

APR 24 1916

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

No. 72/282

CANADIAN OVERSEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

1. What is your surname? *Harvie*
- 1a. What are your Christian names? *Hampton Henry*
- 1b. What is your present address? *Haliburton, Ont.*
2. In what Town, Township or Parish, and in what Country were you born? *Haldeman Twp., Northumberland Co., Ont.*
3. What is the name of your next-of-kin? *Mrs Henry Harvie*
4. What is the address of your next-of-kin? *Haliburton Ont*
- 4a. What is the relationship of your next-of-kin? *mother*
5. What is the date of your birth? *July 27th 1888*
6. What is your Trade or Calling? *Fisherman*
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, *Hampton Henry Harvie*, 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.

Hampton H Harvie (Signature of Recruit)

Date *APR 24 1916* 191 . *W. J. Payer* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Hampton Henry Harvie*, 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.

Hampton H Harvie (Signature of Recruit)

Date *APR 24 1916* 191 . *W. J. Payer* (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 *Haliburton* this *APR 24 1916* day of *April* 1916.

Fred Darr (Signature of Justice)

Description of Hampton Henry Harvie on Enlistment.

Apparent Age 28 years 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. 7 3/4 ins.

Chest measurement { Girth when fully expanded 37 1/2 ins.
Range of expansion 2 3/4 ins.

Scar on posterior surface of left elbow,

Complexion Dark

Eyes Brown

Hair Light-Brown

Religious denominations { Church of England
Presbyterian
Methodist X
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 APR 24 1916 191 .

Place Haliburton

J. Macculloch Capt.
Medical Officer
109th Overseas Battalion, C. E. F.

*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.

Hampton Henry Harvie 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.

Date APR 24 1916 191 .
J. Macculloch Lt. Col. (Signature of Officer)
O. C. 109th Overseas Battalion, C. E. F.

C.E.F. REGIMENTAL DOCUMENTS
WAR SERVICE RECORDS DIV.

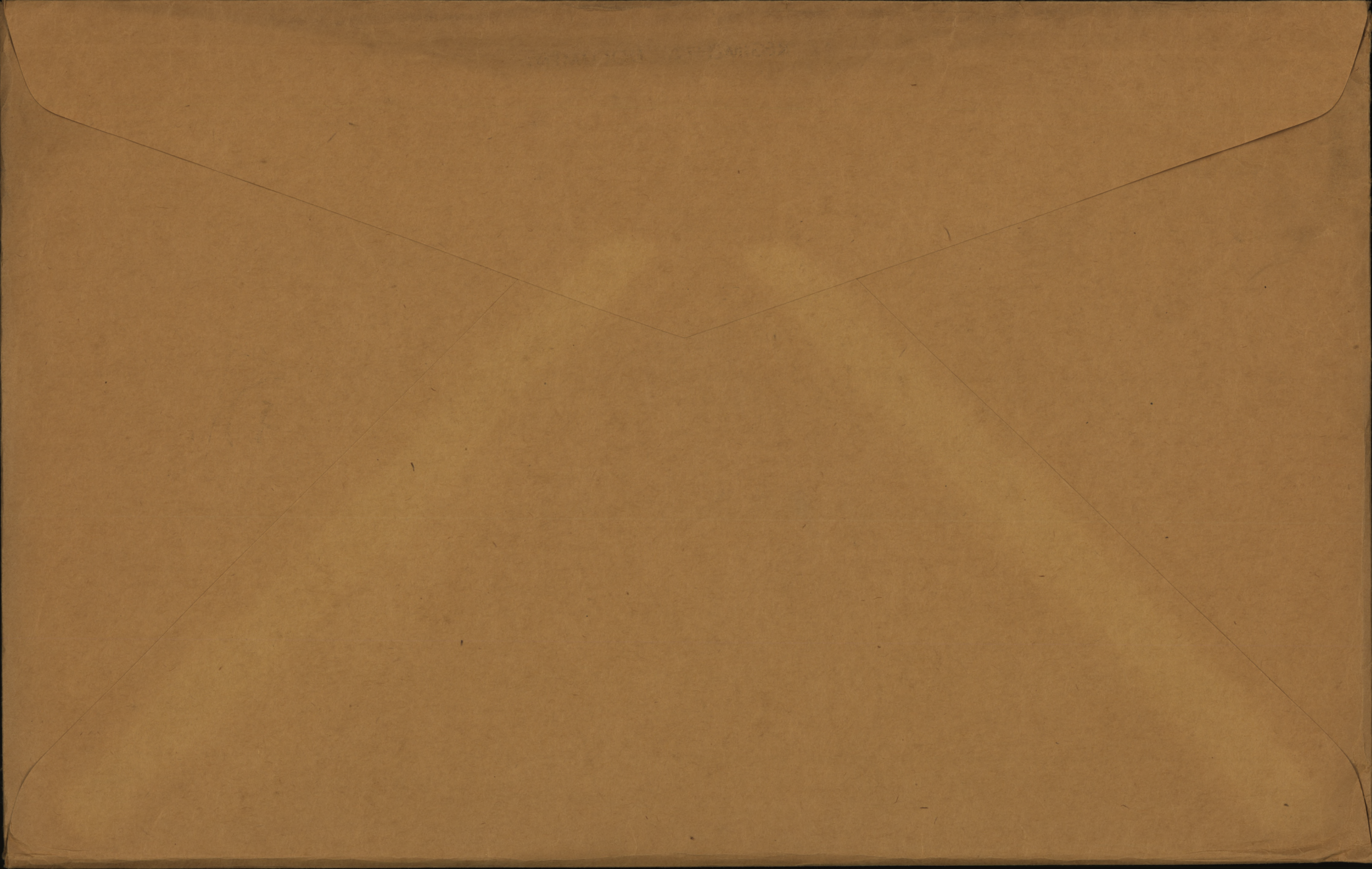
HARVIE HAMPTON HENRY

724282

109DBMOB.

13363





SURNAME. *Harvie.*

CHRISTIAN NAMES *Hampton, Henry.*

REGL. No. *724282* RANK *Pte.*

UNIT *109th. #3D, D,*

FORMER CORPS *Nil.*

3
CARD NO.
S.O.S. 3-2-19
Demoo. D.O. 35.
4-2-17. # *3D D*
FOLL

Bn.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Harvie, Mrs. Henry.*

RELATIONSHIP TO SOLDIER *mother.*

ADDRESS *Haliburton, Ont.*

COUNTRY OF BIRTH *Canada, Haldeman ^{Ont.} Sp.* DATE *July 27th. 1888*

PLACE OF ATTESTATION *Haliburton, Ont.* DATE *Apr. 24th. 1916*

o/s 23-7-16 488
TF

A/c 4-1-19 249 3
12

MARRIED

SINGLE *yes*

WIDOWER

TRADE OR CALLING

Fireman

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

28 YEARS

MONTHS

HEIGHT

5 FEET

7 ³/₄ INCHES

CHEST MEASUREMENT

37 ¹/₄ INCHES

EXPANSION

2 ³/₄ INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Lt. Brown.

DISTINGUISHING MARKS

Scar on posterior surface of left elbow.

MEDICAL EXAMINATION.

PLACE

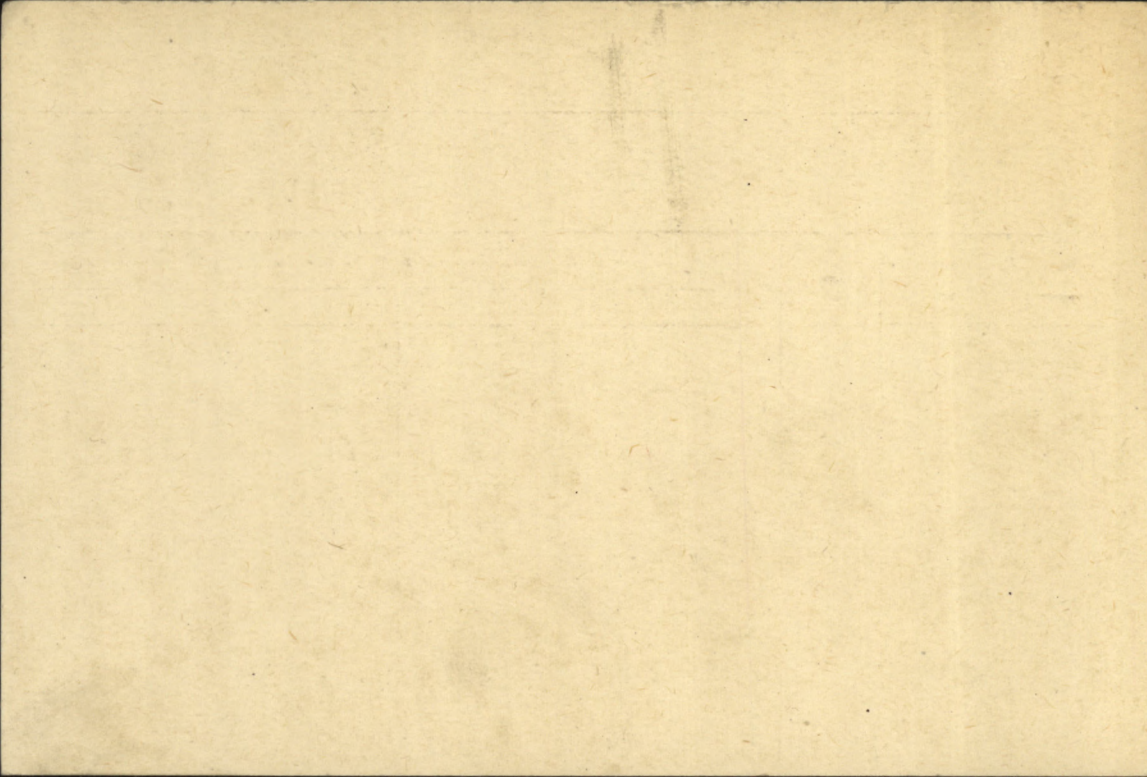
Haliburton, Ont.

DATE

Apr. 24th. 1916.

Present address.

Haliburton, Ont.



LEDGER No. 27

SERIAL No. 22040

REG. NUMBER 424282 NAME Harvie Hampton A

RANK L/Cpl CORPS 3rd Gas Co

AGE 30 SERVICE 31/12 Overseas

NAME OF HOSPITAL Queens Mill Hosp PLACE Kingston

DATE OF ADMISSION 22-1-19

DISEASE Yaws neck

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO 28/1/19 IN CATEGORY

REMARKS:.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

NAME *Harvie Hampton Henry* REGT'L No. 724282
 RANK AND CORPS *Cte 21st Bn Form 109* H. Q. FILE No. 649.

FOLLOWS
 No. _____

 FOLLOWS

CABLE		NATURE OF CASUALTY
NO.	DATE	
<i>N of K.</i>		<i>Mrs Henry Harvie (Mother) Haliburton Ont</i>
<i>2500</i>	<i>4-9-18</i>	<i>Adm 12 Stat H. St Pol. Aug 27th 1918</i>
<i>HLA309-5</i>	<i>3-9-18</i>	<i>1918 GSW Neck.</i>

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A310-4.	#4 Gen. Dannes Camiers	29.8.18.	Gsw - Neck.
B310 ¹	Bath War Bath.	3-9-18	" "
B322-2.	^{lt} Mil Com Woodcote Pk Epsom	19-9-18	" " flesh.
B353-2	Disc	21-10-18	" " "

Name **Harvie Hampton Henry.** Rank **Pte.** Reg. No. **724282**

Unit **21st Bn.**

Next of Kin **W. Henry Harvie, Haliburton, Ontario.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1915						
27-8	12 S. B. St. Pol.	"W" week		1309	1580	3652/10
29-8	of H. G. B. Camiers	gw.	do	1310		5675-6
3-9	Bath w. Pop. Bath.		do	1310		25590
19-9	Mie (ca) H. Epton.		do	1313		26910
9-10	Richardson.		do	1353		5045
21-10	wire pro on 2-11-15	to P. C. O. W. idly				2917

W.M.

Number

724282

Rank

Sergeant

Surname

HARVIE

Christian Name

Hampton Henry

Units

21st Pan Coy

Theatre of War

France

Date of Service

6-10-16

Remarks

Shell's Budge

Latest Address

~~Haliburton Ont~~
~~4 P.O.~~

Roll No.

Page 17556

200m.-2-21.M.

DESP. OCT 12 1922

REGN. N. *42832*

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

HARVIE.

H.H.

724282.

RANK

UNIT

CO.

TROOP

BATTY

Pte.

E.O. 21.

HOSPITAL

12. Staty. St Pol.

DATE OF ADMISSION

27-8-18.

1.

4 Gen Hos Dannes Camiers

29.8.18

HOSP.

both war, both

3.9.18

2.

Woodcote Park Epson.

HOSP.

19.9.18.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

Wd. Neck.

1.

Rev. G S Wreck. Ray

2.

3.

DISPOSITION

DATE

Dis. 21-10-18

C.I. 3-9-18. A309/5.
4.9.18 A 310 (1)
6.9.18 B 310
21.9.18 B 323 (2)
22-10-18 B 358-2

REMARKS

A.M.D. 2 Dept.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.	
2.	
3.	
4.	
5.	
6.	
7.	

*Name Harvie Hampton Henry Rank Pfc. Regtl. No. 224282
 Original unit 109 Bn Present unit M. or S. Age 31 Religion Meth Fyle Depot 34-545
 Ref. H.Q.

Port, ship, and date of arrival Unionian St. John 3-1-19

Next of kin Mrs Henry Harvie Haliburton Capt
 Address on leave Same

Address on discharge
 Transportation issued Yes No Date Character on discharge

Previous occupation fireman Date and place of enlistment 24-4-16 Haliburton

Diagnosis Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
9-1-19	F.O.S. Casualty Company No. 3 District Depot. for Disposal, Part Two D.O. <u>9</u> <u>Leave & Sub. 5-1-19 to 19-1-19</u>	<u>From O/S</u> <u>Eff 5-1-19</u>

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

Date.

Remarks.

Pt. 2 Order No.

M.F.W. 192
150M-6-18.
1772-39-1243.

MEDICAL HISTORY SHEET

Surname HARVIE Christian Name HAMPTON HENRY

Examined { on _____ day of _____ 191____
 at _____

Approved by

[Signature]
 Rank Captain M.O.

Birthplace { City or Town _____
 County _____

Apparent age _____ M.O.

Trade or occupation _____ M.O.

Height _____ feet _____ Inches M.O.

Weight _____ lbs. M.O.

Chest measurement { Minimum _____ inches M.O.

{ Maximum expansion _____ inches M.O.

Physical development _____ M.O.

Small-pox Marks _____ M.O.

Vaccination Marks { Arm Right Left
 Number _____

Date	Result	VACCINATIONS

When Vaccinated last _____ M.O.

(a) Marks indicating congenital peculiarities or _____ M.O.

previous disease _____ M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.

(b) Slight defects but not sufficient to cause rejection _____ M.O.

_____ M.O.

_____ M.O.

_____ M.O.

Enlisted on 24 day of April 1916 at Halliburton

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment				
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Banfield</u>	<u>24-1-18</u>	<u>G.S.W. neck</u>	<u>fit returned card</u> <i>[Signature]</i>

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.

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..... **"D" COY. 109th OVERSEAS BN., C.E.F.**

.....

(2) Regimental Number **724282**

(3) Full Name of Soldier..... **Hampton Henry Harvie**

.....

(4) Place of Birth..... **Haldimand Sp. Haliburton County**
Canada

.....

(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?..... *Belia Harvie*

If so, state name and address..... *Haliburton Ont Canada*

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

Are you her sole support, or not?..... *Yes*

(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.

Widow *Oldest son*

(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..... **JUL 11 1916**

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 724282 (Rank) PL/Corporal
Name (in full) HARVIE, Hampton Henry enlisted in
the 109th Overseas Battalion
CANADIAN EXPEDITIONARY FORCE at Haliburton, Ont. on the 24th
day of April 1916.
HE served in Canada, England and France.
and is now discharged from the service by reason of In accordance with R.O. 1343
"Demobilization" Authority 3DD-3-H-545 D/ 30-1-19

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

Age <u>30 yrs.. 6 months.</u>	Marks or Scars <u>Scar on posterior surface of</u>
Height <u>5 ft. 7 1/2 ins.</u>	<u>left elbow.</u>
Complexion <u>Dark</u>	
Eyes <u>Brown</u>	
Hair <u>Lt. Brown</u>	

X H. H. Harvie
Signature of Soldier

W. J. Deane Lieut.
Issuing Officer
O. C. Discharge Section
No. 3 Dist. Rank Depot

Date of Discharge 3-2-19

Appointment

Signed at Kingston, Ont. this 3rd day of February 1919

in Military District No. 3

File Reference No. 3DD-3-H-545

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

On demobilization the
particulars called for on
the Discharge Certificate
will not be com-
pleted for on
cer-

ORIGINAL

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44. 1133 (D.P. 250M-12-18. 1772-39-903.

/GM

LAST PAY CERTIFICATE

Regimental No. 724282 Rank L/Cpl. Name Harvie, H.H. (Surname first) Unit 109th Battalion who was Discharged On February 3rd 1919, to Category "C2" *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Feb. 1st to Feb. 3rd 1919. the inclusive date of transfer or discharge.

Table with columns Dr. and Cr. listing various pay items: Bal. Dr. or Cr. from prev. month, Regimental Pay, Field Allowance, Separation Allowance, Clothing Allowance, Post Discharge Pay, *Other Credits, Advances, Separation Allowance and Assigned Pay Cheque No., *Other Charges, Balance on transfer or on discharge, cheque No. 3140, Total 38.55.

*Give particulars.

A monthly stoppage of \$ 15.00 (†) has... (‡) been paid on account of Assigned Pay for the month of January 1919 and Separation Allee. for month of 191... (to) Assignee Mrs. Henry Harvie, Haliburton, Ont.

ON TRANSFER OF AN OFFICER.

Outfit Allowance of \$... has been paid by Paymaster, Military District No.....

REMARKS:—

State (1) date of enlistment... married or single... (2) Separation Allowance, entitled or not No... (3) Reason for discharge... (4) Authority for discharge or transfer 3DD.3-H-545

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date February 1st, 1919

Place Kingston, Ont.

Signature of W. Peters, Captain, OFFICER IN CHARGE DEMOBILIZATION PAY DIV., MILITARY DISTRICT No. 3, Paymaster.

- N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916. (B) For purposes of transfer it is to be made out in triplicate. (C) For purposes of discharge it is to be made out in duplicate. (D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

cheque #3140 attached

Handwritten numbers 3081 and 0002

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. *6th Can Reserve*

Regimental No. *724282*

Rank. *Pte*

Name. *Harvie Hampton Kenney*

or E. F.

Enlisted (a). *24-4-16*

Terms of Service (a). *20/a*

Service reckons from (a). *24-4-16*

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		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				
30-11-18	Og. 6th Res	S.O.S. on posting to 6th Res	Witley	28-11-18	Pt II Bo 282.
7-12-18	6th Res	S.O.S. on Com to 6th Res Bn	Witley	28-11-18	DD 303
30-11-18	Og. 6th Res	attached from 6th Res	Witley	28-11-18	Pt II Bo 282.
3/12/18	Og. 6th Res	beases to be attached from 6th Res	Witley	3/12/18	Pt II Bo 284.

OFFICER i/c RECORDS 6th CAN RES. BN

Officer i/c Records,
6th Can. Res. Battalion.

(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.

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				
7-12-18	SOPTD	Attached Dep't by	Willy	3-12-18	D.O. 303.
12-12-18	SO	"ON COMMAND" 1st C.D.D., BUXTON.	SO	11-12-18	D.O. 304 J.F. Edwards Lieut. in Records, East Ont. Regtl. Depot.
12-12-18		Attached C.D.D. Buxton for return to Canada, Part 11 Order No. 294 Ceases to be attached C.D.D. Buxton on embarking for Canada.			
23-12-18.		Embarked for Canada. Sailing #101. S.S. Junonian			J. G. F. Allen Capt & Adjt. M.O.C. #14. C.T.P.C.S. Lt. for Lt. Col. Commanding Canadian Discharge Depot
9/1/19		T.O.S. Casualty Company No. 3 District Depot. for Disposal, Part Two D.O. 9	Kingston	5/1/19	LIEUT. for O.S. Casualty Co., No. 3 District Depot.

TLH. Rank **HARVIE, Hampton Henry,** Reg'l No. **724282**
 Unit **109th. Bn.** If in perm. Corps, } Married or Single **Single.**
 What Unit? }
 Place and Date of Enlistment **Haliburton, Apr. 24th. 1916.** Place of Birth **Haldeman Tp. Northumberland Co. ONT**
 Name and Address, Next-of-Kin **Mrs. Henry Harvie,** Relationship **Mother.**
Haliburton, Ontario.

Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

N/E. R.B. No. **9498**
 File R.L. **OR**
 Category

Discharge, Date and Place Reason Character
 H. W. & V., Ld. - 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.				
C		Arrived in England per H. M. T. 2810		31-7-16	
5-10-16	109 th Bn	S.O.S. to 2 nd Bn	Bramsholm	5-10-16	Pl. II. 50.279
9-10-16	2 nd Bn	Taken on strength.	Field	6-10-16	Part II 58.
26 ¹⁰ / ₁₇	"	Attach. 4 th Can. Trench Mortar Battery. (for duty)	"	15 ⁸ / ₁₇	-93.
8-7-18	"	Awarded 1 st C. Badge	"	24.4.18	-119.
3.9.18	E.O.R.	Wounded	"	27.8.18	C.L. A309 Wound Neck
10.9.18	E.O.R.D.	Posted from 21st. Bn	Seaford	3.9.18	21st Bn No. 70. Part II No 228 d/14-9-18.
17.9.18	21st Bn.	uptd. <u>L/Cpl.</u>	R/C Field.	26-6-18	-71.
24.10.18	EOR D	on Comd 1st CCD	Seaford	21.10.18	1st CCD. D/O 302 -266 d/1.11.18
15.11.18	1st CCD	Ceases on Comd. pro. to 6th Res from	Witley	14.11.18	6th Res D/O 273 -316 d/20-11-18 4 EOR D No 293 d/26-11-18

A.F.B. 103 CHECKED
 10 OCT 1916

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.				
18-11-18	21st Bn.	Ceases attchd. Lt C.L.T. Mastin Batty	1/2 Field	23-1-18	PTD 1096
30-11-18	6 th Res	Posted to, & att ^d from, EORD.	Pte Witley	28-11-18	" 282 EORD No 303 24-12-18
4-12-18	"	ceases att ^d from EORD.	" "	3-12-18	" 285 EORD No 303 24-12-18
12-12-18	EORD.	on Com ^d COD Brunton	" "	11-12-18	" 307
18-1-19	"	S.O.S. on train to C.E.F. Canada	L/C	23-12-18	" 18

07/5 Cas.

Rank is 2/cpl

To 6th Res to amend Pr 2282
to read 2/cpl Harvie
Deary. Dec 24th.

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

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

Casualty Form—Active Service.

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

Regimental No. 24282 Rank Private Name Harvie Hampton Henry

Enlisted (a) 24.4.16 Terms of Service (a) 3 of W. Service reckons from (a) 24.4.16

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) Fireman

CERTIFIED CORRECT.
12 OCT. 1916
CAN. RECORDS, LONDON.

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			
		Halifax	24.7.16.	
		Liverpool	31.7.16.	

Transferred for Overseas Service with 21st. Batt'n OCT 5 1916 O. Pt. 11 No. 279 Capt.
ADJUTANT
109th Overseas Battalion, C. E. F.

C.B.D.	Arrived & Taken on Strength	C.B.D.	6/10.	Pt. II. O. 58. 1/9-10-16.
Do.	Left for unit.	en route.	20/10.	N.R. 20/10

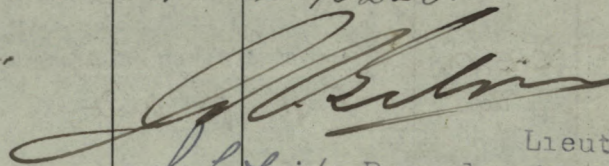
ADJUTANT,
109th BATTALION CAN. INFANTRY,

18/8	Do.	Joined unit.	21st BATTALION	22/10	B. 2113	27/10.
5/11.	4 Can TMB	Attached 4th C.I.M.B.	Field	15/8	B213	Part II Ord. 4 217-118
26/11	Do	Granted 14 days Leave to England	Field	2-1-18	B-213.	
16/2	Do	Rejoined from Leave	Field	18-1-18	B-213.	
2/2	Do	Do 2nd Div. Wing.	C.R.C	8-2-18	B-213.	
5/3	Do	Rejoined from C.R.C	Field	23-2-18	B-213.	
2/3	21st Batt'n	Returned to unit	Do	23-2-18	B-213.	
		Rejoined from D.M.B.	Field	23-2-18	B-213.	

(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.]

724282

Harvie. H. H.

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				
29/6 28/8	21st Bn 8C7A 12 Staty Do "Ville de Liege"	awarded Good Conduct Badge S.W. neck. - Adm & trans Adm Draws to Invalided. Wounded Posted to Eastern Ontario Regtl. Depot, Seaford.	Field C.C.S. 12 Staty 29 A.T. England	24-4-18 27/8/18 27-8-18 28-8-18 2/9/18	Part II Ord. 49 of 8-7-18. A. 36. W. 3034. Do W. 3083 - 5908. Part II Ord. 70 of 14-9-18
10.9.18	20VRD NRD	Posted from 21st Bn. Seaford	Whogau Major Canadian Section	for Lt.-Col., A.A.G. G. H. O. 3rd Echelon B.E.F. 3-9-18	Pt II 70228.  Lieut. for Lt Col i/c Records. OIMFC
14.11.18		Admitted to 1st C.O.D. from <u>Shannon</u> D.O. Pt. II. No. 302. Ceases to be attached on proceeding to <u>6th Div.</u>		11.11.18. Pres. D.O. No. 315 of 14.11.18 W. Wm Arnold Capt- Adjutant Canadian Command Depot	
20-11-18	066th Co	F.O.d. 6th Co on posting from 20VRD.	Wulley	14-11-18	Pt II 80278.
3-2-19	DOO	Discharged	Kingston	3-2-19	A.G. 4 of 2 Mooney Capt D.O. Inservice No. 8 District Depot

QUEEN'S UNIVERSITY MILITARY HOSPITAL

X-RAY DEPARTMENT

Jan. 24, 1919.

Name and Rank Harvis H. L/Cpl.Regimental Number 724282Regiment 21st C.E.F.Part to be Examined HeadClinical Diagnosis G.S.N. Base.

Requirements: —Plates
 Stereoscopic
 Screened only

Localized only
 Gaslight Paper

Urgent Not urgent Walking Stretcher Referred from Present Medical Board #3 C.C.D.D., Barriefield.

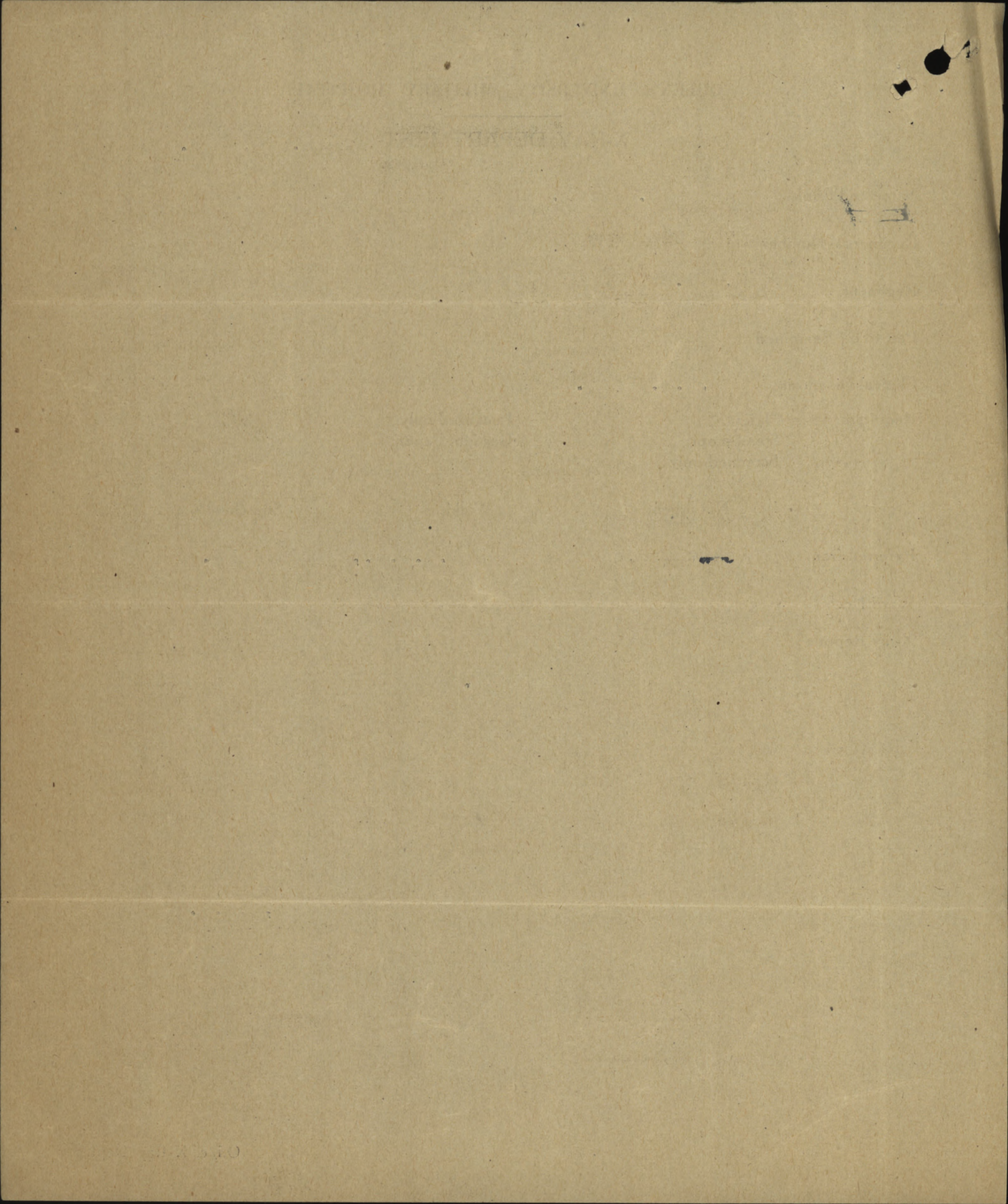
Ward No. _____

X-ray Reports:

No Bony Lesion Visible.

[Handwritten signature]
 for O.C.

[Handwritten signature]
 Major, A.M.C.



CASE HISTORY SHEET.

Queen's Univ., Military Hospital. Kingston. Station.
No. 724282 Rank L/Cpl. Name Harvie, Hampton Age 30
Unit D.D. Completed years of service ^{Where and how long} 31/12 Overseas.
Date of admission Jan. 22/19. Date of discharge Jan 28/19
Diagnosis G.S.W. neck. Place of origin Arras, France.

CONDITION ON ADMISSION AND PROGRESS OF CASE Man gives history of being wounded at Arras 27th Aug. 1918 by shrapnel injuring back of head 1/2" below occipital protuberance. There is a transverse scar 4" long in that situation. Patient was admitted from Casualty Co for X Ray report on skull. Man complains of occasional attacks of dizziness which pass away after 2 or 3 minutes, and followed by headache which is relieved by lying down for 1/2 hour or more. Dizziness is aggravated by stooping forward lacing his boots. Man is otherwise in apparently good health.

FAMILY HISTORY Negative.

(Tuberculosis, mental or nervous diseases.)

TREATMENT Urinalysis - normal findings. X RAY of skull shows - No bony lesion visible.

Rx - Bromides when necessary. Alkaline mixture.

CONDITION ON DISCHARGE As above. Return to his Unit for disposal.

(and disposal made of case.)

"E"

760863
Date January 27/1919.

[Signature] Medical Officer i/c case.

CASE HISTORY SHEET

No. 123456789
Name: J. Edgar Hoover
Address: 400 ...
City: Washington, D.C.
State: D.C.
Date of birth: ...

History of ...
of years in the ...
the ...
the ...

Family History
Parents: ...
Siblings: ...

Location of ...
Date of ...
Signature: [Illegible]
Date: ...

3.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters)

Harvie H

REGIMENT

600RS

RANK

1st Lt.

No.

724282

Date of Examination in England

Dec 12/18

Date of Examination in France

1. This form will be made out for each individual at the time of Demobilization in England or France.

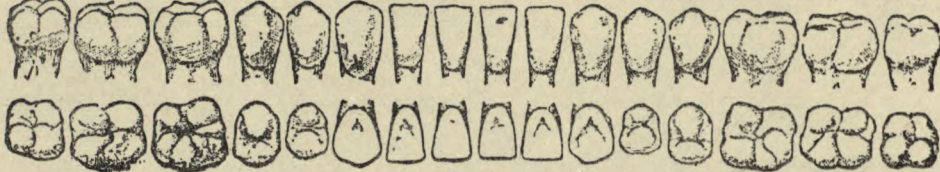
2. Figures as per chart will be used to designate teeth concerned.

3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

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



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



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

Nil

Nil

HAS HE EVER REFUSED DENTAL TREATMENT?

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

(a) In Canada

(b) In England

(c) In France

yes

Signature of Dental Officer

H Cowan

U.S. ARMY

DEPARTMENT OF THE ARMY

GENERAL CERTIFICATE FOR DEMOBILIZATION

1. This certificate is issued to the holder hereof as evidence of his discharge from the United States Army, and is valid for all purposes.

Name of Soldier: _____
Rank: _____
Service Number: _____
Date of Discharge: _____

Signature of Soldier: _____
Signature of Officer: _____

Printed Name of Soldier: _____
Printed Name of Officer: _____

UNIT OF DISCHARGE

- (1) Full Name
- (2) Rank
- (3) Service Number
- (4) Date of Discharge
- (5) Signature of Soldier
- (6) Signature of Officer

11

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—6-16.
H. Q. 1772-39-319.

To Whom *Mrs Henry Harvie*
Address *Haliburton*
Ont

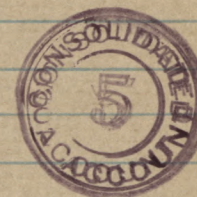
By Whom Assigned *Harvie H.H.*
Regtl. No. *724.282*
Rank *Pte*
Corps *109. Bn. C.E.F.*

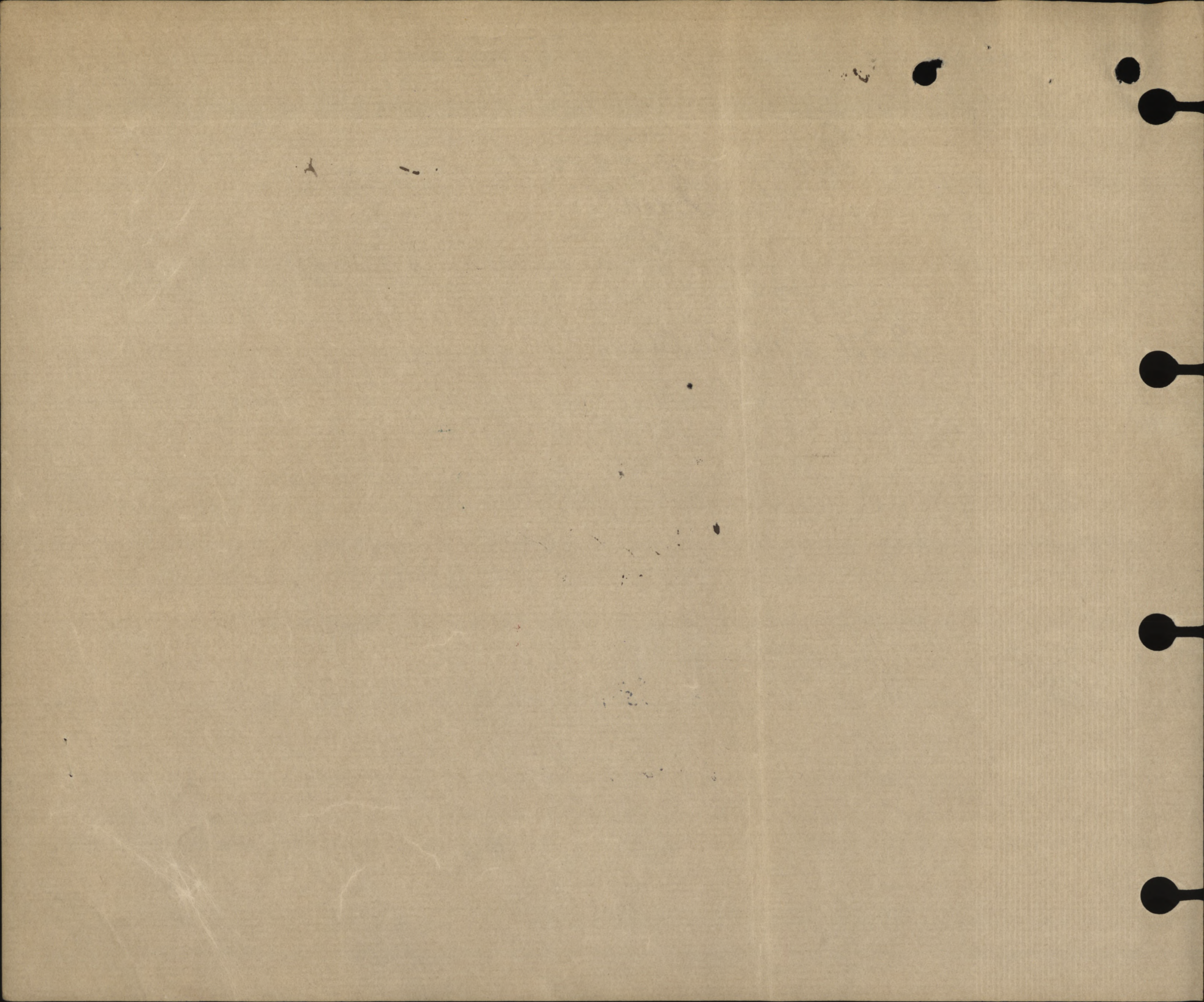
Rate

15.00 Oct '16
27m. Oct 27/16 O.L.W. 27/16

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				





ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. *Ms Henry Harvie*

(Assignee)

PAYMENTS.

Name of Soldier *Harvie H.H.*

724282 Pte 109th Bn

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		<i>P 22514</i>	<i>30</i>	
Dec.		<i>X 34129</i>	<i>15</i>	
Jan.	1917	<i>038291</i>	<i>15</i>	
Feb.		<i>044793</i>	<i>15</i>	
March		<i>N 51338</i>	<i>15</i>	<i>15-L</i>
April		<i>I 2405</i>	<i>15</i>	<i>15-E</i>
May		<i>J 8734</i>	<i>15</i>	
June		<i>G 15287</i>	<i>15</i>	<i>15-C</i>
July		<i>Q 22411</i>	<i>15</i>	<i>B</i>
Aug.		<i>R 29686</i>	<i>15</i>	<i>B</i>
Sept.		<i>D 36254</i>	<i>15</i>	<i>6</i>
Oct.		<i>Q 41360</i>	<i>15</i>	
Nov.		<i>N 48793</i>	<i>15</i>	
Dec.		<i>W 55403</i>	<i>15</i>	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

1500 Oct/16

1917

1918

*Can. assigned Pay audited
H. H. Harvie
APC 7/5/19*

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.				

* Strike out whichever inapplicable.

ASSIGNED PAY ENGLAND OR CANADA.

SEPARATION ALLOWANCE.

EFFECTIVE DATE:- 1-10-16.

EFFECTIVE DATE:-

AMOUNT:- 15⁰⁰

AMOUNT:-

NAME, ADDRESS, RELATIONSHIP & AUTHORITY WHEN PAYEE OF A.P. IS THE SAME WORD "SAME" ONLY TO BE WR

*Mrs Henry Harvie, (Mother)
Haliburton, Ontario, Can.
Stopped Effect 1-1-19.*

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS UPON CLEARANCE OF VOUCHERS, BY INSERTION OF DATE CHARGED I

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY
18/11/18	5967	Witley	9 73			
28/11/18	6243	✓	9 75			
			19 46			

PARTICULARS OF RENDERING NON-EFFECTIVE: Trans to Canada Au 1/1/19.

MONTH	PARTICULARS	CR 1	CR 2
Apr.	Bag Food	33 -	Can AR 5
May	I.P.	34 10	AR 71 181
June	✓	33 -	52 AR 30
July	✓	34 10	✓ 26 AR 15
Aug	✓	34 10	✓ 612 AR 733
Sept.		34 10	✓ 938 O. A. C.
Oct.	L.C. Pay	37 85 35 65	36 44. AR. 49
Nov.	Do adjust sept. as 2 repl. eff. 26.6.18. 97 days uncredited @ 59 per diem	34 50 87 10	11 5967 11 6243 11 5201
Dec	✓	35 65 78 91	

Checked... *F. Staffen* 1/12/18.

NO OR A. SEPARATION ALLOWANCE. ENGLAND OR CANADA. NAME:- HARVIE Hampton Henry.

EFFECTIVE DATE:- NUMBER:- 724282

AMOUNT:- PARTICULARS OF RANK OR APPOINTMENT

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
Mother				Pte.
Can.		B.D. 71-21 st Bn.	26.6.18.	2/cpl.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 10th Bn. DATE ACCOUNT FIRST OPENED:- 1-8-16.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
228.	3/9/18	1/9/18	21 st Bn E.O.R.D. Canada

UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
973				
973				
1946-				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALL'CE
B.D. 71-21 st Bn. 17.9.18	1 ⁰⁵	10		

EFFECTIVE: Trans to Canada Auth NR 788. Witley, Disposal, L.P. @ Bal. 160²⁶

CR 1	CR 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
							100.43		
33-		Can a.p.				15-			
		AR 5 9/4/18 21 st Bn	✓ 446			15	113.97		
33-			446						
340		Can a.p.				15			
		AR 71 3-5-18 21 st Bn	✓ 803						
		" 18.1 19-5-18 "	✓ 357						
34 10			1160			15	121.47		
33-		Can a.p.				15			
		AR 504 8/6 21 st Bn	✓ 446						
		✓ 267 23/6 - "	✓ 357				131.44		
33-			803			15			
34 10		AR 15 8/7 21 st Bn	✓ 446						
		✓ 613 5/7 - "	✓ 357				142.51		
34 10			803			15			
		AR 733 3/8 21 st Bn	✓ 357						
		✓ 938 2/8 - "	✓ 357				154.47		
34 10			714			15			
33		v. a. p.				15			
485		" 3644. Epsom 19.9.18.	✓ 973				167.59		
37 85			973			15			
35 65		Can a.p.				15	139.57		
		AR 4929 21/10/18. Epsom	✓ 4867				139.57		
35 65			4867			15			
34 50		Can a.p.				15			
		" 5967 18/11/18 6 th Bn	973						
		" 6243 28/11/18 "	973						
		" 5201 17/12/18 6 th Bn	973						
35 65			973			15	159.29		
7891		Can a.p.				30			
			2919						

over

NUMBER

RANK

NAME

MONTH

PARTICULARS

CR. 1.

CR. 2.

PARTICULARS

DR. 1

DR.

S.O.S. to Canada 23/11/18 D.O. 15. 18/11. 9. GORD.

*Am. Assigned Pay Credited
H. Smith A.R.A. 7/5/19*

724282 Pte Harvie H.H.

A. Pay

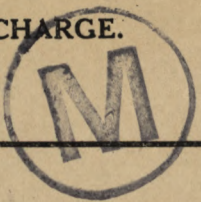
DATE	PAY		FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS					
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1		2		3		4		1	2	3	4
			\$	c.			\$	c.						\$	c.	NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE				
1917																											
June 30	100	33										33		153	15/5	192	9/6					767	536				
July 31		3410										3410		245	2/6							268					
Aug 31		2410										3410															
Sept 30		33										33		372	24/7	453	7/8					268	267				
														331	7/7	536	28/8					267	267				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SERIALIZED ENCL.	MONTH	PARTICULARS	CR. 1	CR. 2
									21498						
Oct	P.P.	3410		Can. P.P.					15 23408						
Nov	P.P.	3410		AR. 927 21/11 20 Pw.	446				15						
		34	10	Can. a.p.					15						
Dec	P.P.	3410		" "	446				15 26672						
Jan	" "	3410		" "	446				30						
									15						
				C.P. 63195 9/1/18	7300										
				AR. 663 19/9/17 20 Pw.	535										
				In AR. 864 3/10/17 "	357				15 20390						
Feb 1918	P.P.	3410		Can. a.p.	8192				15						
		3080		J.P. 2/2619 11/18 21 Pw	9733				15						
				In AR. 797 7/10/17 20 Pw	446				15 11791						
Mar	P.P.	3080		Can. a.p.	10179				15						
		3410		AR. 1235 14/7/18 20 Pw.	803				15						
				" 1140 9/3 21 Pw.	446										
				In AR. 1014 30/7/17 20 Pw.	2052										
				AR. 1191 20/3 21 Pw	357				10043						
									15						

Can. Assigned Pay Audited
 Wm. Smith P.P. 7/7/19

14.6

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)



MILITARY UNIT
11-1046
FEB 17 1919
H.Q.
CANADA

1. No. 724282	
2. Rank. <u>Private L/Corporal</u>	
3. Name. <u>HARVIE, Hampton Henry</u>	
4. Unit. <u>No. 3 District Depot.</u>	
5. Date of Discharge	Place
<u>3-2-19</u>	<u>Kingston, Ont.</u>
6. Reason for Discharge. <u>"Demobilization"</u>	
7. Authority. <u>3DD-3-H-545 D/ 30-1-19 R.O. 1343</u>	
8. Proposed Residence after Discharge. <u>Haliburton, Ont.</u>	
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.? <u>39</u>	
<u>H. H. Harvie</u>	
Signature of Soldier.	
10. CONFIRMATION.	
The discharge of the above named man is hereby confirmed.	
Place. <u>Kingston, Ont.</u>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p>Medical Documents Forwarded to S.C.R. B.P.C. on Date. <u>FEB 13 1919</u></p> </div>
Date. <u>3-2-19</u>	
Signature. <u>M. J. Clarke</u>	
O. C. Discharge Section (O. C. Discharging Unit.)	

Ames

1. ...
 2. ...
 3. ...
 4. ...
 5. ...
 6. ...
 7. ...
 8. ...
 9. ...
 10. ...
 11. ...
 12. ...
 13. ...
 14. ...
 15. ...
 16. ...
 17. ...
 18. ...
 19. ...
 20. ...
 21. ...
 22. ...
 23. ...
 24. ...
 25. ...
 26. ...
 27. ...
 28. ...
 29. ...
 30. ...
 31. ...
 32. ...
 33. ...
 34. ...
 35. ...
 36. ...
 37. ...
 38. ...
 39. ...
 40. ...
 41. ...
 42. ...
 43. ...
 44. ...
 45. ...
 46. ...
 47. ...
 48. ...
 49. ...
 50. ...
 51. ...
 52. ...
 53. ...
 54. ...
 55. ...
 56. ...
 57. ...
 58. ...
 59. ...
 60. ...
 61. ...
 62. ...
 63. ...
 64. ...
 65. ...
 66. ...
 67. ...
 68. ...
 69. ...
 70. ...
 71. ...
 72. ...
 73. ...
 74. ...
 75. ...
 76. ...
 77. ...
 78. ...
 79. ...
 80. ...
 81. ...
 82. ...
 83. ...
 84. ...
 85. ...
 86. ...
 87. ...
 88. ...
 89. ...
 90. ...
 91. ...
 92. ...
 93. ...
 94. ...
 95. ...
 96. ...
 97. ...
 98. ...
 99. ...
 100. ...

2270

LIST OF DISCHARGE DOCUMENTS.

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

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Kingston DATE 22-1-19

1. 1 (a) Unit 1st No. 3 C.C.D.D. (b) Regimental No. 724282 (c) Rank Pte.
 (d) Surname HAMPTON (e) Christian name Harvis
 (f) Home address Haliburton, Ont.
 (g) Next of Kin Mrs. H. Harvis (h) Relationship Mother
 (i) Address of Next of Kin Haliburton, Ont.

2. Age last birthday 30 Date of birth July 24th, 1888

3. Enlistment, or Appointment (if an Officer) (a) Place Haliburton (b) Date 24-4-16

4. Personal description:
 (a) Height 5' 8-1/2" (b) Weight 150 (c) Complexion Dark
(stripped)
 (d) Colour of hair brown (e) Colour of eyes brown (f) Identification marks, Scars, etc.
Transverse scar inferior border of scalp from GSW neck

5. Former trade or occupation Barber

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>2 yrs. 9 months.</u>	

	PERIODS	
	From	To
Canada <u>109th B'n</u>	<u>24-4-16</u>	<u>22-7-16</u>
England <u>109th B'n</u>	<u>22-7-16</u>	<u>4-10-16</u>
France or other theatres of War <u>21st B'n</u>	<u>4-10-16</u> <u>4-9-18</u>	<u>4-9-18</u> <u>To date.</u>

7. Original disease, or injury G.S.W. neck

(a) Date of origin 27-8-18 (b) Place of origin Arras, France
 (c) Cause Enemy shrapnel

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.)

Sequelae C.S.W. Neck with adhesions i.e. headache.

Numbness of crown of head inability to fully flex neck.

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.)

Subjective. States he complains of occipital headaches at times.

States if he is stooping he gets dizzy. States he has feeling of numbness constantly around crown head. Inability to fully flex neck.

Objective. Well developed and nourished young man. There is a horizontal scar across neck at junction of scalp with non hairy part neck. Scar is three inches long. Scar is adherent to underlying tissues both muscular and bony when he bends head forward there is limitation due to adhesions of Trapizine.

X-Ray report as follows:- No bony lesion 24-1-19

(SGD) J.P. Quigley, Major, A.M.C.
O 1/c X*Ray Dept.

(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 was engaged in open warfare in front of Arras when he was hit with piece of shrapnel in back of neck on Aug. 27th. 1918. He was taken to A.D. St. inoculated and sent to C.G.S. Here he was operated on F.B. removed. Sent on to Camiers Gen. Hospital. Then to Bath War Hospital. Then Epsom Gen. Conv. Hosp. discharged in Oct. to C.C.D. Witley. Boarded B2. 4-12-18

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

No diseases in civilian life man states.

G.S.W. neck Aug. 27th, 1918.

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

As under 9a

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

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

N/a

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

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

As under 10a

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration)

no

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

17. Recommendations

Category C-2. Disability due to service.

(SGD) E.N. Fisher, Capt., A.N.C.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

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

I complain in addition of

(SGD) E. Harris

Rank.

Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Yes

19. Is the invalid fit for

- (a) General service, (Category A) (Yes or No.)
- (b) Service abroad, not general service, (" B) (Yes or No.)
- (c) Home service (Canada only), (" C) (Yes or No.) C-2
- (d) Temporarily unfit. (" D) (Yes or No.)
- (e) Unfit for service in Categories A, B and C (" E) (Yes or No.)

20. It is certified that the invalid

- (a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)
- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) Should not pass under his own control. (Strike out condition not applicable.)

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

Placed in Category C-2 Disability due to service.

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.

(SGD) E. Bassett, Capt. President.

PLACE Barriefield Camp

(SGD) James Ford Thompson, Capt. A. J. C. Members

DATE 29-1-19

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness Signed

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President.

PLACE

Members

DATE

APPROVED BY

APPROVED BY

(SGD) E.M. McCoy, Lieut. for Assistant Director of Medical Services.

Director-General of Medical Services.

DATE 29-1-19

DATE

Reserved for M.H.C.

Regt. No. 724282 Rank Pvt Surname HARVIE Christian Name HAMPTON
 Unit or Corps—(a) Overseas from United Kingdom 21 Bn (b) in United Kingdom E.O.R.D.
 Born at—Town HALDERMAN County or Province NORTHUMBERLAND Country CAN.
 Date of Birth—Day 27 Month JULY Year 1888 Age 30 yrs. 5 months.
 Joined at HALIBURTON — ONT Date 24 APRIL 1916
 Former trade or occupation BARBER

Permanent Marks or any peculiarity that will serve for future identification :—

Height—feet 5 inches 8 Colour of eyes BROWN

Signature of Soldier (for identification purposes) H. Harvie

Medical Report

Read carefully the instructions on last page of this form.

1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (a)

HEADACHE

Disabilities Group (b)

VERTIGO

Disabilities Group (c)

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>G. S. W. NECK.</u>	<u>France</u>	<u>1918</u>
(ii.) As to Group (b) above.	<u>G. S. W. NECK.</u>	<u>"</u>	<u>1918</u>
(iii.) As to Group (c) above.			

3. Is the disability due to disease contracted or injuries received prior to Active Service ?

- (i.) As to Group (a) above ? NO. If yes, has Active Service aggravated it ?
 - (ii.) As to Group (b) above ? NO. If yes, has Active Service aggravated it ?
 - (iii.) As to Group (c) above ? NA. If yes, has Active Service aggravated it ?
- N.A.

4. Is the disability due to disease contracted or injuries received while on Active Service ?

- (i.) As to Group (a) above ? YES
- (ii.) As to Group (b) above ? YES
- (iii.) As to Group (c) above ? NO.

5. MEDICAL HISTORY.

Eulgiated at Dalibarton Oct. 24-2/16
A₂. 9 Mos. in France. Evacuated to Eng.
3-9-18-18-9-8 Path War Hosp. Y.S.W.
neck - flesh slight mett. Epsom 8-9-12
24-10-18 - Getto. Since being wounded
has been doing light duties. States that his
head aches when he lies on back of head,
also sleeping couches digginers.
has never been boarded. States that there
is loss of sensation over back of head above
wound. States he was blind for one day after operation.

6. PRESENT CONDITION.

Complaint 1. Headache
2. vertigo.

Well developed, well nourished young male of
ruddy complexion.

Local conditions
Two half inch above & two
from the top of each ear is a surgical scar
across back of neck 3 in. long. Adherent
to deep structures, but not to bone. Is not tender,
but feels numb to pressure.
Heart & lungs negative

7. OPERATION. (i.) Was one performed? Yes (ii.) If so, state what. Removal of
(iii.) Was one advised and declined? no. Shrapnel.

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (i.) Is there loss or decay of teeth attributable to Active Service? no
(ii.) If so, describe. no.

9. DO YOU RECOMMEND:—
(a) Fit for duty? (state category) B II
(b) Invalid to Canada? no
(c) Discharge from the Service as permanently unfit? no.

Date of Report 2-12-18 191...
Station North Camp Surrey
Signed Chif. Watson Capt.
Officer in medical charge of case.
C. A. M. C.

I have satisfied myself of the general accuracy of the above Report,
and concur therein *except

not in hospital {Officer i/c Hospital} Strike out one
{S.M.O. Brigade} of these
Dated at Station, on 191.....
*Delete if inapplicable.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the disability fully described in Part I. (1)?
If not, describe it.

Yes

11. Is the cause of the disability fully described in Part I. (2)?
If not, describe it.

Yes

12. From the medical information now adduced, was the disability caused or aggravated by:—

(a) Negligence of the Soldier { Caused? Aggravated? }

No

(b) Misconduct of the Soldier { Caused? Aggravated? }

Yes

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 5%, 10%, 15%, 20%, etc.)

Five per cent

14. THE DISABILITY DUE TO SERVICE.—(See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)

What part of the entire disability estimated next above (13) is due to causes arising during Active Service?
(Estimate at none, 1/10, 2/10, 3/10, etc., or all.)

All

15. Permanency of the Disability due to Service estimated next above in (14).

(i.) Is it permanent?

No

(ii.) If not permanent, what is its probable minimum duration (in months)?

Six months

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

N.A.

17. Can the former trade or occupation be resumed?

Yes

18. REMARKS:—

Auth. A. G. - 1 - 9083 - 11-11-18

Fully described in Part I.

19. RECOMMENDATION:—

(a) Fit for duty?
(state category)

B II

(b) Invalid to Canada?

(c) Discharge from Service as permanently unfit?

No

Date of Board

4-12-18

Signatures of the Board

W. J. ... President
W. J. ...

Station

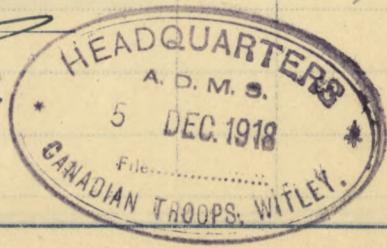
Witley

Approved

Dated at

For A.D.M.S. CANADIAN TROOPS, WITLEY. CAPTAIN, A.D.M.S.

Station



Station
and Date.

KINGSTON April 24th, 1919

FROM LT.-COL. JAS. THIRD

TO Lieut. Col. W. G. Anglin,
Medical Examiner, B.P.C.,

H.H. Harvie

Neurological Report

Cranials normal.

Discs normal.

No disturbance of motion of
any of the neck muscles.

Reflexes are all normal.

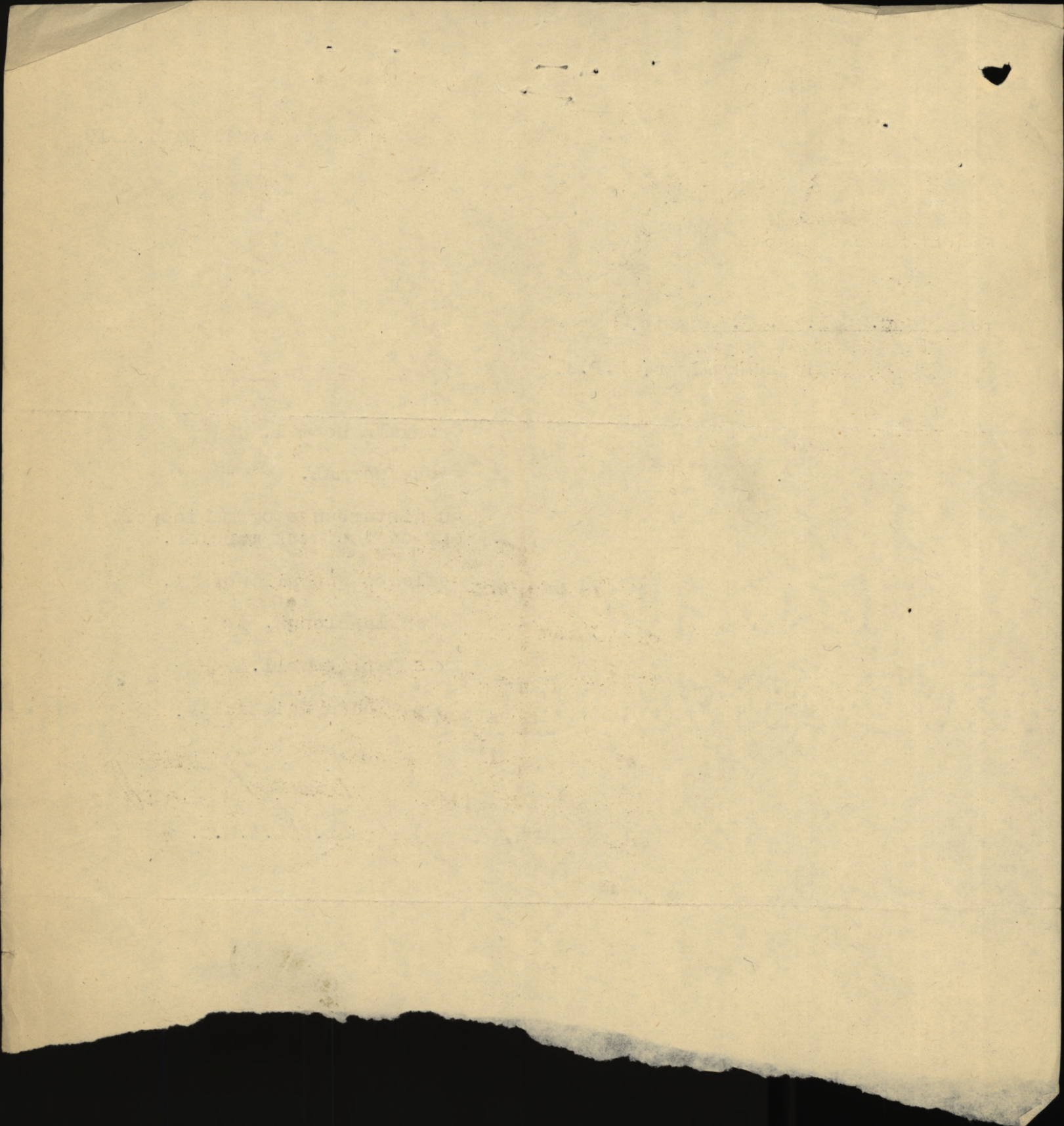
No ankle clonus.

This man is well.

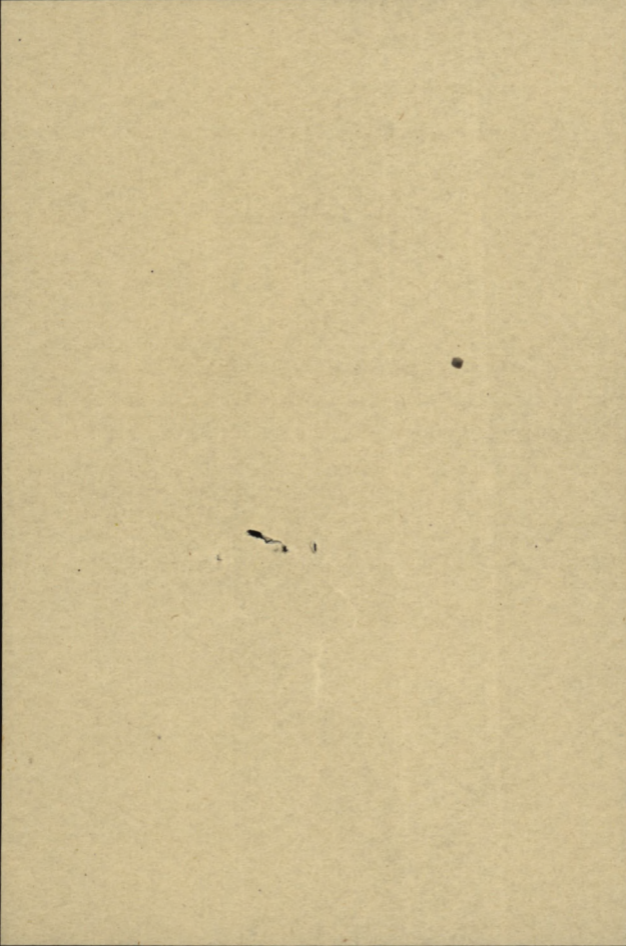
Yours faithfully,

Jas. Third

Lt. COL. A.M.C.



Schrapnel



DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT **3**

M.F.F. 150M-6-18, 1772-39-950.

NAME OF SOLDIER

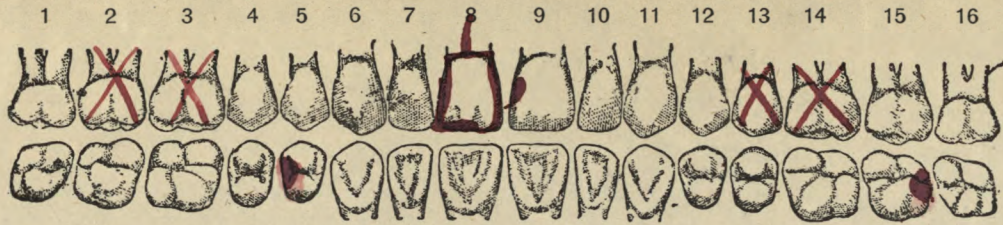
Harvie H.

REGIMENT

RANK

S.D. Le / Cpl.

No. *724282*



INSTRUCTIONS

- On examination the condition of patient's mouth to be marked on diagram in red ink.
- On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

- Condition on examination (in red).
- Condition on leaving Canada.
- Condition on discharge.

Condition on first Examination	Date	Amalgam Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoecia	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS	
											U	L	P			Gold	Porcelain					
	<i>1919</i>																					
	<i>Jan 21</i>	<i>6 5, 15, 19, 30, 31</i>								<i>5 2, 3 13, 14, 22</i>				<i>1 9</i>		<i>1 8</i>			<i>Sgt Massey Capt-3</i>		<i>4 Can # 4, 18, 12 32</i>	
	<i>30</i>	<i>2 4, 12</i>				<i>2 4, 12</i>													<i>Dr J. Mulvihill 3</i>		<i>Incomplete</i>	
	<i>Jan 3</i>	<i>1 8</i>																	<i>Dr J. Bechely 3</i>		<i>Incomplete</i>	
	<i>April 1st</i>	<i>1 32</i>				<i>1 32</i>													<i>Dr J. Bechely 3</i>		<i>Incomplete</i>	

INSTRUCTIONS

XX



XX

RECEIVED

RECEIVED

RECEIVED

DEPARTMENT OF HISTORY SHEET

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 131.

Corps _____

No. _____

Rank and Name _____

Age _____

Military Hospital _____

Service _____

Disease _____

Date of admission _____

Date of discharge _____

Result _____

Dates of Observation																														
Days of Disease																														
Temperature Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
	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.	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°																														
106°																														
105°																														
104°																														
103°																														
102°																														
101°																														
100°																														
99°																														
98°																														
97°																														
Pulse per Minute																														
Respirations per Minute																														
Motions per 24 hours																														

Signature _____ In charge of case.

Date of Enlistment

MILITIA AND DEFENCE

4032

Date of Assignment

Separation and Assigned Pay Branch **H**

bet 15 1916.

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. **724282**
 Rank **Pte.** Promoted Reverted Discharge
 Soldier's Name **H. H. Harrie**
 Battalion **109th Batta. C. E. F.**
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name **Mr Henry Harrie**
 Address **Haliburton Ont.**
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					
Dec 31			225	225	
Jan	B 68461		15	15	P
Feb	H 70723		15	15	W
Mar	H 99323		15	15	W
Apr	I 10603		15	15	W
May	D 6082		15	15	W
June	A 16588		15	15	L
July	W 31548		15	15	L
Aug	W 31139		15	15	L
Sep	C 38614		15	15	L
Oct	E 45501		15	15	L
Nov	C 53576		15	15	L
Dec	E 64807		15	15	L
1919	Jan	O 4324	15	15	X
	Jan	C 72795	15	15	L
			420	420	
					8135-H-26
					0 4394 mail 22-1-19
					C 72795 Comed o/c 3880 14-1-19 jud
					acc 8680 jud
					MRO #3
					A/c Closed 31-1-19
					Ret'd per... Punisian
					Date 4-1-19 M.F.W. 187 7-1-19
					Closed ...
					MRO 52290 History R 7-1-19
					Gen. assigned Pay audited
					W. H. H. Harrie a/c 7/5/19

M. F. W. 128
 400M-6-17-172-38-1141
 L. L. 22220-M. & D. 7495



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

M. OR S. REGT. No. 724282 RANK I/Cpl. NAME (IN FULL) Harvie H.H.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C. E. F.	E. O. R. D. 109 th B th	IF IN P. F. WHAT UNIT?	(BLOCK LETTERS, SURNAME FIRST)
ADDRESS		1.15			PLACE OF ATTESTATION	TRANSFERRED TO	DATE	AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				DATE OF ATTESTATION	TRANSFERRED TO	DATE	AUTHORITY
TO WHOM PAID	RELATIONSHIP	I/Cpl. Harvie, Hampton, Haliburton, Ont.			ASSIGNED PAY, \$	15.00	DATE EFFECTIVE	1-12-19
ADDRESS					PAYABLE TO	Mrs Henry Harvie,	RELATIONSHIP	Mother.
					ADDRESS	Haliburton, Ont.	ANY CHANGE IN ASSIGNEE OR ADDRESS	
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE		EFFECTIVE	
					DISCHARGED	Kingston	DATE	Feb. 3rd. 1919
							REASON	Demob.
							AUTHORITY	3-11-545
							IF ENTITLED TO POST DISCHARGE PAY	

76
A-526

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		\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3				\$	C.	\$	C.		\$	C.	\$	C.
			\$	C.			NO.	DATE	NO.	DATE	NO.	DATE												
					160	26															160 26			
Dec							17	25	31	973	487	5500	15.00				8460				75 66			
1-1-19	31	1.15	35	65	12		30										12321				10			
Feb.	3		3	43	35		31	40									3853							
Feb 3/19			153 days	W. S. L.	350	00	450	33		70	00										M 702595 received			
Mar 8/19										923	6156													
Apr. 1/19										931	6075													
Apr. 5/19					876		358	76		70	00						28876	7000			* Ev. Bal. sup. advia (12 days Sick Furl) let 324257 May 2/19 y. 338241 June 2/19			
										70							35876							

