

Enlisted  
Jan 6 1916  
G. K. R. G.

To date  
Jan 10 1916

B. Coy.

**ATTESTATION PAPER.**  
109th OVERSEAS BATTALION, C. E. F.

No. 725101

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

**ORIGINAL**

**QUESTIONS TO BE PUT BEFORE ATTESTATION.**

(ANSWERS.)

1. What is your surname?..... Harris
- 1a. What are your Christian names?..... Walter
- 1b. What is your present address?..... Amesee
2. In what Town, Township or Parish, and in what Country were you born?..... Redding England
3. What is the name of your next-of-kin?..... Mrs. Harris
4. What is the address of your next-of-kin?..... 74 Elm Park Road Redding Eng
- 4a. What is the relationship of your next-of-kin?..... Sister
5. What is the date of your birth?..... 1st May 1897
6. What is your Trade or Calling?..... Labourer
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?..... No  
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... Yes
12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } Yes

**DECLARATION TO BE MADE BY MAN ON ATTESTATION.**

I, Walter Harris, 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.

Walter Harris (Signature of Recruit)

Date Jan 10 1916 W. J. Thompson (Signature of Witness)

**OATH TO BE TAKEN BY MAN ON ATTESTATION.**

I, Walter Harris, 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.

Walter Harris (Signature of Recruit)

Date Jan 10 1916 W. J. Thompson (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 Amesee this 25<sup>th</sup> day of January 1916

Ref. Mulligan (Signature of Justice)

2  
ADA

# Description of Walter Harris on Enlistment.

Apparent Age 18 years 5 months.  
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft. 5 ins.

*None*

Chest measurement { Girth when fully expanded 34 ins.  
 Range of expansion 2 ins.

Complexion Dark

Eyes Brown

Hair Black

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

## CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date Jan 1st 1916.

*J. H. Boyd*  
*J. Macleod* Capt.  
 Medical Officer  
 109th Overseas Battalion, C. E. F.

Place Lindsay

\*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.

Walter Harris 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.

*J. H. Boyd* Lt. Col. (Signature of Officer)  
 O. C. 109th Overseas Battalion, C. E. F.

Date JAN 26 1916 1916.

REGIMENTAL DOCUMENTS

NAME Harris, Walter REGT. NO. 725101 UNIT 109th Bu H. Q. FILE NO.

12-7-19

(M.M. P. 12ar.1)

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505 REFERENCE

NON-EFFECTIVE BY

9

*[Handwritten signature]*

M

II

10898

DEATH  
Category

DISCHARGE  
Category  
*Demob*

DESERTION

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

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. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

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)

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)

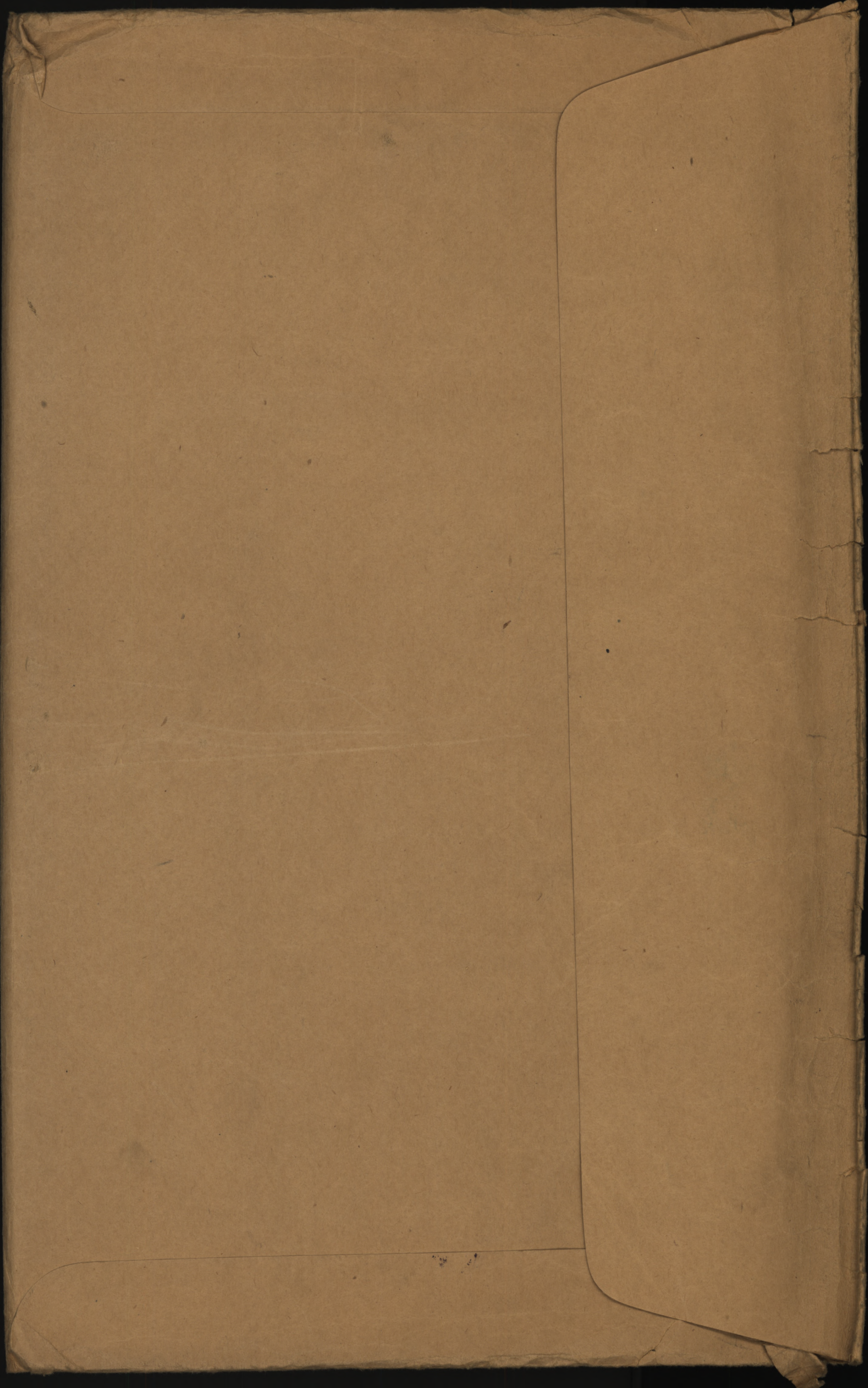
*2 c.d. 3*

*1 m.o.w. 67*

*1 to a. h. 5009*

*3*

*2-4  
3-5  
3*



STATEMENT OF HOSPITAL TREATMENT

Surname *Harris* Christian Name or Names *W.* Reg. No. *425101*  
 Rank *Pvt.* Unit *109th Btn 38th Batta.* Co. *E.O.* Troop *E.O.* Batty *E.O.*  
 Hospital *Pvt.* Date of Admission *E.O.*

Transferred *Bramshott. Mil* Hosp. *2.9.16*  
*Couvaught. Aldershot* Hosp. *9.9.16*  
*22 Gen. Hosp. Cannes Camille* Hosp. *1.1.17.*  
*6 bonval. Depot Etaples* Hosp. *13-1-17.*

Diagnosis

(1) Later Diagnosis (if changed)

(2)

(3)

*nyd. '0'*  
*Postnasal Bronchial catarrh*  
*Bronchitis*  
*P.W. to Exp. com P.W.O at.*

Additional Diagnosis: if more than one state present

DISPOSITION

Date

*Cp 13.9.16 12*

*20.9.16 13.*

*" 27.9.16 15*

*" 10.1.17 A101.*

*23-1-17 A110.*

*1.2.17 a 117.*

*- 10.5.17 a/192.*

*1.5.17. 10.202 2*

*6-5-18 a206*

*17.5-18 A216 -1*

*4.6.18 a250*

*Dis 19.9.16*

REMARKS

*Dis to B. Det. Etaples*

*23.1.17*

*To Duty 10.4.17*

*Dis 18.6.18*

A.M.D. 2 DEPT.

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

*10<sup>th</sup> / R.*

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1. #6 bas bleas stat

8.4.17

2. 13 can feca Amb.

27.4.18

3. 11 " " " "  
54 cc s.

30.4.18

13.5.18.

4.

5.

6.

7.

GBP  
*[Signature]*

~~B~~

Number 725101 Rank Pte

Surname HARRIS

~~X~~

Christian Name Walter

Units 38 Bn Can Inf Theatre of War France

Date of Service 6-12-16

Remarks \_\_\_\_\_

Latest Address ~~P.O. Box 53, Amnemet~~

R.C.M. Police Ont  
Regiment  
Sask

*B. Page*

Roll No. 14573.

200m.-2-21.M.

By Hand 7-7-22



No. 725.101.

RANK

Pte

NAME

Harris W.

T. O. S. 1-1-16.

UNIT

109th. Battalion.

S. O. 39. 5-1-16.

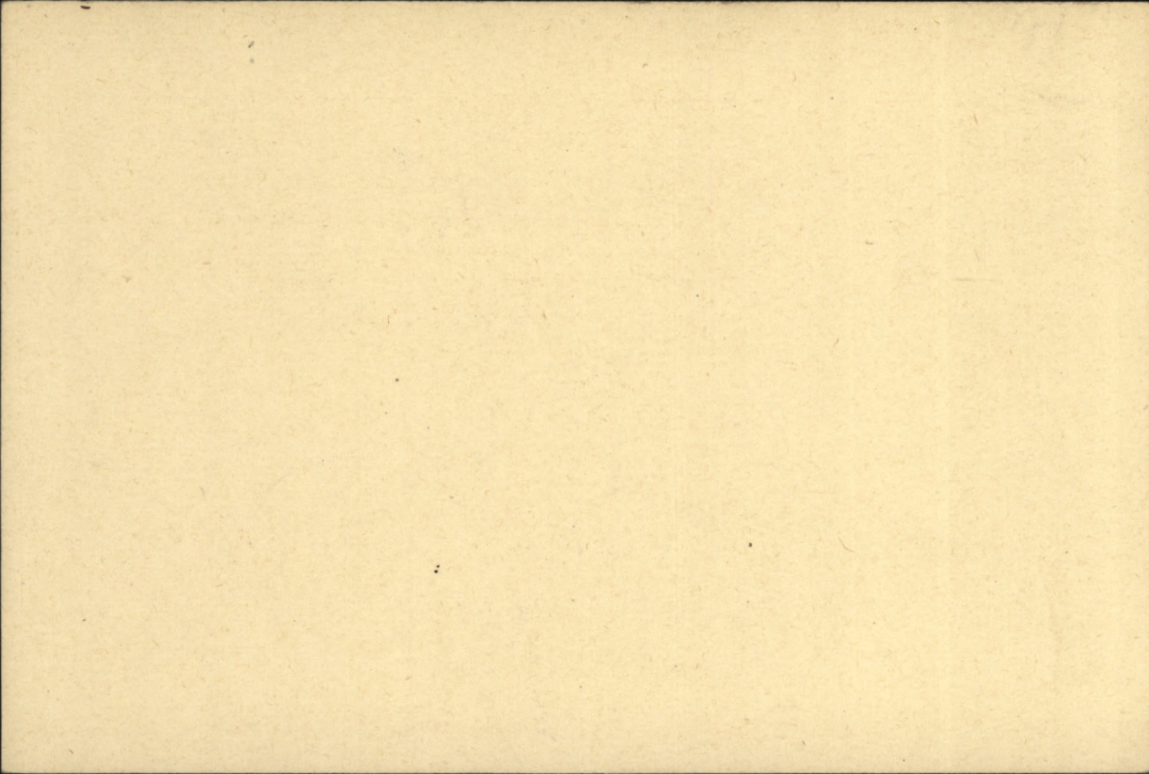
M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Jan.	1916 Jan 31	✓		
Feb.		✓		
Mar.		✓		
April.		✓		
May.		✓		
June.		✓		
July 1	July 20.	✓	Dischgd.	S. O. 207.

UNIT SAILED

JUL 23 1916

a/c closed by payment. S



Name **HARRIS** *Walter* Rank **Pte.**  
 Unit **38th Battn.**

Reg. No. **725101.**

Next of Kin **Mary Harris, 74 Elm Park Rd. Reading. Berks.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917			(slt)			
1-1	No. 22 Gen. Hos. Dannes Camiers		Bronchitis	A101.		
13-1-17	No. 6 Con. Dep. Etaples		do	A110		
22-1-17	Disc. to Base Detls. Etaples.		do	A117.		
8-4	No. 6 Cas. Clg. Stn.	SW. R. Eye.		A192.	M4077.10-5	
10-4	To Duty.	do		A192.		







Name **Harris, Walter** Rank *B*

Reg. No.

Unit **109th. Battalion.**

Next of Kin

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
2-9-16	Mill Hosp	Bramshott	N.Y.D.	12		
9-9-16	Connaught	Oldershott	H.F.D.	1315		
14.9.16	<i>Dis. Pulmonary Bronchial Catarrh</i>					





NAME *Narris*

*W.*

REG'T'L. No. *725-101*

RANK AND CORPS *Plt.*

*38th.*

H. Q. FILE NO 649

*Follows*  
No. *East. Ont. Reg.*  
FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

a. 206	#11 Can. Fld. Amb.	30-4-18	P. U. O.
a 216 <sup>"</sup>	57 Can. Clg. Str.	13-5-18	P. U. O.
a 250 <sup>"</sup>	Discharged	18-6-18	P. U. O.

REGT'L NO 425101

NAME Harris Walter

H. Q. FILE NO. 649-

RANK AND CORPS Pvt (prom) 109th Bn) 38th Bn.

FOLLOWS

No.

CABLE  
No. DATE

NATURE OF CASUALTY

FOLLOWS

M4077 9-5-17

Ep.  
Adm. to 6th Cas. Col. Stat. April  
8th 1917 USW Eye ✓

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
12	Mil Bramshott	2-9-16	N. Y. D.
13	to Com. Aldershot.	9-9-16	N. Y. D.
15.	Discharged	19-9-16	Postnasal Bronchial Catarrh.
a 101.	* 22 Gen. Learners	1-1-17.	Bronchitis sft.
a 110 to	No. 6. Conv. Depot. Etaples	13-1-17	Bronchitis
a 117 to	Disc. to Base Details Etaples	22-1-17	Bronchitis
a 192-1	No. 6 Cas. Cl. Stat.	8-4-17	sw. R Eye
a 192-1	To Duty	10-4-17?	sw. R Eye
a 202 <sup>(2)</sup>	No 13 lead. Eld. Aub.	27-4-18	P. U. C. (E. O. P.)

SURNAME.

Harris

(M.S.M. 2.4=190750) Bay to M.S.M. 2.4 # 31227  
M.M. 13/3/18. auth: L.G. # 30573

CARD NO.

CHRISTIAN NAMES

Walter

S.O.S. 16-6-19. Derricks

FOLL.

REGL. No.

725101

RANK

Pte.

D.O. 177 of 26-6-19.

# 3. 12. 8

UNIT

109<sup>th</sup>

Batt.

FORMER CORPS

Nil.

NEXT OF KIN.

NAMES IN FULL

Harris, Mrs Mary

RELATIONSHIP TO SOLDIER

Mother.

ADDRESS

~~74, Elm Park Rd., Reading,  
Berks., Eng.~~

CHANGE OF ADDRESS

122 Kennet Side,  
Reading, Berks.,  
(auth. 54-21-38-1)  
10/1/18

COUNTRY OF BIRTH

England, Reading, Berks.

DATE

Aug. 1<sup>st</sup> 1897.

PLACE OF ATTESTATION

Omemees, Ont.

DATE

Jan. 25<sup>th</sup> 1916

o/s 23-7-16 488  
16

R/C. 13-6-19. 347  
55.

MARRIED

SINGLE

*Yes.*

WIDOWER

TRADE OR CALLING

*Labourer*

RELIGION

*b. of E.*

DESCRIPTION.

APPARENT AGE

*18*

YEARS

*5*

MONTHS

HEIGHT

*5*

FEET

*5*

INCHES

CHEST MEASUREMENT

*34*

INCHES

EXPANSION

*2*

INCHES

COMPLEXION

*Dark.*

EYES

*Brown.*

HAIR

*Black.*

DISTINGUISHING MARKS

*Nil.*

MEDICAL EXAMINATION.

PLACE

*Lindsay, Ont.*

DATE

*Jan. 1<sup>st</sup> 1916*

DEPARTMENT OF VETERANS AFFAIRS

Dept. of Veterans Affairs  
War Service Records

Ottawa Ont

Copy for H.O. FILE

JUL 27 1962

Date July 26/62

Attention of

Referred to

NAME HARRIS, Walter.

SERVICE 725101 CEF  
NUMBER

C.P.C. No. 164386  
W.V.A. No.

NAVY  
ARMY X  
R.C.A.F.

The DEPARTMENT has received information from

INTERVIEW REPORT.

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death June 13/62  
Cause of Death  
Place of Death Ottawa, Ont.

Name and Address of next of kin (if known)

Copies to: W.S.R.  
V. I.  
~~RAY~~  
~~BO~~  
H.O.

} Destroy form if advice of death already received.

for  
Chief, Central Registry

DEPARTMENT OF VETERANS AFFAIRS

Form No. 10-71

Attention of

NAME: [Name], [Address]

SERVICE NUMBER

W.V.A. No.

ARMY AIR FORCE NAVY  
X  
10-71

The Department has received information from

MARTIN KAPLAN

(Name and address of informant)

regarding the death of the above named veteran.

Particulars are as follows:

Date of Death: June 19, 1962

Place of Death: [Location]

Place of Birth: [Location]

Name and Address (if not known)

Copy to: [Name]

XXX

XXX

XXX

Chief, Central Registry



**DUPLICATE**

H.Q. 51-21-23-53

To be made out in duplicate.

**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.....

*109th OVERSEAS BATTALION, C. E. F.*

(2) Regimental Number.....

*725 101*

(3) Full Name of Soldier.....

*Walter Harris*

(4) Place of Birth.....

*Redding Berkshire England*

(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?.....

*No*

(8) Have you any children?.....

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

Also their names and ages.....

(9) Is your Father alive? *no*

If so, state name and address .....

(10) Is your Mother alive? *Yes*

If so, state name and address.....

*Mrs Mary Harris 74 Elm  
Park Road Redding Buxton Co. England*

(11) If your Mother is a widow *Yes*

Are you her sole support, or not? *no*

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

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

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

(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.

Date *July 10<sup>th</sup> 1916*

*[Signature]*  
Lt. Col.  
Officer Commanding  
C. C. 109th Overseas Battalion, C. E. F.



CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge

Class "A" No. ....

229842

THIS IS TO CERTIFY that No. 725101 (Rank) Private

Name (in full) Harris M.M. & Ben Walter enlisted in  
the 109<sup>th</sup> B<sup>n</sup>

CANADIAN EXPEDITIONARY FORCE at Onemee on the 1<sup>st</sup>  
day of January 19 16

HE served in 38<sup>th</sup> B<sup>n</sup> in France

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:

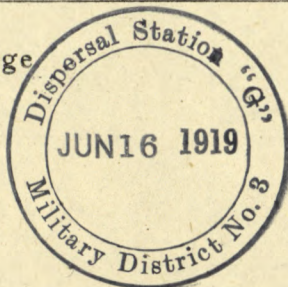
Age..... 21  
Height..... 5' 5"  
Complexion..... Dark  
Eyes..... Brown  
Hair..... Black

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

W. Harris  
Signature of Soldier.

[Signature]  
Issuing Officer.

Date of Discharge



Rank

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.

5772117

Writ of Habeas Corpus  
Class 18

18

Order of  
the Court

in favor of

*[Faint handwritten signature]*

# CANADIAN EXPEDITIONARY FORCE

War Service Badge  
**DISCHARGE CERTIFICATE** Class "A" No. 229842

THIS IS TO CERTIFY that No. 725101 (Rank) Private  
 Name (in full) HARRIS M.M. Walter enlisted in  
 the 109<sup>th</sup> Batta.  
 CANADIAN EXPEDITIONARY FORCE at Omemece on the 1<sup>st</sup>  
 day of January 1916  
 HE served in 38<sup>th</sup> Batta. in France,  
 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 <u>21.</u>	Marks or Scars <u>Nil.</u>
Height <u>5'-5"</u>	
Complexion <u>Dark</u>	
Eyes <u>Brown</u>	
Hair <u>Black</u>	
<u>M.M. Harris</u> Signature of Soldier	<u>[Signature]</u> Issuing Officer
Date of Discharge	Rank <u>[Signature]</u>

Dispersal Station "G"  
**JUN 16 1919**  
 Military District No. 3

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.

Order  
issued  
G. C. R.

Q 9

- 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.

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 725101 (Rank) Private

Name (in full) Harris, Walter (M.M. & Bar, M.S.M.) enlisted in

the 109th Overseas Battalion (Trans. 30th Battalion)

CANADIAN EXPEDITIONARY FORCE at Osborne, Ont. on the 1st

day of January 19 16

HE served in Canada, England and France

and is now discharged from the service by reason of XXXXXXXXXXXX

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

Age 21 Years

Height 5 feet 6 inches

Complexion Dark

Eyes Brown

Hair Black

Walter Harris  
Signature of Soldier

Marks or Scars awarded Military

Medal authority London Gazette

No. 30573; bar to Military Medal

pt. II Daily Order No. 21;

Meritorious Service Medal, London

Gazette No. 30570.

Issuing Officer

[Signature]

Rank

Major

Appointment

for Director of Records

Date of Discharge June 16th, 1919

Ottawa, Ontario

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 19

in Military District No. \_\_\_\_\_

February 11th 21

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

Particulars of Demobilization for ON  
Officers called for ON  
back of this com-  
p. Will not be



425101

# ORIGINAL MEDICAL HISTORY SHEET.

ORIGINAL

Surname Harris Christian Name Walter

Examined { on 3<sup>rd</sup> day of January 1916  
at Lindsay  
Birthplace { City or Town Reading  
County England

Approved by J. McCulloch  
J. McCulloch Capt.  
Medical Officer  
Rank 109th Overseas Battalion C. E. F.

Apparent age 18 years  
Trade or occupation Laborer  
Height 5 Feet 5 Inches  
Weight 113 Lbs.  
Chest measurement { Minimum 32 inches  
Maximum expansion 34 inches

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

Physical development good  
Small-Pox Marks none  
Vaccination Marks { Arm Right None Left Four  
Number Four

Date	Result	VACCINATIONS,
<u>25-1-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

When Vaccinated last January 25<sup>th</sup> 1916  
(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection  
Slightly flat-footed

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>12/5/16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>17/5/16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>25.5/16</u>	<u>-</u>	<u>J. McCulloch</u> M.O.
<u>27/9/16</u>		

Enlisted on 1<sup>st</sup> day of January 1916 at Lindsay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109<sup>th</sup> Batt.</u> <u>B. E. F.</u>	<u>725101.</u>		<u>1-1-16.</u>
Transferred to..	<u>38<sup>th</sup> Bn</u>	<u>2/12/16</u>		

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION.	DATE.	DISEASE.	RESULT.
<u>Brampton</u>	<u>11-5-19</u>	<u>Flat feet</u>	<u>As. N. in. returned</u> <u>apt</u>

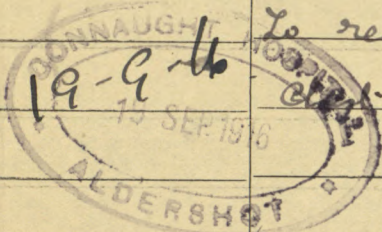
N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

1-16  
1-17  
1-18  
1-19  
1-20



MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
155 Year 1916.	725101	Pvt	Harvis	W.
		Unit.	Age.	Service.
		109 CEF.	18	8/12
Station and Date.	Disease	Bronchitis & Nasal Catarrh.		
8. 9. 16	Has had a cold off and on for the last eight months. Coughs and brings up mucus. Has been in bed for 9 days with diarrhoea.			
	Has lost 6 lbs since he joined. Now, no marked physical signs in chest. He is a mouth breather. To have expectorated at night & to have spurting sweat.			
9. 9. 16	Only doubtful fact in examination of chest is present breathing at left apex in front.			
	Rx: Urine Expect. <sup>red</sup> etc.			
17. 9. 16.	Few crepitations R base - No TBs seen in sp. Halted in Rt apex. Increased (prolonged exp) L apex.			
19. 9. 16	To return to his own Unit to have adenoids & chest condition dealt with.			



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

Station  
and Date.

10





250m

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

# Casualty Form—Active Service.

M. F. W. 54.  
150M. 10-15.  
H.Q. 1772-39-920.

Unit, Regiment or Corps 109th OVERSEAS BATTALION, C. E. F.

Regimental No. 125191 Rank Private Name Harris Walter

Enlisted (a) 1-1-16 Terms of Service (a) D of W. Service reckons from (a) 1-1-16

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) Labourer

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				

CERTIFIED CORRECT.  
12 DEC. 1916  
CAN. RECORDS DIVISION

	Embarked Canada		Halifax	24.4.16	
	Disembarked England		Liverpool	31.4.16	

4.12.16	OC 1094 Bon	Proceeded overseas for service with 38 <sup>th</sup> Bon	Witley	3.12.16	Do 11 339.
---------	-------------	--	--------	---------	------------

W. A. Selbie Capt.  
ADJUTANT  
109th Overseas Battalion, C. E. F.

6 12 16	C.B.D.	TAKEN on STRENGHT 38 <sup>th</sup> Havre		6 12 16	N. R. Att. 242-13.12.16
7 12 16	"	Left for Unit	FIELD	7 12 16	N. R.
16 12 16	Unit	Joined Unit	FIELD	9 12 16	B. 213. DCS. 69-31 12 16
30.12.16	23CCS	acute Bronchitis 404	23CCS	30.12.16	936/8204820074d9.1.17
1. 1. 17	22G 20	Photo 12 att. 22G 20	12 att. 22G 20	31.12.16	WS034-153.

(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.

725101  
 Harris  
 W.

725101

Harris W.

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				
30.12.16	3C.F.A.	Acute Bronchitis ad Fato	3C.F.A.	28.12.16	1336/80045 Dec 27 5d. 12/17
6.1.17	<del>3H.</del>	Evac. sick.	Field	28.12.16	B213 Dec 27 8d. 18.1.17
12.1.17	22 Con Dep	Ac. Bronchitis to	6 Con Dep	13.1.17	W3034-169
"	6 Con Dep	" " adm	"	"	" 170
25.1.17	C.B.D.	T.O.S. "A."	"	25.1.17	WR
22.1.17	6 Con Dep	Classified A to	C.B.D.	22.1.17	W3034-178
6.2.17	C.B.D.	Left for Unit	FIELD	6.2.17	N. R.
24.2.17	Unit -	Joined Unit	FIELD	8.2.17	B. 213. DCS. 94d.
14.4.17	6 C.C.S.	Sw. eye R.	6 C.C.S.	8.4.17	1336/80046 Dec 117
20.4.17	38th	Rejoined unit	Field	10.4.17	1336/80046 Dec 117
14 days leave.				25 NOV 17	B213 A 118-15.2.17
1 DEC 17	Unit	Joined Unit	FIELD	13.12.17	B. 213.
15 DEC 17				1.1.18	" 2023-22. 3.18.
9.3.18		One S.C.B.		27.4.18	a-1708.
27.4.18	12 C.F.A.	P.M.O. of rto	13 C.F.A.	30.4.18	a-1759.
28.4.18	13 "	"	13 "	30.4.18	a-1831.
1.5.18	"	"	11 "	30.4.18	a-1888.
14.5.18	"	"	to 57 ccs.	30.4.18	13.5.18 a-2440
13.3.18	L.S.	Awarded Military Medal for Brewery in the Field			#30573. 0046 20 MA 118
13.5.18	57 ccs.	P.M.O.	57 ccs.	13.5.18	a-2295 AR 1/6.
13.6.18	"	remaining	"	13.6.18	K1.17-222.
18.6.18	38th	Rejoined unit		18.6.18	a-4188.
27.6.18				19.6.18	B213.
13.7.18		20. Corps Cremonial Party (Paris).		8.7.18.	B213.
17.6.18	L.S.	Awarded M. S. M.			30750. Do. 67- 31.7.18.



**TLH.** Rank **HARRIS, Walter S.** Reg'l No. **725101.**  
 Unit **109th. Bn.** If in perm. Corps, }  
 What Unit? } Married or Single **Single**  
 Place and Date of Enlistment **Omeince. Jan 1<sup>st</sup> 1916** Place of Birth **Redding. England**  
 Name and Address, Next-of-Kin **Mrs. Mary Harris**  
~~77 Elm Park Rd~~ **Reading. Berks. England.** Relationship **Mother**  
**122. Kennet Side.**  
 Assigned Pay Monthly \$ Payable to  
 Separation Allowance \$ Payable to  
 Relationship

(Auth. R.H. 29.8.17/13/17)  
 Relationship  
 Separation Allowance \$ Payable to  
 Relationship

N/E R.T. 15/84  
 File R.L.  
 Category **Can OK**

Discharge, Date and Place Reason Character Category

H. W. & V., Ltd. - 7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
Arrived in England per H. M. T. 2810 31-7-16					
1. 9. 16	DC 109 <sup>th</sup>	Admitted to Hoapl.	Bramshott B. D. Hut	31. 8. 16	Pt II D.O. 245
20. 9. 16	Cas Dep	Trans to Connanght Hospital	Bramshott Aldershot	9. 9. 16	C.L. 13
20. 9. 16	109 <sup>th</sup> Bn	Dis from Connanght Hos	Bramshott	19. 9. 16	Pt II D.O. 264. C.L. 13
23. 9. 16	Do.	Admit to B.M. Hospital	Do	1. 9. 16	Pt II D.O. 247. R.L. 1-109-1072
4. 12. 16	Do.	SO on tfr to 38 <sup>th</sup> Bn.	Orkney Field	4. 12. 16	Pt II D.O. 339
13. 12. 16	38th Bn	T-O-S on tfr from 109 <sup>th</sup>	Emshott	6. 12. 16	Pt II D O 247.
10. 1. 17	✓	Adm N° 22 General Hosp	Yannes Camiers	1. 1. 17	C.L. H 101. Bronchitis (St).
23. 1. 17	✓	T. pd. N° 6 Conval Depot	Etaples	13. 1. 17	C.L. H 110
1. 2. 17	✓	Dis to Base Details	✓	22. 1. 17	Ch. H 117.

103 CHECKED  
 9 DEC 1916  
 R.L. 1-109-1072

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.				
10. 5. 17.	38 <sup>th</sup> Bn.	Adm. Ho. 6. Cas. Clearing Div.	Field.	8.4.17	S.W. R. Reg. C.R.A. 192.
10. 5. 17	"	Dis to Duty.	-	10.4.17	S.W. R. Reg. 192.
22. 2. 18.	"	Granted one G.C. Badge	"	1.4.18	Pk. II No. 23.
20. 5. 18.	38 <sup>th</sup> Bn.	Awarded <u>Military Medal</u> for Bravery in the Field.	"	"	Supp. G.O. 20573d/13.18. Pk. II No. 46.
C. 31. 7. 18.	"	Awarded <u>the Meritorious Service Medal</u> in recognition of valuable services rendered with the forces in the field, during the present war. <u>Bar. M. M.</u>	"	"	Pk. II No. 67. (auth. Supp. to G.O. No. 30750. of 17. 6. 18.)
11.4.19	"	Awarded Bar. to M.M.	-	"	Pk. II No. 21
4.5.19	"	Proceeded to England	-	1.5.19	27
20.5.19	F.Wing ecc.	10s. pending R.T.C.	Bramshot	5.5.19.	21
		83-25-43		6-6-19	
14.6.19	-	Sot to Canada	-	6.6.19	24

1/3/16

MILITIA AND DEFENCE

159 M. F. W. 11.  
50m.—4-16.  
H. Q. 1772-39-818.

## SEPARATION ALLOWANCE

Name *Mary Harris* Name of Soldier *Harris Walter*  
 Address *44 Elm Park Rd.* Regtl. No. *# 725-106*  
*Reading Berks. County, England.* Rank *Pte.*  
 Corps *109th. Overseas Bn.*  
 Relation to Soldier } *Widowed*  
 wife, child or mother } *Mother*  
 To what Corps belonging }  
 when called out }

## PAYMENTS

ENGLISH

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Duplicate</i> <i>Sent to England for payment.</i> <b>JUL 19 1916.</b> <i>Discharged 20/7/16</i> <i>London advised 29/8/16</i> <i>London 20/7/16</i> <i>(P.M.H. 20/7/16)</i> <b>ACCOUNT CLOSED</b> DATE.....PER..... <i>W.</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



## SEPARATION ALLOWANCE

Widowed  
OVERSEAS CONTINGENTS  
Mother

PAYMENTS.

Sheet No. 2

Mrs.  
M. Harris

Name of Soldier

Walter Harris  
Pte

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			<i>Duplicate Sent to England for payment</i>
May				
June				
July				
Aug.				JUL 19 1916
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			ACCOUNT CLOSED DATE.....PER..... W-
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier \_\_\_\_\_

**PAYMENTS.**

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

## SEPARATION ALLOWANCE

Name *Mary Harris*  
Address *74 Elm Park Rd.  
Reading Berks. County England  
England.*  
Relation to Soldier } *Widowed*  
wife, child or mother } *Mother*

Name of Soldier *Harris Walter*  
Regtl. No. *# 725-106*  
Rank *Pte.*  
Corps *109th Overseas Bn.*  
To what Corps belonging }  
when called out }

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Marriage Certificate Produced
Sept.				23 AUG 1916
Oct.				<i>Marr 2/5/96</i>
Nov.				<i>M/C ret'd AWS</i>
Dec.				<i>Not Eligible see Stat Decln. AWS</i>
Jan.	1915			
Feb.				<i>Discharged Date to follow</i>
March				<i>02.30-5-16 AWS</i>
Apr.				
May				<i>Struck off Strength 20-7-16.</i>
June				<i>Authy. O.R. 16-10-16. AWS</i>
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

## SEPARATION ALLOWANCE.

Name of Dependant *Harris, Mrs. Mary.*Name of Soldier *Harris, Walter.*Relation to Soldier *wid. mother.*Regtl. No. *428106.*

1

3

Rank *PLC.*Corps *109<sup>th</sup> Battr.*

P.O.

P.O.

To what Corps belonging

2

4

when called out

P.O.

P.O.

Month.	Year.	Cheque No. or Postal Draft Book No.	Amount.		Date.	REMARKS.											
			\$	c.		£	s.	d.	£	s.	d.						
		Brought Forward ...															
Apl.	1916																
May																	
June																	
July																	
Aug.																	
Sept.																	
Oct.																	
Nov.																	
Dec.																	
Jan.	1917																
Feb.																	
Mar.																	
Apl.																	
May																	
June																	
July																	
Aug.																	
Sept.																	
		Carried Forward ...															

120



MILITIA AND DEFENCE

## SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

Duplicate

16907  
M. F. W. 11a  
50m.-4-16.  
1772-23-313.

Sheet No. 2

L. L. Job 310.—Req. 6574.

Mrs. M. Harris

Name of Soldier

Walter Harris  
Pte.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.			120	Added on
Sept.				per. Sm.
Oct.				S. D - 9.
Nov.				15/8/16.
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier \_\_\_\_\_

**PAYMENTS.**

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

40966

MILITIA AND DEFENCE  
ASSIGNED PAY.

Ref. No. 35605

To whom Mrs. Mary Harris, (Mother)

Address 74, Elm Park Road,  
Reading. Berks,

Rate \$ 15.00

Date to Commence 1st Aug. 1916

By whom assigned Harris, Walter.

Regtl. No. 725101

Rank Pte.

Corps, &amp;c. 109th Battn.

## PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Pay Sheet Deduction.	REMARKS.
Jan.	1916				
Feb.					
March					
April					
May					
June					
July					
Aug.			-	-	} Aug. to Nov. \$60 <sup>00</sup>
Sept.			-	-	
Oct.			-	-	
Nov.	60	260734	60	X	
Dec.		275937	15	X	
Jan.	1917	319687	15	X	
Feb.		363015	15	X	
March		399720	15	X	
April					
May					
June					
July					
Aug.					

Checked & found correct  
J. P. Bertin

# ASSIGNED PAY.

By whom assigned *Harris Walter*  
 Regtl. No. *725101 Pte. 109<sup>th</sup> Batten.*

Month.	Year.	Cheque No.	Amount.	Pay Sheet.	REMARKS.
Sept.	1917				
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1919				
Feb.					
March					





\* Strike out whichever inapplicable.

ASSIGNED PAY ENGLAND OR CANADA. AWARDED MERITORIOUS SERVICE MEDAL - 8067 ENGLAND 31/7/18

AWARDED MILITARY MEDAL. No. 46. 20/4/18 (38th Bn) NAME HARRIS Walter.

EFFECTIVE DATE: 1/8/16 SEPARATION ALLOWANCE: CANADA. EFFECTIVE DATE: AWARDED BAR TO M.M. 20.01. 1/4/19. 38th Bn.

NUMBER: 725101.

AMOUNT: \$15.00 AMOUNT:

PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT

Mrs Mary Harris  
122 Kennet Side  
Reading Berks.  
Mother.

Pte E

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

UNIT AND TRANSFERS

DATE OF PAYMENT NUMBER OF A.R. UNIT PAID BY AMOUNT

ORIGINAL UNIT: 109th Bn  
DATE ACCOUNT FIRST OPENED: 1/8/16

DATE OF PAYMENT NUMBER OF A.R. UNIT PAID BY AMOUNT

AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T'S F D UNIT TRANSFERRED TO

2-5-19 235 ~~45.67~~  
7-5-19 ~~45.67~~  
53.54

38th Bn

DATE OF PAYMENT NUMBER OF A.R. UNIT PAID BY AMOUNT

DAILY RATES OF PAY AND ALLOWANCES

2-5-19 235 ~~45.67~~  
7-5-19 ~~45.67~~  
53.54

AUTHORITY PAY F.A. P.F.A. SUBS CE ALL'CE

31 March Bal fwd.  
April P.P.  
May P.P.  
June P.P.  
July P.P.

1.00 10

PARTICULARS OF RENDERING NON-EFFECTIVE: 1/6/19 Disposal M.A.S. 65 Pawns to Pawns. M.D. 3. 9/1/19 L.L. 6.

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
1918									6637		
31 March	Bal fwd.										
April	P.P.	33		A41674. £ 3.1.8.			15				
				AR 7. 24/18 38th	803						
				" 194. 18/4 "	357				7277		
				" " " "	60						
May	P.P.	33		A 67155 £ 3-1-8			15				
				AR m. 12/5. CC Cya Bn	446				8741		
				" 446							
June	P.P.	3410		A. 52468 £ 3-1-8			15				
				AR 872. 2/6 38th	714				9827		
				" 714							
July	P.P.	3410		A. 62726, £ 3-1-8			15				
				AR 1931 13/7/18 38th	1784						
				" 2052 15/7/18 "	2677						
				" 918. 1/7. 38th	446						
				" 499. 12/7 72nd	892				5938		
				" 5797							
Aug	P.P.	3410		A.C. 51662, £ 3-1-8			15				
				AR 0077. 1/8. 38th	357						
				" 1165 19/8 "	357				7134		
				" 714							
Sept	P.P.	33		A. 8863 £ 3-1-8			15				
				AR. 1234. 9/9. 38th	357				9220		
				" 1317 16/9 "	357						
				" 714							
Oct		3410		D 61925 £ 3-1-8			15		10130		
				" 15							
Nov		3410		£ 3.1.8 E 3119			15				
				AR 66151 6/11. 19. 11. 18	700						
				" 3410							
Dec		3410		E 67119 £ 3.1.8			15				
				AR 2636. 16/11/18 12600.	9733						
				" 1254 " "	560						
				2825 12/12/18 "	373						
				" 11896							

COMPILED BY CB Crawford  
CHECKED BY Wood

Red agreed 29/1/18

NUMBER 725101 RANK Pte NAME HARRIS, W.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1919		6/10			11396		30		10130		
Jan	7/1?	34/10		✓ 12509 £3.1.8			15		4354		
		61/25			11396		45				
Feb	✓ Feb + March	64/90		AR 9991 17/1/19 1262B	373						
				767694 £3.1.8			15				
				AR 3945 4/2/19 1262B	373						
				✓ 5185 17/2/19 Brussels	933						
				93349 17/2/19 1262B	933						
				16088 £3.1.8	2612		15				
				AR 3552 3/3/19 1262B	365						
				3701 15/3/19 ✓	365				45 00		
		64/90			3342		30				
Apr	P.P. Apr + May	67/10		A 7688 £3.1.8			15				
				AR 16 3/4/19 1262B	349						
				191 15/4/19 ✓	349						
				A 90069 May £3.1.8	616		15				
				A 90070 June £3.1.8			15				
				7318 7/7/19 F.C.C.	487				55 27		
		67/10			1185		45				
June				AR 4805 29/5/19 C.C. (pub)	943						
				✓ 2515 8/5/19 ✓	4867				3 13		
					5840						

S.O.S. to Canada 6/6/19 Sh. 83. 38Bn.



FO

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 initialed 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 Drumshett DATE 11-5-19

1. 1 (a) Unit 38th Bn. (b) Regimental No. 125101 (c) Rank Pte  
 (d) Surname Harris (e) Christian name Walter  
 (f) Home address Omenne, Ont.  
 (g) Next of Kin Mrs Mary Harris (h) Relationship  
 (i) Address of Next of Kin 74 Elm Park Road, Redding, Eng.

2. Age last birthday 19 Date of birth 1/July/99

3. Enlistment, or Appointment (if an Officer) (a) Place Omenne (b) Date 25-1-16

4. Personal description:  
 (a) Height 5" 9' (b) Weight 150 (c) Complexion dark  
(stripped)  
 (d) Colour of hair black (e) Colour of eyes Brown (f) Identification marks, Scars, etc.  
small scar hgt forehead - S.W. 1916

5. Former trade or occupation Farmer

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

	Years	Days
	<u>Three.</u>	<u>129</u>

	PERIODS	
	From	To
Canada	<u>25-1-16</u>	<u>24-7-16</u>
England	<u>24-7-16</u>	<u>6-12-16</u>
France or other theatres of War	<u>6-12-16</u>	<u>5-5-18</u>

7. Original disease, or injury flat feet (non-rigid type)

(a) Date of origin 1915 (b) Place of origin Canada  
 (c) Cause Conditions of civil life

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.)

Flat Feet

Partial impairment function both feet

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.)

Objective: arches both feet moderately relaxed. Can raise himself on toes. No tenderness on pressure. Wears steel arch supports.

Subjective: Complains that on marching any distance troubled with dull pain over dorsum of feet. Has been compelled to fall out on marches at times.

General condition good

(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).)

Man states that in 1915 prior to enlistment noticed that on walking any distance troubled with pains in both feet. Started wearing steel arch supports in 1916 and has worn them since. Is unable to walk at all without the supports. Thinks condition is about the same the last year.

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).)

*Par. 7*

*10-22. case. 30/12/16 - Bronchitis - Recovery  
12.C.F.A. 27/4/16 - P.U.O.  
6. Pas. Stat: 8/4/17 - S.W. rgt. eye.*

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

*small s.w. scar rgt forehead - 1914*

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

(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.)

*yes. Feet troubled him very little prior to enlistment. never had braces arch supports.*

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? *(a) no (b) no*

The regimental documents will be referred to. (If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? *probable 6 months*

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

*arch supports since 1918*

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? *no*  
(If the answer is "yes" state nature of treatment required and probable duration)

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

17. Recommendations *none*

*E. J. Anderson Lt. Col.*  
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 *Walter Walter* 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 *nothing*

*Walter Walter* Rank. Signature of invalid examined.

*J. H. M.*

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*  
*16-1-19*  
*W. Harris*

19. Is the invalid fit for

- (a) General service,
- (b) Service abroad, not general service,
- (c) Home service (Canada only),
- (d) Temporarily unfit.
- (e) Unfit for service in Categories A, B and C

(Category A) (Yes or No.) *yes cat A.*  
 ( " B) (Yes or No.)  
 ( " C) (Yes or No.)  
 ( " D) (Yes or No.)  
 ( " E) (Yes or No.)

20. It is certified that the invalid

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

- (b) Does not require treatment.
- (c) ~~Should pass under his own control.~~
- (d) ~~Should not pass under his own control.~~  
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

*Boarded with I.L.A. 9083 of 11-11-18*

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

*M. Mathau Capt.* President.

PLACE *Bramshott*

DATE *11-5-19*

*J.P. Macdonald 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.....  
DATE.....  
President  
Members

APPROVED BY  
*H. McKenzie Capt.*  
for Assistant Director of Medical Services.

APPROVED BY  
Director-General of Medical Services.

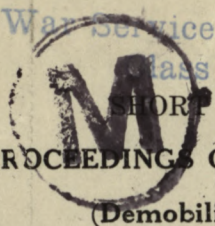
DATE *11/5/19*

DATE.....

War Service Badge

Class "A" No. 22984

Occupational Group No. 1



FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

4/12/19

1. No. 725101

2. Rank. Pte

3. Name. HARRIS Walter

4. Unit. 38<sup>th</sup> B<sup>n</sup> Inf.

5. Date of Discharge JUN 16 1919 Place Ottawa. G.

6. Reason for Discharge Demobilization.

H.M.T. Olympia  
SAILED S. H.M.TON 6/8-19  
ARR'D HALIF'X June 12 1919

7. Authority. R.O. 1420

8. Proposed Residence after Discharge. P.O. Box 53 - Omenece  
Out

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

Harris  
Signature of Soldier.

10. CONFIRMATION.  
The discharge of the above named man is hereby confirmed.

Place.....  
Date.....

Medical Documents Forwarded to S.C.R. or B.P.C. on Date JUL 9 - 1919

Signature..... Captain  
for O. C. Dispersal Area Station G.  
(O. C. Discharging Unit.)

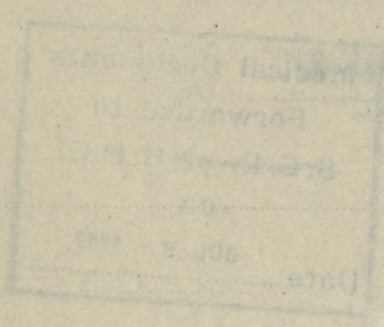
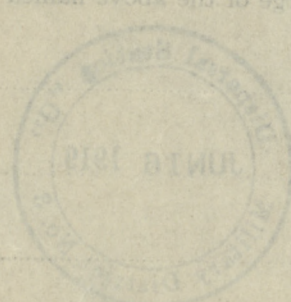
Dispersal Station "G"  
JUN 16 1919  
Military District No. 3

E. R. J.

PROCEEDINGS ON DISCHARGE

(Demobilization)

1	No.	720 101
2	Rank	Private
3	Name	FRANK [unclear]
4	Unit	874 [unclear]
5	Date of Discharge	JUN 18 1919
6	Reason for Discharge	Demobilization
7	Authority	[unclear]
8	Proposed Residence after Discharge	[unclear]
9	<p>I hereby acknowledge that at the undernoted place and date I received my discharge certificate</p> <p>M.B.W. [unclear]</p> <p>Signature of Soldier</p>	
10	<p>CONFIRMATION</p> <p>The discharge of the above named man is hereby confirmed.</p> <p>Date: JUN 18 1919</p> <p>Place: [unclear]</p> <p>Signature: [unclear]</p> <p>for O. C. Discharge Station [unclear]</p> <p>(O. C. Discharging Unit)</p>	





**LIST OF DISCHARGE DOCUMENTS.**

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

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

Group..... *B*

Checked by No..... *121*

Date..... **3 JUN 1919**



AUDITOR *W.M. [Signature]* PAYMASTER *[Signature]*

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

M. OR S. *725101* REGT. No. *72501* RANK *Pte.* NAME (IN FULL) *HARRIS, Walter*  
 NEXT OF KIN \_\_\_\_\_ ADDRESS \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
 ORIGINAL UNIT C.E.F. *109<sup>th</sup> Bn.* PLACE OF ATTESTATION \_\_\_\_\_ TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY \_\_\_\_\_  
 DATE OF ATTESTATION \_\_\_\_\_ TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY \_\_\_\_\_  
 IS SEPARATION ALLOWANCE PAID? *nil* DATE EFFECTIVE \_\_\_\_\_ ASSIGNED PAY \$ \_\_\_\_\_ DATE EFFECTIVE \_\_\_\_\_  
 TO WHOM PAID *Wife* RELATIONSHIP \_\_\_\_\_ ANY CHANGE IN ASSIGNEE OR ADDRESS \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PAYABLE TO *Walter Harris (Wife)* ADDRESS \_\_\_\_\_  
 STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE \_\_\_\_\_ EFFECTIVE \_\_\_\_\_  
 DISCHARGED *✓* PLACE *Reading* DATE *16-6-19.* REASON *Demob.* AUTHORITY \_\_\_\_\_ IF ENTITLED TO POST DISCHARGE PAY \_\_\_\_\_

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS				
	NO. OF DAYS	RATE	AMOUNT		S	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3				S	C.	S	C.		S	C.	S	C.
			\$	C.																				
June	21	1 <sup>10</sup>	23	10	35 <sup>00</sup>	70 <sup>00</sup>				973	987	115	10			550	134	90		660	Returned "Olympic" Bal. per Enk L. P. Co., Clothing Allow. and 1st Payment W. S. G. Pay to Estimate date of discharge. Advances in Income, Bon. Money, Train Exp. Overpaid 5 days on discharge.			
<i>War Service Gratuity</i>																								
					420 <sup>00</sup>	420 <sup>00</sup>								70 <sup>00</sup>		550	140	280			<i>10<sup>th</sup> Regt. W. S. G. 25713</i>			
														6450							<i>By 943730 July 10/19.</i>			
														7000			210	210			<i>By 964001 Aug 11/19</i>			
														7000			280	140			<i>By 1308980 Sep 16/19</i>			
														7000			350	70			<i>By 1323284 Oct 9/19</i>			
														7000			420				<i>By 1331496 Nov 17/19</i>			

BALANCE FROM PREVIOUS ACCOUNT

1128

