

# PARTICULARS OF RECRUIT

## DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 110 1837)

1. Surname..... HARVIE,

2. Christian name..... Leonard Maine

3. Present address..... Noel Road, Hants N.S.

4. Military Service Act letter and number..... 647469 GC

5. Date of birth..... 19th. August 1894

6. Place of birth..... Noel Road, Hants, N.S.  
(town, township or county and country)

7. Married, widower or single..... Single

8. Religion..... Presbyterian

9. Trade or calling..... Mill Hand

10. Name of next-of-kin..... Oswell Harvie

11. Relationship of next-of-kin..... Father

12. Address of next-of-kin..... Noel Road, Hants, N.S.

13. Whether at present a member of the Active Militia..... No.

14. Particulars of previous military or naval service, if any..... No.

15. Medical Examination under Military Service Act:—  
(a) Place Truro, N.S. (b) Date 15/11/17 (c) Category A-2

Sufficient Address  
ORIGINAL

Sufficient Address  
JTB

### DECLARATION OF RECRUIT

I, Leonard Maine Harvie, do solemnly declare that the above particulars refer to me, and are true.

Leonard M Harvie (Signature of Recruit)

### DESCRIPTION ON CALLING UP

Apparent age..... 23 yrs..... 2 mths.

Height..... 5 ft..... 9 1/2 ins.

Chest measurement } fully expanded..... 36 1/2 ins.  
range of expansion..... 14 ins.

Complexion..... Medium

Eyes..... Grey

Hair..... Brown

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

W. G. G. G. G.  
for O.C. 1st Depot Btln. N.S. Regt.

Place..... Aldershot Hants, N.S. Date May 23rd, 1918

Taken on strength of No. 6 Engr. Depot 3-12-18  
Part II Daily Orders, No. 80 dated 11-12-18.



# PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class)

1. Surname

2. Christian name

3. Present address

4. Military service, lot letter and number

5. Date of birth

6. Place of birth

7. Married, widower or single

8. Religion

9. Trade or calling

10. Name of next-of-kin

11. Relationship of next-of-kin

12. Address of next-of-kin

13. Whether at present a member of the Active Militia

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

15. Medical examination under Military Service Act

(a) Date (b) Date (c) Category

## DECLARATION OF RECRUIT

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

(Signature of Recruit)

## DESCRIPTION ON CALLING UP

Apparatus used	
Height	ins
Chest	ins
Measurement	ins
Complexion	
Eyes	
Hair	
Distinctive marks and marks indicating congenital peculiarities or previous disease	

Place

Date

Signature



REGIMENTAL DOCUMENTS

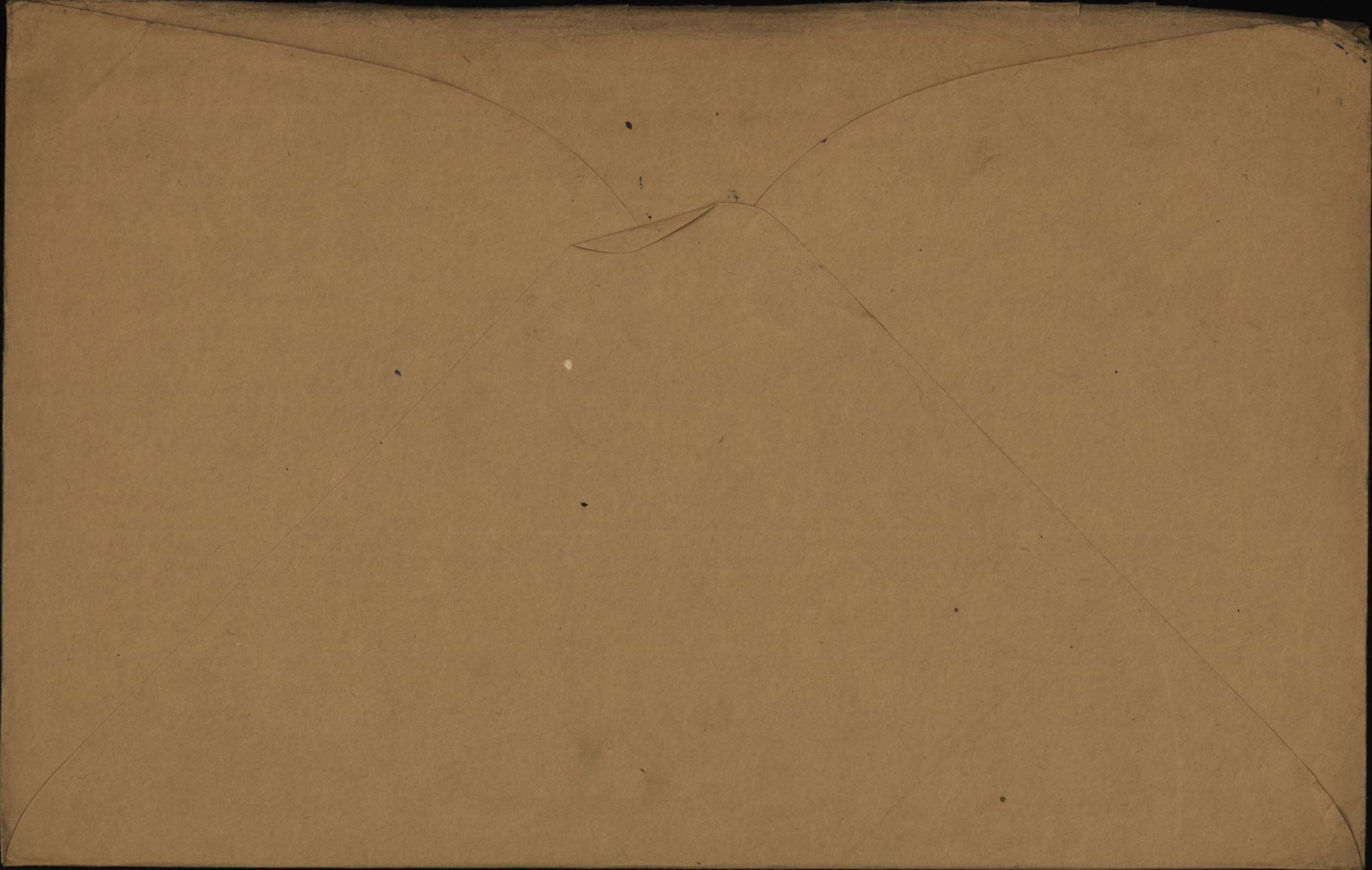
87  
5-6-19

NAME Harvie, Leonardo, Maine (Spr.) REGT. NO. 3185430 UNIT 1/21. S. Regt H. Q. FILE NO.



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)					
/ CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				13375	DEATH
/ TRAINING HISTORY SHEET (M.F.W. 113)					Category
/ 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. 178)					DISCHARGE
/ DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Demob.</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>M. J. W. 71</i>					







LEDGER No. 518

SERIAL No. B19557

REG. No. 3185430 NAME Harvey Leonard

RANK Spr. CORPS 6. C.D. AGE \_\_\_\_\_ SERVICE \_\_\_\_\_

HOSPITALS

DATE OF ADMISSION

1 C. S. M. Hospital

1.5.19.

2

3

DIAGNOSIS Epitaxis

TRANSFERRED TO Camp Hill: 1.5.19

DISPOSITION 20.5.19.

CATEGORY \_\_\_\_\_

M.F.W. 2513.  
1126-D.P.-50M-12-18.  
1772-39-1832.

P.T.O.







2. CARD NO. 4

SURNAME. *Harvie.*

CHRISTIAN NAMES *Marion Belle*

REGL. NO. RANK *Nursing Sister.*

UNIT *C.A.M.C (2 D.)*

FORMER CORPS *nil.*

*S.O.S. His 30-6-19*  
*Lennox FOLL*  
*180 206205-7-19*  
*100.774 190 of 7-7-19*  
*Feb. 3... 1918*  
*D.O. Part II No 112.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Harvie, Mrs. A. G.*

RELATIONSHIP TO SOLDIER *Mother.*

ADDRESS *R.R. #1 Galt, Ont.*

COUNTRY OF BIRTH *Canada, Kirkwall, Ont.*

DATE *Apr. 9<sup>th</sup>. 1893.*

PLACE OF ATTESTATION *Toronto, Ont.*

DATE *Feb. 3<sup>rd</sup>. 1918.*

*7-5-18*



MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

*Graduate Nurse*

RELIGION

*Presbyterian*

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

*Toronto, Ont.*

DATE

*Apr. 10<sup>th</sup>, 1918.*

*Present Address.*

*R. R. #1. Galt, Ont.*



Surname *Harvie*  
Christian names *Leonard Maive*  
Regtl. No. *3185430* Rank *Pte*  
Unit *K. S. Regt. 1st Dps. Bn*  
H. Q. ....  
M. D. No. *6* .....  
T. O. S. *May 23rd* 19 *18*.  
D. O. Pt. II *14 D* of *22-5-18*.  
S. O. S. *Win 28-5-19* 19.....  
Reason *Demob*  
Auth. *Pt II No 143 of 28-5-19 #6. Eng Wpo*

Next of kin *Harvie Oswell* Relationship *Father*

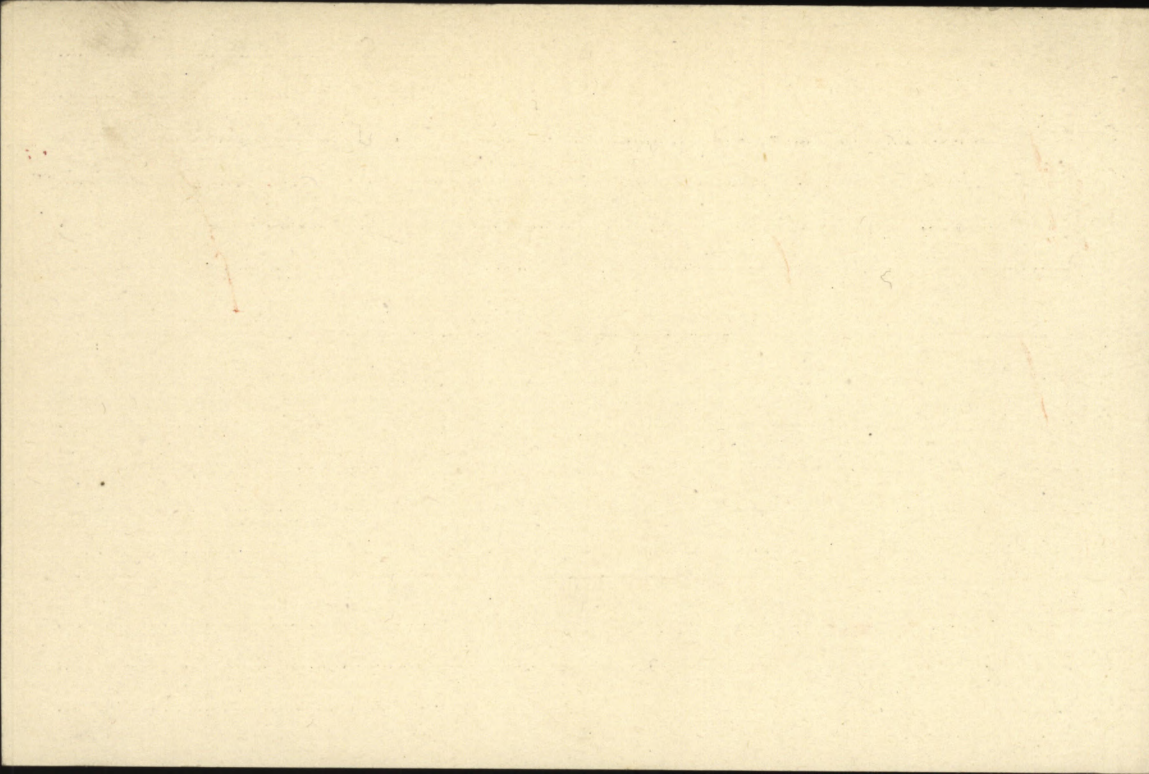
Address *Noel Road, Wauts Co. N.S.* Also notify: .....

BORN—Place *Canada Noel Road N.S.* Date *Aug. 19th 1894*

ATTESTED—Place *Aldershot N.S.* Date *May 23rd 1918*

O/S..... R/C.....







NAME	H A R V I E, Leonard Maine		
REGIMENTAL NO.	3185430	RANK	Spr.
ENLISTED AT	Aldershot, N.S.	PROMOTIONS, &c. AND DATE	
DATE	May 23rd, 1918.		
IF SERVED PREVIOUSLY. STATE UNIT, &c.	Nil.		
MARRIED, WIDOWER, OR SINGLE	Single.		
NEXT OF KIN	Mrs Oswell Harvie.	RELATIONSHIP	Mother
ADDRESS OF	Noel Shore, Hants Co., N.S.		
ASSIGNMENT OF PAY \$	C.	TO	
ADDRESS			
SEPARATION ALLOWANCE, ENTITLED OR NOT			
DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER			
IN WHOSE FAVOUR			



## CASUALTIES, &amp;C.

NATURE E.G. ABSENCE, PROMOTION, &C.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &C.
	No.	DATE	
Discharged & S.O.S. 28-5-19.	148	28-5-19.	"DEMOBILIZATION".
Authy:- R.O. 1420 1(c) dated 12-12-18.			
H.Q. 16-1-16 dated 14-9-18.			



CASE HISTORY SHEET.

2088 C/193

Coxswell Military Hospital Hospital.

Hahnemanns. Station.

No. 3185730 Rank Sp5 Name Harvey Leonard Age 24

Unit Cav Regt Completed years of service 1 year Where and how long

Date of admission 1/5/19 Date of discharge MAY 20 1919

Diagnosis Nose Bleeding Place of origin

epistaxis

CONDITION ON ADMISSION AND PROGRESS OF CASE

Came in with double epistaxis. No special measures such as "plugging" were required. Notice in any other respect. He had severe attacks at intervals previously.

Routine urinary examination brought out the finding of a faint trace of albumen and a few renal epithelial cells. Several tests were made subsequently with negative results.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

Luq.

CONDITION ON DISCHARGE

(and disposal made of case.)

Reent

H. Chuteer

Date

Medical Officer i/c case.

1619357



CASE HISTORY SHEET

MAY 20 1918

1100



# CLINICAL CHART.

Cogswell St. Military Hospital  
Ward 77

Corps C. E.

Hospital Station \_\_\_\_\_

No. 3185430 Rank and Name Spr. Harry Inard Age 24 yrs Service \_\_\_\_\_

Pres. \_\_\_\_\_

Disease Epilepsy Date of Admission 1-5-19 Date of Discharge 20-5-19 Result Reced Serial No. A. & D. Book \_\_\_\_\_

Dates of Observation	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		19	
	TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME	
Days of Disease	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17					
Temperature Fahrenheit	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.		
107°	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	
106°	4	2	4	2	4	2	4	2	4	2	4	2	4	2	4	2	4	2	4	2	4	2	4	2	4	2	4	2	4	2	4	2	4	2	4	2	4	
105°	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	
104°	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	
103°	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	
102°	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	
101°	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	
100°	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	
99°	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	
98°	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	
97°	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	6	8	
Pulse per Minute	62	60	65	64	60	60	64	68	68	68	88	76	80	72	60	86	80	60	84	80	64	70																
Respirations per Minute	18	16	20	18	18	20	20	20	20	20	18	18	22	20	16	18	20	15	20	20	20	18																
Motions	1	1		1		0		1				1		1		1		1		1																		

Signature J. C. Church In charge of case.



CLINICAL CHART

Case

No.

Disease

Date of Admission

Date of Discharge

Physician

107

106

105

104

103

102

101

100

99

98

97

96

95

94

93

92

91

90

Hospital Station

Sex

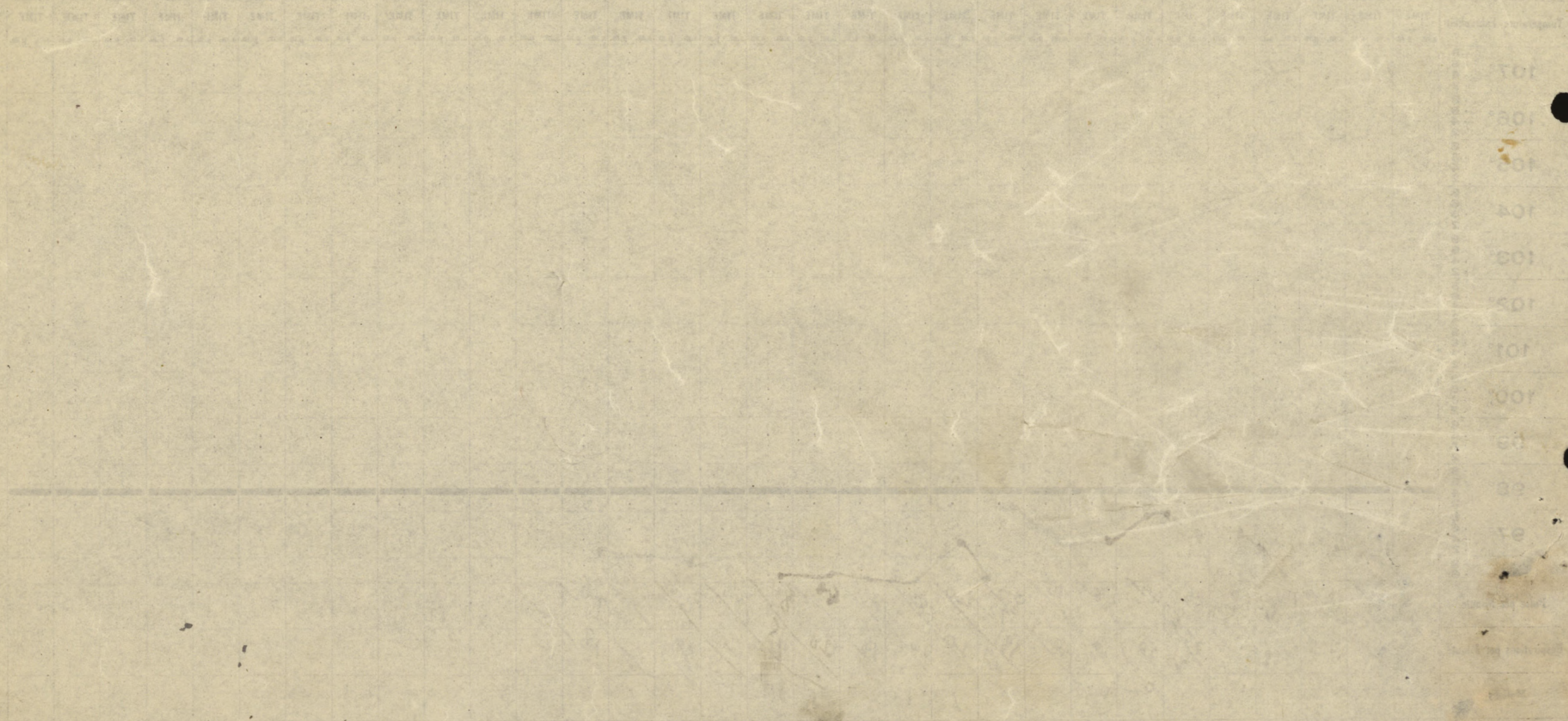
Age

Race and Nationality

Serial No. of C. D. Book

Date of Discharge

Result



In charge of case

Signature

Physician

Date

Initials



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-BATTALION, Nova Scotia Regiment

Regimental No.

3185430

Rank

Pte.

Name

Harvie Leonard Maine

C. E. F.

Enlisted (a)

23-5-18

Terms of Service (a)

WAR and 6 Mos.

Service reckons from (a)

23-5-18

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)

Military (Mill Hand) Pte.

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 No. 6. Engineers Depot D.O. 336 Paras.	Halifax	4/12/18	T.H.E. James Capt. for O. C. 1st. Depot B'n N. S. Regt.
		S.O.S. Discharged at Halifax, N.S. 28-5-19			DEMOBILIZATION R.O. 1420(1c) D/t. 12-12-18
		H.Q. 16-1-16 D/t. 14-9-18			Daily Order No. 148 D/t. 28-5-19
		for Adjutant No. 6. Engineer Depot.			Int. Holder. H. & W. Capt. R.C.E.
		Taken on strength of No. 6 Engr. Depot			3-12-18.
		Part II Daily Orders, No.			FO dated 11-12-18.

(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.







# CANADIAN EXPEDITIONARY FORCE DISCHARGE CERTIFICATE

*Copy*

**This is to Certify** that No. 3185430 (Rank) Sapper  
 Name (in full) HARVIE, Leonard Haine enlisted in  
 the 1st Depot Battalion, Nova Scotia Regiment  
**CANADIAN EXPEDITIONARY FORCE** at Aldershot, N.S. on the 23rd  
 day of May 1918.  
 He served in the 1st Depot Bn., N.S. Regt. & Canadian Engrs., "C.E.F."  
 and is now discharged from the service by reason of Demobilization. Authy:- R.O. 1420 1(c)  
Medical Unfitness. dated 12-12-18.

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

Age 24 years 9 months  
 Height 5 feet 9 1/2 inches  
 Complexion MEDIUM  
 Eyes GRAY  
 Hair BROWN

Marks or Scars.....  
 .....  
 ..... NIL .....

L. M. Harvie Sapper, C.E.  
 Signature of Soldier

[Signature] Major, C.E.  
 Issuing Officer

Date of Discharge

**NO. 6 ENGINEER DEPOT.**  
**MAY 28 1919**  
**HALIFAX, N. S.**

C.E.C.F., N.S. No. 6.  
 Rank

Date May 28th 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.



- 1.—That discharge certificate must be carried when wearing uniform;
- 2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing; and
- 3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.



# 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. 3187430 Rank Sapper Surname Harvey  
(Give name in full)

Unit or Corps 6th Engineer Coy Birthplace Wool Rest, Hants, Eng

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

**1. GENERAL DESCRIPTION:**

Physique fit Weight 170 lbs. Height 5.9 ft. Colour of Eyes Blue  
 Nutrition fit  
 Pulse 65  
 Condition of arteries fit  
 Vision Rt. 20 Left 20  
 Hearing (conversational voice) Rt. 20 ft. Left 20 ft.

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

Nil

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 System 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 27-5-19 ..... Signed Leonard M. Harris 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 Leonard M. Harris

(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]



# MILITARY SERVICE ACT, 1917. 3185430

## 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 HARVIE Christian name Leonard  
 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule. 647469 GC.  
 3. Consecutive number on schedule of men reporting for service (if he appears on it) 1837.  
 4. Address (including street and number, if any) Noel Road, Hants, N.S.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 15th. day of November 1917, by the undersigned medical board sitting at Truro, N.S.

5. Age as stated 23 Years 2 Months. 6. Apparent age 23 Years 2 Months  
 7. Height 5 Feet 9½ Inches. 8. Weight 161 Pounds.  
 9. Chest measurement { Minimum 35 Ins. 10. Complexion Medium { Eyes Grey  
 { Maximum 36½ Ins. { Hair Brown  
 11. Physical development. Good { Good  
 { Fair  
 { Poor 12. Smallpox marks. None  
 13. Number of vaccination marks { Right arm -  
 { Left arm - 14. When vaccinated last. Never  
 15. Distinctive marks and marks indicating congenital peculiarities or previous disease.

16. Slight defects but not sufficient to cause rejection Left Varicocele  
 The man denies having had { Rheumatism We find no evidence of past { Rheumatism  
 { Tuberculosis { Tuberculosis  
 { Syphilis { 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 A-2  
 17. (a) Vision R. 20/40 L. 20/30  
 (b) Hearing. R. NORMAL

H.V. Kent, Major, A.M.C. President.

S.A. Fulton, CP. Member. F.S. Kinsman CP. Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>6-6-18</u>	<u>OST. Parker</u>	<u>M.O.</u>	<u>25-5-18</u>	<u>OST. Parker</u>	<u>M.O.</u>
		<u>M.O.</u>	<u>6-6-18</u>	<u>OST. Parker</u>	<u>M.O.</u>
		<u>M.O.</u>	<u>15-6-18</u>	<u>OST. Parker</u>	<u>M.O.</u>

Joined 23rd. day of May 1918 at Aldershot, N.S.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>1DBNSR.</u>	<u>3185430</u>		<u>23/5/18</u>
Transferred to.....				

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Aldershot.</u>	<u>10-8-18.</u>	<u>Nil</u>	<u>As per [Signature] Capt.</u> <u>D.F.W. [Signature]</u>

Signature of Man Leonard M. Harvie.

N. B.—This sheet is 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.





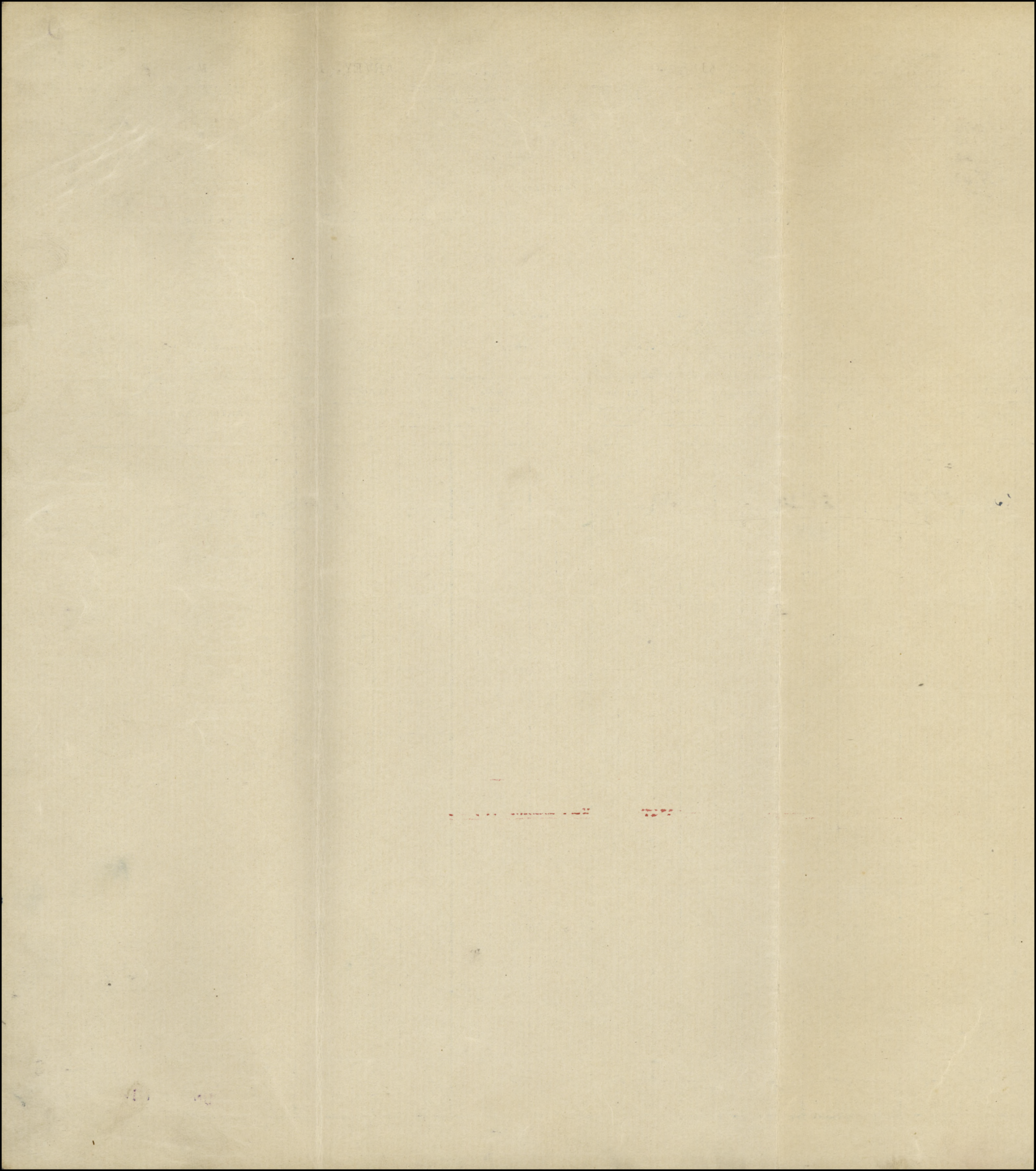


















DIVISIONAL LABORATORY  
URINE REPORT

#3185430

Name Hannay No. \_\_\_\_\_ Corps.....  
Ward 11 Date 10/5/19

Received from.....

Volume .....

Sp. Gr. 1.022

Reaction acid

Albumin trace faint

Blood nil

Glucose nil

Bile nil

Deposit a trace epithelium

cells no casts or crystals

Examined by H. G. Mahabier

Major AMC

M. F. W. 2537.

20m.-1-19.

1772-39-1314.



Received from

Volume

Page

Number

Amount

Kind

Class

Date

Exhibit

Examined by

M. W. 1937

1937-1-19

1778-30-1214



W 911  
S. P. Murray

RY

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

Ward..... Date. 19/5/19.....

Received from.....

Volume .....

Sp. Gr. 10.30.....

Reaction acid.....

Albumin Nil.....

Blood Nil.....

Glucose Nil.....

Bile Nil.....

Deposit.....

Examined by K. G. Mahabadi  
Major

M. F. W. 2537.

20m.-1-19.  
1772-39-1314.



INVESTIGATION OF THE  
L. J. DURIN KIDNAPING

Case No. 100-10000

Received from

Voluntarily

Sp. CA

Witness

Attorney

Block

Class

File

Deposit

Examined by

M. P. W. 1937

20m-1-18

1772-39-1314



Spratt, Harvey, G.

RY

G.E.

7-5-19

3185430

Rank..... Name..... Corps.....

Ward..... Date.....

Received from.....

Volume .....

Sp. Gr. 1012

Reaction Alkaline

Albumin faint trace

Blood Nil

Glucose Nil

Bile Nil

Deposit a few epithelial cells

of a few epithelial cells

Examined by K.G. Mahabir

Major Amc

M. F. W. 2537.

20m.-1-19.

1772-39-1314.



DIVISIONAL

PRINTING

Printed by

THE PRESS

100, 101, 102  
ANNAMALAI



LABORATORY  
REPORT

Rank 1st Lt No. 1000 Corps.....

Ward 11 Date 3/5/19

Received from.....

Volume .....

Sp. Gr. 1002

Reaction alkaline

Albumin nil

Blood nil

Glucose nil

Bile nil

Deposit.....

Examined by K. Mahabir

Major Amc

M. F. W. 2537.

20m.-1-19.

1772-39-1314.







Ward... II

Spr. Harvey

C. G. # 3185730

os.....

Ward.....

Date.. 9/5/19

Received from.....

Volume .....

Sp. Gr. 10.20

Reaction acid

Albumin trace faint

Blood nil

Glucose nil

Bile nil

Deposit: many epithelial cells

no casts or crystals

Examined by K. G. Malabo

Major Amc

M. F. W. 2537.

20m.-1-19.

1772-39-1314.



DEPARTMENT OF LABOR  
UNITED STATES REPORT

Received from  
Date

1917

Volume

No. 1090

Section

Child

Allyum

Law

Class

1917

Class

1917

Class

1917

Class

1917

Examined by

M. F. W. 2837

1917-1-19

1772-22-1214



This space to be for numbers.

# Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No. **3185430**

Rank **Sapper**

Surname **HARVIE**

Christian name **Leonard Maine**  
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) **"Signal Section" No.6.Engineer Depot**

Date of discharge **28th.May 1919**

Place of discharge **Halifax, N.S.**

## 1. DESCRIPTION AT THE TIME OF DISCHARGE.

	Descriptive marks
Age..... <b>24</b> .....years..... <b>9</b> .....months.	
Height..... <b>5</b> .....feet..... <b>9½</b> .....inches.	<b>Nil</b>
Complexion <b>MEDIUM</b>	
Eyes <b>GREY</b>	
Hair <b>BROWN</b>	
Trade <b>LUMBERMAN &amp; FARMER</b>	
Intended place of residence (To be given as fully as practicable.)	
<b>Leithbridge</b> <b>Alberta, Canada</b>	

2. The above-named man is discharged in consequence of **DEMOBILIZATION-38**

Authority for discharge **R.O.1420(1c)D/t.12-12-18**  
**H.Q.16-1-16D/t.14-9-18**

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

3. Conduct and character while in the service have been, according to the records, etc.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.



5. He is in possession of the following number of G. C. Badges

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, (Squadron or Battery, and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date).....

Commanding.....

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place) Halifax, N.S. L. M. Harvie Sapper, C.E. (Signature of Soldier.)

(Date) 28-5-19 J. H. H. C.Q.M.S. (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.... (the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) Halifax, N.S.

(Signature) Major, C.E.

(Date) 28-5-19

C.R.C.E.Mil.Dis.No.6



**Reservations referred to at Para. 8.**

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

**List of Discharge Documents**

Reg. Conduct Sheet	Minutes form D 202
Separation	Minutes form D 202
Battery	Minutes form D 202
Company	Minutes form D 202
Field Conduct Sheet	Minutes form D 202
Copies of Convictions by C. P.	Minutes form D 202
Med. Hist. Sheet	Minutes form D 202
Casualty Form	Minutes form D 202
Medical Report for Lavand	Minutes form D 202
Dental History Sheet	Minutes form D 202
Last Pay Certificate	Minutes form D 202
Duplicate Discharge Certificate	Minutes form D 202
Form of W/P	Minutes form D 202
Final Discharge Medical Unit	Minutes form D 202
Final Discharge Medical Unit	Minutes form D 202

*Leonard Maine Hawie*

**Sapper, C.E.**



## List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263</p> <p>Squadron }          Battery } Conduct Sheet, " B. 263a          Company }          or          Field Conduct Sheet " W. 178</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia form B. 313</p> <p>Casualty Form " W. 54</p> <p>Medical Report for Invalid§ " B. 227</p> <p>Dental History Sheet " B. 465</p> <p>Last Pay Certificate " W. 44</p> <p>Duplicate Discharge Certificate " W. 39A</p> <p>‡Form of Will " W. 82</p> <p>§Only if discharged "Medically unfit."</p> <p>‡Only if man has not been overseas.</p>	<p>Attestation Paper Militia Form W. 23          or          Particulars of Recruit " W. 133</p> <p>Proceedings on Discharge " B. 218</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="padding-left: 40px;">(a) Proceedings on Discharge.</p> <p style="padding-left: 40px;">(b) Attestation.</p> <p style="padding-left: 40px;">(c) Medical History Sheet.</p>
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Documents not accompanying this form should be crossed out.

*I hereby certify that the following documents are unobtainable.*

*Officer Commanding.*

*N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.*