Simmons

B6 CARD NO.

CHRISTIAN NAMES Harold

SOS 14-4-19
Demob FOLL.
SO 105 cp 15-4-19
6DD

REGL. No. 931212 RANK Pte.

UNIT No 2 Construction Bn.

FORMER CORPS Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Simmons Percy,

RELATIONSHIP TO SOLDIER Father

ADDRESS Kentville, N.S.

COUNTRY OF BIRTH Canada, Kentville, N.S DATE Aug. 29th 1898.

PLACE OF ATTESTATION Pictou, N.S DATE Aug. 22nd 1916.

R/C. 10-4-19 30/0 9

L. L. 6945. M. & D. 6994. M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

From Halifax per S.S. "Southland" 28/3/17.

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Farm Hand RELIGION Baptist

DESCRIPTION.

APPARENT AGE 18 YEARS MONTHS

HEIGHT 5 FEET 3½ INCHES

CHEST MEASUREMENT 34 INCHES EXPANSION 3 INCHES

COMPLEXION Dark EYES Brown HAIR Black.

DISTINGUISHING MARKS Not Stated

MEDICAL EXAMINATION. PLACE Pictou, N.S. DATE Aug. 20th 1916

Present Address Kentville, N.S

NAME Simmons. F.

RANK AND CORPS Pte

REGT'L. NO. 931212

H. Q. FILE No 649

2 Con.

FOLLOWS NO.

FOLLOWS

CABLE NO.	DATE

NATURE OF CASUALTY

L. L. 31493 M. & D. 8476.

M. F. W. 42—100M.—28-11-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 324 (1)	Can. For. Corps. Lajoux Jura	14-9-18	V.D.G.
A 363	Disch.	30-10-18	20
A 400 (1)	No 5-1 Gen Etaples	13-12-18	20
A 426.	" " Dis " "	15-1-19	(20)

No. 1212. RANK Pte. NAME Simmons. Harold.

T. O. S. 22-8-16
D. O. 22-12-9-16

UNIT No 2. Construction Battalion

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Aug 22	Sept 30	✓		
	Oct.	✓		
	Nov.	✓		
	Dec.	✓		
1917	Jan 1917	✓		
	Feb.	✓		
	Mar	✓		

Form R. 149.

Harold

Name SIMMONS Rank pte Reg No. 931212

Unit 2nd C.C.C. Bn.

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
13-12-18	51 G. H. Staples.		20.	A.	400	6358.11
15-1-19	Discharged.		"	A.	426	6885.8.
					AB	

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

Form R. 149.

Name Simmons Harold Rank Pte Reg. No. 931212

Unit 2nd Const. Coy.

Next of Kin Canada

Date 1918		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List
14-9		C.F.C.H. La Joux		V.D.G.	A 32	4	[illegible]	4141/13
30	10	Disc		"	A. 36	3		5342/9

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

Number 931212 Rank Pte Spr

Surname SIMMONS

Christian Name Harold

Units C O R C E Theatre of War France

Date of Service 17/5/17

Remarks

Latest Address Kentville N.S.

Roll No 13 Page 11338

200m.-2-21.M.

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

DESP MAR 20 1922 REGN. NO.

*—Na[illegible] given in full; surname first.

Surname	Christian Name or Names	Reg. No.
SIMMONS	H	931212

Rank	Unit
Pte.	NS. 2 Con.

Cas. List.	
	Can.For.Hosp.La Jour Jura. 14-9-18
21-9-18.A324.	V.D.G.4.
6.11.18 A363	Disc - 30.10.18.
19.12.18 A400	51 Gen H Etaples 13.12.18.
	V.D.G.4.
22.1-19 A426	Disch 15.1-19

A.M.D. 2 Dept.

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

D.M.S.1300. 50M-30-8-18.

Cas. List.

Form R 122.
2353—100M—9-1-16

LTR

Rank Name SIMMONS, Harold Reg'l No. 931212

Unit No.2. Const. Bn. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Pictou.N.S. Aug.22nd. 1916. Place of Birth Kentville.N.S.

Name and Address, Next-of-Kin Percy Simmons.

Kentville, N.S. Relationship Father.

Assigned Pay Monthly $ Payable to MD6

Relationship

Separation Allowance $ Payable to Ct

Relationship

Discharge, Date and Place Reason Character

H. W. & V., Ld.—9546-16.

N/E. R.B. No. 9124
File R.L. OR CAN
Category

A.F.B. 103 CHECKED
30 MAY 1917

12/8

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.
	6.				
	Arrived	in England ss "Southland"		7-4-17.	Arrived
14.6.17	No 2 Const. Bn	~~How~~ Arrived in France	Field	17.5.17	Pt II 115
31.1.19	2nd C.C.Co.	Trans. Eng. Posted NSRD.	Pte. "	30.1.19	DO. 1. & 28 D/ 6-2-19 NSRD.
31.1.19	do.	Forfeits field allowance & under stoppages of pay. 50¢ per diem while in Hosp. from 13.12.18 to 16.1.19 (35 days)	" "		DO. 1.
12.3.19	NSRD.	SOS to MD. 6.	Pte Ripon	12.3.19	-57. & 75 D/ 14.4.19 MD6.
	Sailing No 35 A/ 30/3/19		Dis Area B Nom Roll 6		
3-4-19	M.D. 6	S.O.S to Canada	" Phyl.	30-3-19	-93

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.					

Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 1)
350m.—5-16
H. Q. 1772-39-920.

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

Casualty Form—Active Service.

Unit, Regiment or Corps No. 2 CONSTRUCTION, B'n. C.E.F.

Regimental No. 931212 Rank Pte Name Harold Simmons

Enlisted (a) 22-8-16 Terms of Service (a) C.E.F. end of war, 6 months & 6 months Service reckons from (a) 22-8-16

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
		Embarked from Canada	Halifax, N.S.	25/3/17	
		Disembarked, England	Liverpool	7/4/17	
	C. No 2 Constn Bath	Proceeded Overseas	Elsford		Pt 2 D. O. No
					H. B. Maclean Capt. Adjutant, No. 2 Construction Bat'n, C.E.F.
		Landed fn France 17-5-17 N.R.			
21.5.17	OC.	Forfeits 5 days pay for Making away with Iron Rations	Fld.	21.5.17	Brobg. Pt. 2. 120 26/7/17
31-8-18	OC	Granted 14 days leave	uk.	28.8.18	B213 pt 51 of Sept 1918
14-9-18	do	Rejoined from leave	Field.	12-9-18	B213

CERTIFIED CORRECT. 6 JUN 1917 CAN. RECORDS, LONDON.

MAY 17 1917

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

[P.T.O.

Report. 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
14-9-18	Jna Hosp	V.D.G. Admitted	—	14-9-18	W 4416.
14-9-18	cc	V.D.G. To Hospital.		14-9-18	B213
30/10/18	Jna Hosp.	V.D.S. Discharged	—	30/10/18	W 332.
2-11-18	OC/Mt.	V.D.G. Discharged	—	30-10-18	B213
2-11-18	do	Forfeits Field allowance is placed under stoppage of pay at the rate of 50¢ per diem from 14-9-18 to 30-10-18 (47 days)			B213 WEO 65 of Nov 1918
29/1/19 ~~11/12/18~~	AAG	Transfered to Eng & posted Ripon to N.S. Reg Depot ~~[illegible]~~		30/1/19. ~~[illegible]~~	~~[illegible]~~
~~14-12-18~~	N.S.R.D.	S.O.S. & attached to 2 C.C.D. for Qrs & Rations	B'shott	~~[illegible]~~	D.O. 305.
12 MAR 1919	N.S.R.D.	S.O.S. to Mil. Dist. No. 6	RHYL	12-3-19 RIPON	P. IID.O. To 57

Attached C.C.C. Kinmel Park for return to Canada Part II Order No. ___ Ceases to be attached C.C.C. Kinmel Park on embarking for Canada Part II Order No. ___

Lt. for O.C.

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

30 MAR 1919

[illegible] LIEUT.
OFFICER i/c RECORDS,
NOVA SCOTIA REGTL. DEPOT.

931212

ORIGINAL

MEDICAL HISTORY SHEET

Surname Simmons Christian Name Harold

Examined on 22nd day of Aug 1916 at Aldershot Camp H.S.

Birthplace City or Town Newcastle N.B. County Kings County

Apparent age 18 Years

Trade or occupation Farm Hand

Height 5 feet 8½ Inches

Weight 135 lbs.

Chest measurement Minimum 31 inches Maximum expansion 3 inches

Physical development good

Small-pox Marks None

Vaccination Marks Arm Right Left Left Number one

When Vaccinated last Six Months ago

(a) Marks indicating congential peculiarities or previous disease None

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

Approved by D Murray

Rank Lt A M C M.O.

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	
24/8/16		Dan Murray	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
18/10/16	1st R	D Murray Lt	M.O.
1/11/16	2nd R	D Murray Lt	M.O.
15/11/16	3rd R	G A Dunn	M.O.

Enlisted on 22nd day of August 1916 at Aldershot H.S.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	No. 2 Construction, Bn. C.E.	931212		22/8/16
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Summers Christian Name Harold

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			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
		Day	Month	Year	Day	Month	Year				

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. 931212 Rank Pte Surname SIMMONS

(Given name in full) Harold

Unit or Corps N.S.R.D. Birthplace Kentville N.S.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 136 lbs. Height 5 ft. 7 in. Colour of Eyes Brown

Nutrition Good

Pulse 78

Condition of arteries Good

Vision Rt. 6 Left 6

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

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

Opinion as to general health and physical condition Fit

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

Nervous System No Genito Urinary Sytem No Cardio-Vascular System No

Special Senses No Integumentary System No Respiratory System No

Disturbance of mentality No Muscular System No Digestive System No

Osseous and Joint System No Any other general condition No

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

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

[OVER]

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 ..... (Canada)

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

[OVER]

M.F.W. 129.
1038 (D.P.) 500M-11-18.
1772-39-1142.

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

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

NAME OF SOLDIER (Block Letters) SIMMONS. H.

REGIMENT N.S.R.D 31 RANK PTE. No. 931212

Date of Examination in England 12-2-19 | Date of Examination in France

A.D.D.S. CANADA
12-2-319
SOUTH RIPON

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 2. 5. 13. 18. 19.
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

ASSISTANT DIRECTOR OF DENTAL SERVICES
APR 11 1919
M. D. NO. 6

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

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

Signature of Dental Officer H. W. Broom Capt.

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins..... #2 Construction Battalion

(2) Regimental Number 931212

(3) Full Name of Soldier..... Simmonds Harold Edgar

(4) Place of Birth..... Aldershot, Kings County N. S.

(5) Are you married, or not ? ..... no

(6) If married, state,
(a) Full name of your wife..... —

(b) Present Postal Address..... —

(7) Are you a widower ? ..... —

(8) Have you any children ?..... —

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

Also their names and ages..... —

—

—

—

—

M. F. W. 67.

200M.—3-16.
I772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes, Percy Simmonds

If so, state name and address Kentville N S

(10) Is your Mother alive? Yes Mrs. Percy Simmonds

If so, state name and address Kentville

N.S.

(11) If your Mother is a widow no

Are you her sole support, or not? —

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

—

—

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

—

—

—

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

—

(15) Are you insured? no

If so, in what Company? —

Have you made arrangements for payment of your Insurance premium —

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

C. W. Reig Capt
for Officer Commanding.

Date 24/10/16

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

Ottawa 4, Ont.
Date Oct 27, 1969

Copy for HO file

TO:
À: ●

Attention of:
Compétence de:

CPC No.
CCP Nº .....

NAME SIMMONS Harold E. Service No. 931212 WW1 WVA No. 213713
NOM ..... Matricule Nº ..... AAC Nº .....

Information received from: STMO DVA Montreal Tele Memo Date Oct 23, 1969
Information reçue de: .....

Date of Death Oct 18, 1969
Date du Décès .....

Cause .....

Place Queen Mary Veterans Hospital
Endroit .....

Name and address of next-of-kin (if known)
Nom et adresse du plus proche parent connu .....

Distribution: WSR - VI - ~~BQx~~ - HO
DASG - ASS - BD - BC

Pour le chef,

for Chief, Central Registry Division.
Dépôt central des dossiers.

DVA 24 Bil (Rev. 7/69)

L-L.Job 5470—M. & D. 6388

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7-16
H.Q. 1772-39-819

Mrs

To Whom Gertrude Simmons

Address Kentville . N S.

Rate 10.

APR 1917

By Whom Assigned Simmons Harold

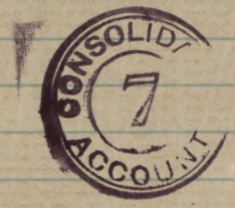
Regtl. No. 931212

Rank Pte

Corps 2. Can Battn

PAYMENTS

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



MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2. Mrs Gertrude Simmons
(Assignee)

Name of Soldier, Simmons Harold

93/2/2, Pte. 2. con Battn

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
			10.	APR 1917
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		Z 50 82	10	
May		F 11782	10	
June		E 18892	10	s
July		F 25149	10	c
Aug.		V 37845	10	
W.B. Sept.		E 395-18	10	
Oct.		M 45326	10	
Nov.		N 53075	10	
Dec.		M 62584	10	90 f
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

13 MAR 1919

~~Sil Cert~~ OK.

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

WAR SERVICE BADGE, CLASS "A" No. 147178 my

M. D. 6.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 931212

2 Rank. Pte

3. Name. Simmons Harold

4. Unit. NSRD Orig. 2 Con. Coc.

5 Date of Discharge 14-4-19 Place

6 Reason for Discharge Demobilisation.

Next of Kin Mother

Occupation Labour Group 7

Unit in France Service in France 22 Group

2 Con. Coc. Category. A.

7. Authority. **R. O. 1420**

8. Proposed Residence after Discharge Kentville N.S.

Embarked S S Saturnia Glasgow March 20'19

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.?

H. Simmons
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place HALIFAX, N.S. APR 11 1919

Date

Signature [signature] Major
O. C. Dispersal Station "B"
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

Signature of Soldier.

(O. C. Discharging Unit.)

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

Group
Checked by No 24
Date
29/3/19

War Service Badge Claim
Class A No. 147178

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

M. D. 6.

THIS IS TO CERTIFY that No. 931212 (Rank) Pte

Name (in full) Symmons Harold enlisted in

the 2nd Construction Bn.

CANADIAN EXPEDITIONARY FORCE at Aldershott on the 22nd

day of August 1916

HE served in France & Belgium with 2nd Cons. 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 20 - 8/12 yrs

Height 5 ft 3 1/2 inches

Complexion Black

Eyes Brown

Hair Black

Marks or Scars Nil

H Symmons
Signature of Soldier

O. C. Dispersal Station "B" Major
Issuing Officer

Date of Discharge

Dispersal Station "B"
APR 14 1919
Military District No. 6

Rank

APR 11 1919
Date 19

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.

M. D.
6.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

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

Name (in full) ..... enlisted in

the .....

CANADIAN EXPEDITIONARY FORCE at ..... on the

day of ..... 19..

HE served in .....

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

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

Age ..... Marks or Scars

Height .....

Complexion .....

Eyes .....

Hair .....

Signature of Soldier

Date of Discharge

Major

Assistant Adjutant

Issuing Officer

Rank

Date

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.R. 2
[illegible]
[illegible]

Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 103.)
500M.—9-16
H. Q. 1772-39-9-20.

Casualty Form—Active Service.

Unit, Regiment or Corps. No 2. Cons. Bn.

Regimental No. 931212 Rank. Pte Name. Simmons Harold.
C. E. F.

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

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

Extended..... Re-engaged..... Qualification (b)..... .....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
30-3-19.	O.I.S.	T.O.S. 6 DD. posted Disp Sta B.	Hfx.	10-4-19.	D.O. 105
14-4-19	—	T.O.S. on Discharge	—		D.O. 105

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

[P.T.O.

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

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

05343

Date of Assignment April 7/17.

S

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

10			

7 L 0 S 4 B

PARTICULARS OF SEPARATION ALLOWANCE

No. 931212.

Rank Pte Promoted Reverted Discharge

Soldier's Name Harold Simmons.

Battalion 2 Con. Battn.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. Gertrude Simmons.

Address Kentville N.S.

Change of Address

1

2

3

4

016805-a-30

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					
Dec 31	—		90	90	
Jan 18	A 63354		10	10	
Feb —	G 67779		10	10	
Mar	S 95717		10	10	
Apr	T 9322		10	10	✓
May	V 22611		10	10	✓
June	W 23722		10	10	✓
July	C 21402		10	10	
Aug	U 40521		10	10	
Sept	W 46671		10	10	
Oct	L 55056		10	10	✓
Nov	Y 54067		10	10	✓
Dec	Q 63852		10	10	✓
Jan	G 75625		10	10	✓
FEB	L 78332		10	10	✓
MAR	C 90921		10	10	✓
Apr	U 1914		10	10	
			250	250	

A/c Closed 30 4 19

Ret'd per Saturnia

Date 10.4.19 M.F.W.187 MD #6

Closed F.B. Valpy

Ot 16 4 19 RW MRO 72755 15-4-19

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

AUDITOR | PAYMASTER

Saturnia 10/4/19

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

M. OR S. | REGT. No. 931212 | RANK Pte | NAME (IN FULL) Simmons H. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID Nil | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
T.O.S.	30-3-19	Do 105

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

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 10.00 | DATE EFFECTIVE 1/5/19

PAYABLE TO Mrs. G. Simmons | RELATIONSHIP Mother | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS G.P.O. Kentville, NS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE Ft N.S. | DATE 14-4-19 | REASON Demob | AUTHORITY Do 105 | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.			TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT								110	91																											Doc no 722
					35	00																														6 Pat. Cl A 6
Mar-April	45	1.10	49	50	70	00			216	41							487	500	216	08	200	00			9	73					265	41				Acct. rec. from W.S.G.
					W.S.G.		S.A.																														Advances on boat Cl. 1
																																					Cheque on disch. 4 3
																																					Acct. Advances Reg.
153 days					350	00			350	00															70	00										First Payment W.S.G. as at June
																									70									210		May 7/19 G532774
																									70									140		June 13/19 5602028
																									70									70		#883721 — 11-9-19
																									70						350			Nil		#1119829 14-8-19
	350				350																				350						350					

Certified that all payments due on this account have been paid.

Capt. A.P.M.

For Senior Officer Pay Services, M. D. 6

100M-1-19.—L. L. 53962—M. & D. 9723.
M. F. W. 2596.
1772-39-1390.