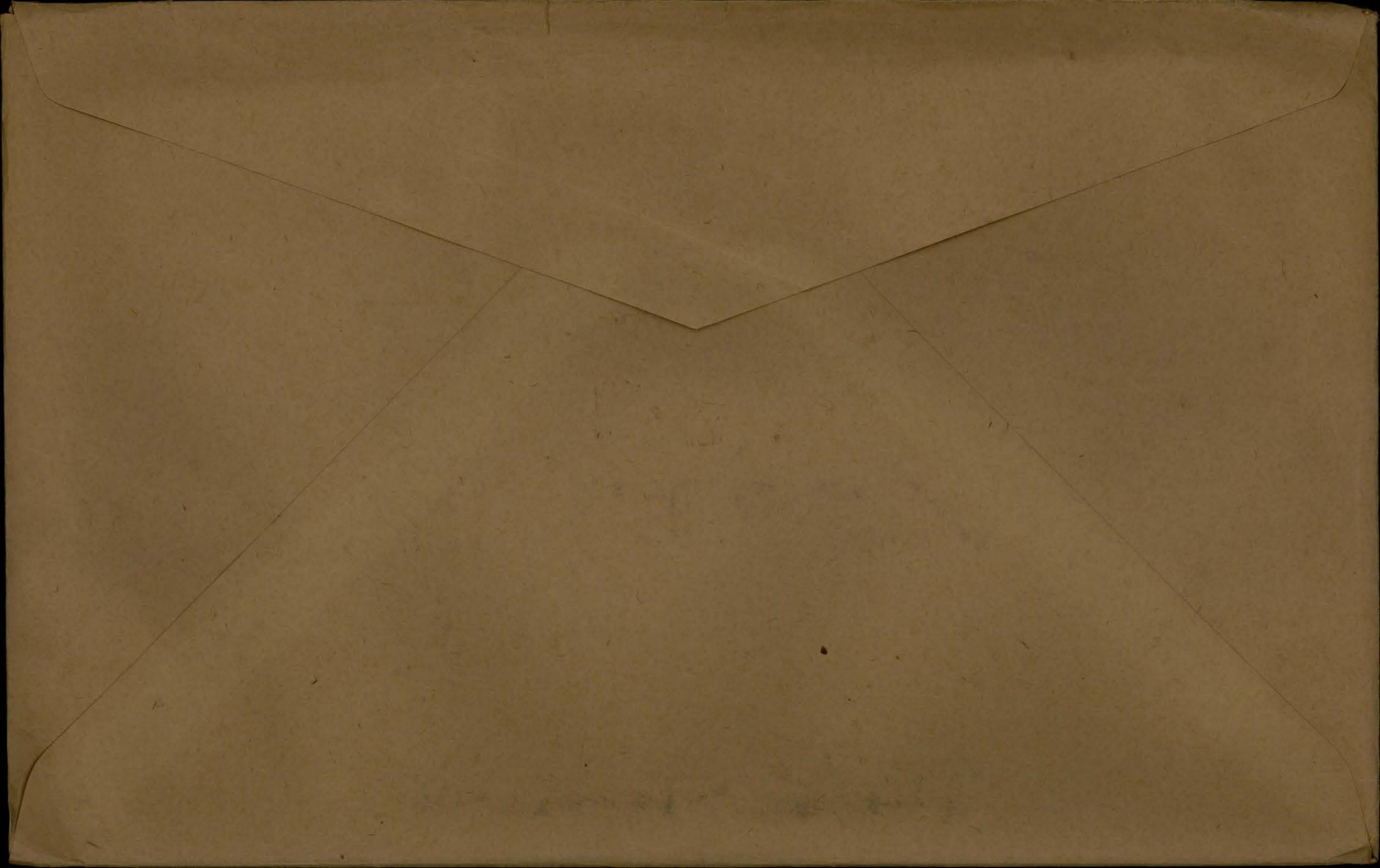
NAME BROWNE HARRY DALZELL REGT. No. LIEUI UNIT 60 BN H. Q. FILE No. 46336

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133 or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ALCO THE REAL PROPERTY.	CATEGORY
TRAINING HISTORY SHEET (M.F.W. 113)					K. IN A. 10-7
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)			THE PARTY OF THE P		
REGT. CONDUCT SHEET (M.B.W. 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)		THE RESERVE OF THE PARTY OF THE	FIRST SPECIES		DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					CATEGORY
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)		1/2			THE REPORT OF THE PARTY OF THE
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)			A REFERENCE STATES	PORT THE REAL PROPERTY.	
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)		1			DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)			TO THE PARTY OF THE		PERSONAL PROPERTY.
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)					
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ATTESTATION PAPER.

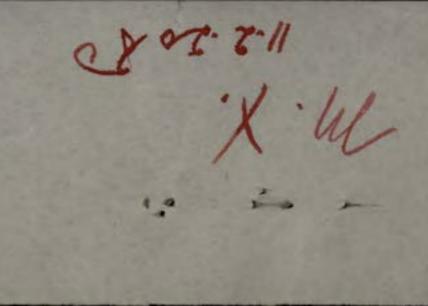
No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PU	T BEFORE ATTESTATION.
	Holly Aller Bowal
1. What is your name?	yarry vary ar year
2. In what Town, Township or Parish, and in what Country were you born?	munical ,
3. What is the name of your next-of-kin?	Aus aaBrowne (mother)
4. What is the address of your next-of-kin?	622 Shirt rooke St-W. Montre
5. What is the date of your birth?	
6. What is your Trade or Calling?	Purchasws Went
7. Are you married?	
8. Are you willing to be vaccinated or re-	les
vaccinated?	11 3rd VRC
9. Do you now belong to the Active Militia?	And the second s
 Have you ever served in any Military Force? If so, state particulars of former Service. 	
11. Do you understand the nature and terms of your engagement?	Les
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force?	1 445
CANADIAN OVER-DEAS EXPEDITIONARY PORCES	Asil rown (Signature of Man).
	JFR Danies (Signature of Witness).
between Great Britain and Germany should that we the termination of that war provided His Maj	r the term of one year, or during the war now existing ar last longer than one year, and for six months after esty should so long require my services, or until legally (Signature of Recruit)
Date Sept 15 191 J	
hear true Allegiance to His Majesty King George in duty bound honestly and faithfully defend His I	MAN ON ATTESTATION. Owner, do make Oath, that I will be faithful and the Fifth, His Heirs and Successors, and that I will as Majesty, His Heirs and Successors, in Person, Crown and obey all orders of His Majesty, His Heirs and Successors, So help me God. (Signature of Recruit)
Date 15-tt Jost 191 5-	(Signature of Recruit) (Signature of Witness)
CERTIFICATE	OF MAGISTRATE.
The above questions were then read to the I have taken care that he understands each duly entered as replied to, and the said Recruit has before me at	me that if he made any false answer to any of the above vided in the Army Act. Recruit in my presence. question, and that his answer to each question has been a made and signed the declaration and taken the oath State day of Signature of Justice)
1 certify that the above is a true copy of the	Attestation of the above-named Recruit. (Approving Officer)

Description of Harry Dalyce Brown on Enlistment. Apparent Age 33 years 10 months. Distinctive marks, and marks indicating congenital peculiarities or previous disease. (To be determined according to the instructions given in the Regu-(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). lations for Army Medical Services.) 2 Varen left arm scar i'long innerside left ankle. Scar right wint Height Girth when fully ex- 382 Range of expansion 4/2 Complexion Church of England Presbyterian Wesleyan..... Baptist or Congregationalist..... Other Protestants..... (Denomination to be stated.) Roman Catholie Jewish 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. for the Canadian Over-Seas Expeditionary Force. I consider him*. Medical Officer. "Insert here "fit" or "unfit." Note.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:— CERTIFICATE OF OFFICER COMMANDING UNIT. Tarrent Daliell Latoure 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.



FIELD SERVICE.

916443

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36 or from other official documentary sources.

REGIMENT 60TH CANADIAN CORPS	BATTALION.	Squadron, Troop, Battery or Company	Bde.M.	G.Gun.Coy.
Regtl. No Rar	nk_Lieuten	ant	F	JUL 15 1916
Name BROWNE? Harry D.				OVER-SEAS BAS
. Date_	July 10th	, 1916.		
Died Place	Field (Not	stated).		
Cause of Death*	Killed in A	Action.	N y	
* Specially state if killed in action, or died from we exposure while of	wounds received in action military duty, or from	tion, or from illness due to om injury while on military	field operation duty.	ns or to fatigue, privation, or
(a) in	Pay Book (Arr	ny Book 64)	Not sta	ted.
State whether he leaves a will or not (b) in	Small Book (i	f at Base)	11 11	
(c) as	a separate do	eument	11 11	
All private documents and Book, should be examined, and if any Any information received as the disposal of his estate should be read that A duplicate of this Report is	y will is found is to verbal expreported to the	t should be at once oressions by a decea War Office as soon	forwarded sed soldie as possibl	l to the War Office. r of his wishes as to
Regulations, Part II.), together with the latter). If the deceased's Small with this Report.	h the deceased	's Pay Book (after	r withdray	val of any will from

13.443

Signature of Officer in charge of Section Adjutant-General's Office at the Base

Station and Date Rouen, July 14th, 1916.

gor Lieut.Col. A.A.G. Cdn.Sectn. G.H.Q.

3rd Echelon.

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Christian Name Harry Dalzell Approved by Examined County Noclelage Date Birthplace Fit or Unfit EXAMINED FOR RE-ENGAGEMENT, Apparent age 25 Trade or occupation Truckering agent
Height 5 Feet 10 Inches. Weight 15-5- Lbs. Minimum 34 inches

Maximum expansion 4/2 inches Chest measurement Physical development good . Small-Pox Marks. VACCINATIONS. Date Result Vaccination Marks When Vaccinated last 190~ (a) Marks indicating congenital peculiarities or previous disease ANTI-TYPHOID INOCULATIONS, ETC. Result Date (b) Slight defects but not sufficient to cause rejection None. Enlisted on day of 191 at REGT'L NUMBER. HABITS. DATE. CORPS. Joined on enlistment Transferred to EXAMINED OR DISCHARGED BY A MEDICAL BOARD. DISEASE. RESULT. DATE. STATION.

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.

Christian Name

Surname

	Date of Arrival			DATE	s of				Number	Remarks on nature of the disease : how induced : if mild or severe : if com-	
STATION.	at the	fn	Admissio to Hospi	n tal.	fro	Discharg m Hosp	re ital.	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
	Station.	Day	Month	Year	Day	Month	Year		Hospital.	appliances supplied. Particulars of prophylactic inoculations.	
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BROWNE Harry Dawsell (m) Lieutenant Rank and Name Regimental No. Name and Address of Next-of-Kin 60th Battalion Unit Mrs A.A. Browne (Mother) Date of enlistment 15th September, 1915. 622 Sherbrooke Street, W. lontreal. Place of birth Montreal, Quebec. Date and place of discharge Married (Yes or No) No. Reason for discharge If in Permanent Force Illey (VRC.), 115ep 14 Character on discharge A.F.B 103, A.F.B. 106 unada 6-11-13. Promotions or appointments Report Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted From whom Date in each case. received 0.0. Bram. 19/2/16 Qualified Lewis M.G. 1st class D.O. 696. Instruction. Transferred to 60th Bn A.F.B. 103. No 14 Gen. Hospital Boulogne 29/5/16, \$8 3 Div 9th Bde In. G. Cay Tele Reparted from Base - Keller in action 191/16 6/415 P+110.13

sum and Name 26 (20) Report Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case. REMARKS Date Place Taken from Official Documents From whom Date received agriculture and place and armed offered agus 351 Charlest national and

Casualty Form-Active Service. 60th BATTALION C. E. F. Regiment or Corps. Enlisted (a) 17 Terms of Service (a)_ Service reckons from (a) Numerical position on Date of promotion to) Date of appointment) roll of N.C.Os. to lance rank present rank Re-engaged Qualification (b). Extended____ Report Record of promotions, reductions, transfers, Remarks casualties, etc., during active service, as taken from Army Form B. 213, Place Date reported on Army Form B. 213, Army Form Army Form A. 36, or other From whom A. 36, or in other official documents. The Date official documents. received authority to be quoted in each case. Overseas Service with 60th Br. Feb. 201916 When ady 60th Br. .E.F. Arrived in France Dist. of Seconded for duty with Oth Appmts.C. Canadian Inf. Bde. Machine Field. & Rwds. Gun Co. 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. 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			Remarks	
Date	From whom received	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	ta'ten from Army Form B. 213, Army Form A. 36, or other official documents.	
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BROWNE

100 CVE 100

H.D.

Lieut.

9th. Bde. M.G. Co.

Dental Calbinstal

Reported from Base (Tel.)

KILLED IN ACTION 10-7-16.

C.L.13-7-16. 415-1.

A.M.D. 2 DEPT.

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

Disposition

Remarks

Burname BROWNE Christian Name HARRY. DALZELL. Units Theatre of Tar . FRANC Date of Service 6-11-15. 8-3-16: 10-7-16 Address Mrolane L. Browne (my . 62/2. Sherbrooke St. W. age 637/ montreal

T. O. S.

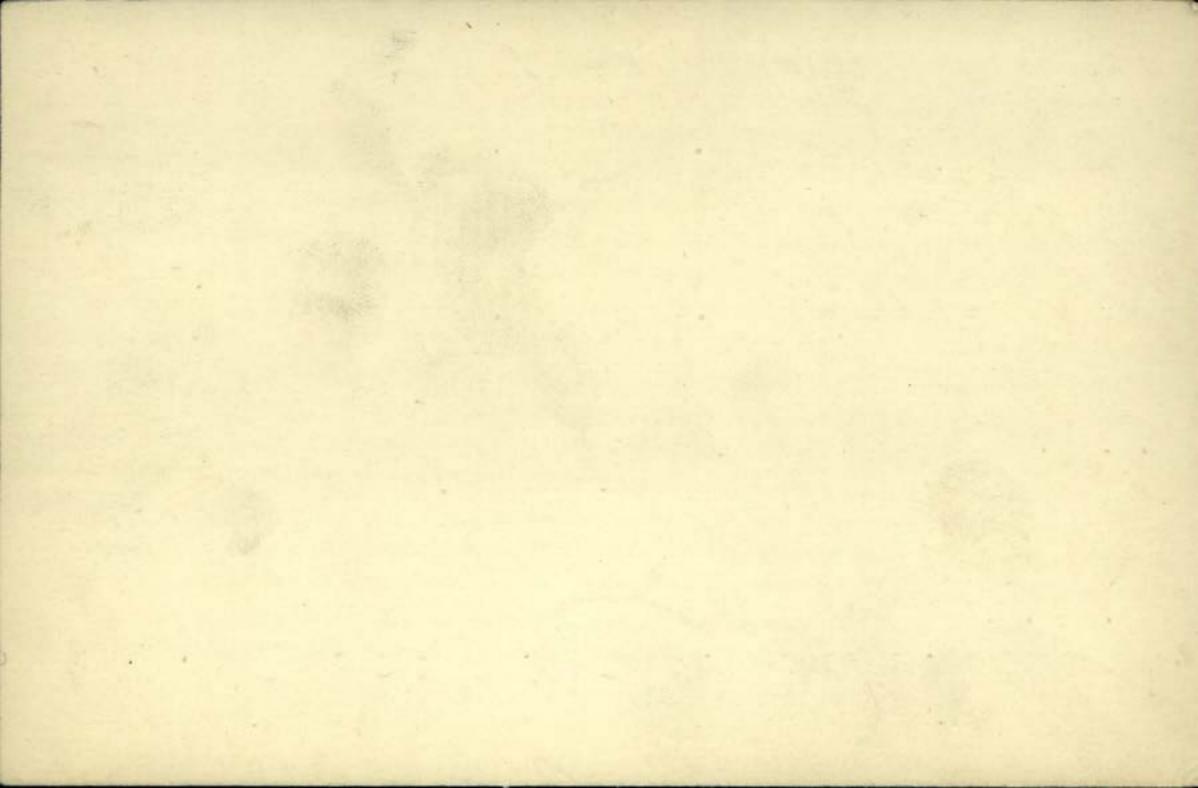
42V

UNIT

M. D.

PAID	PAID	stg.	PROMOTIONS, TRANSFE	RS, DISCHARGES, ETC.		
FROM	то	OR . REC'T	. PARTICULARS .	AUTHORITY		
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notelig. for 1914-15 star BROWNE, Harry Dalzell, Lieut. 60th Bn. Sec. 9 Bde M.G. 00. MEDALS & Mrs. Jane L. Browne (Mother) DECORATIONS 622 Sher brooke St. West, Montreal, P.Q. Scroll Desp.____ - Kegn. No 2 . 20721 PLAQUE & Mother, as above. SCRO LE QUE Desipec 16 1928 - On Progra Serial No. 481884 CROSS OF Mother, as above. SACRIFI CE Gross deapo 10 M of



REGT'L NO H.Q. FILE NO. 649-NAME FOLLOWS ND CORPS NO. CABLE **FOLLOWS** No. DATE M. F. W. 42-50m-1-16.

L. L. Job 90581-M. & D. 6314.

H. Q. 1772-39-893.

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Dalzell Name Browne, Harry Rank Lieut.

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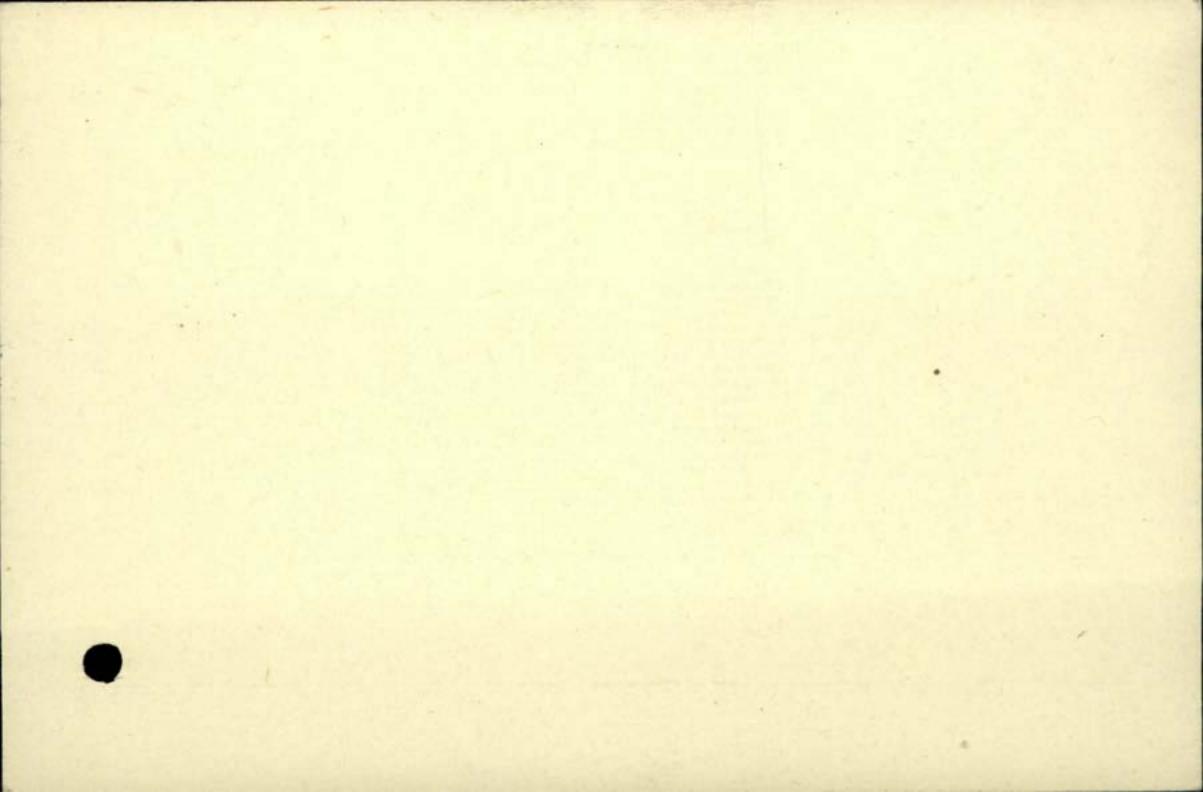
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Date	Movement	Place	Casualty	List No.	Notified N/KO.	W.O. List
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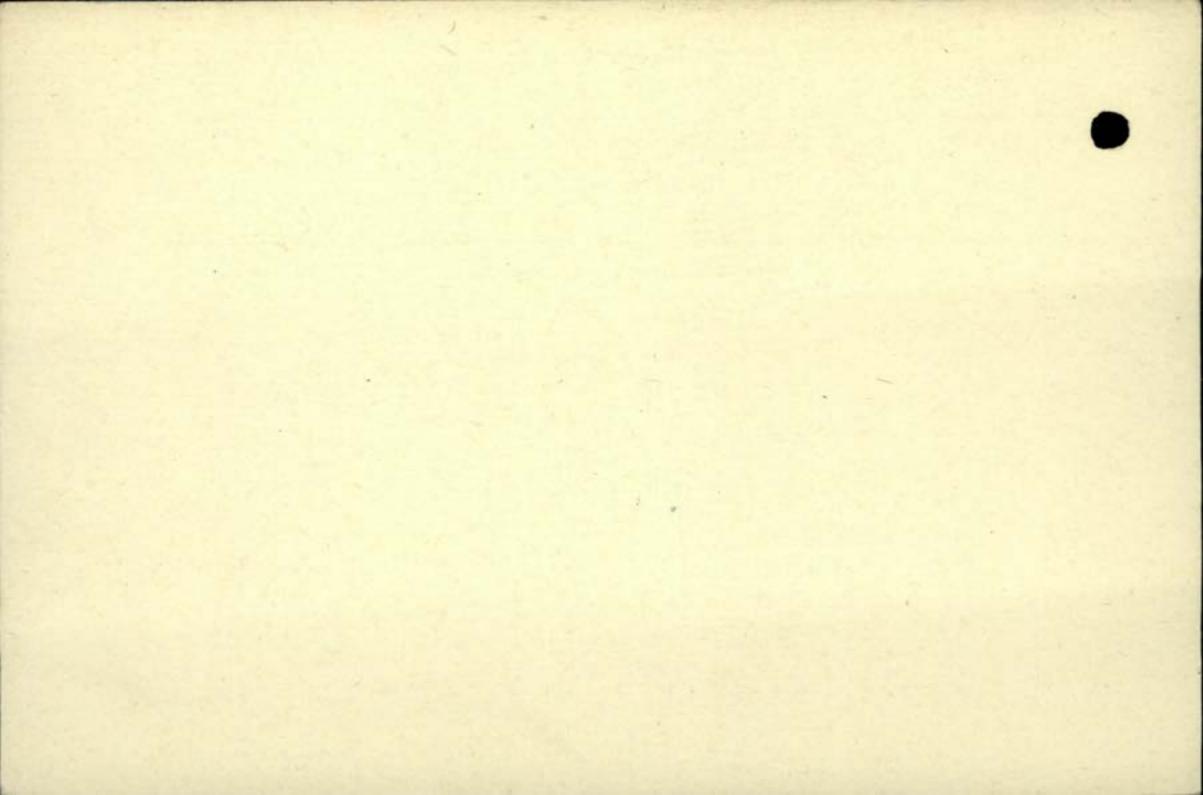
NAME Browne H.

P.S.7-6-15

UNIT 60th. Battaleon

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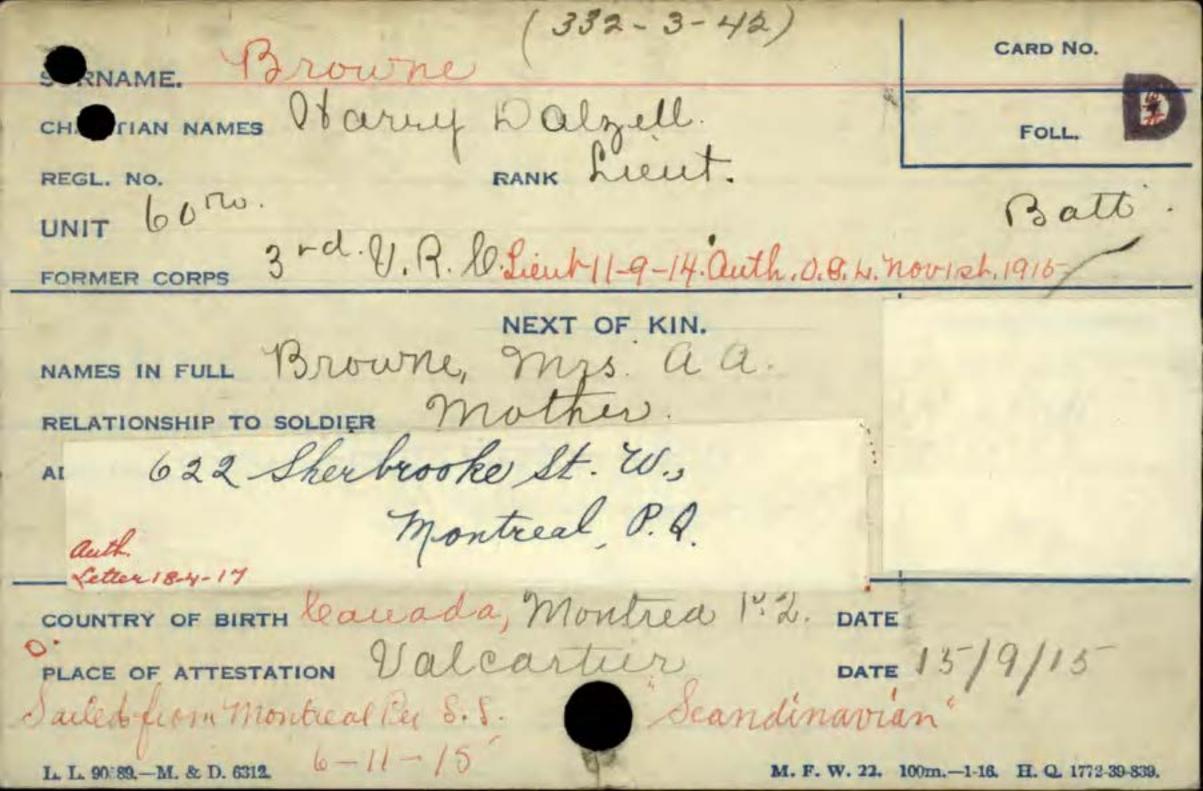
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UNIT 318 Regt (Victoria Rifles)

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Sailing 6-11-15, Outh D. g. L. nov 1 st. 1915

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

This Med

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and signature							
14/12/15	Vaccina	tions (K H	L Pavey	Major.			
2/7/15	Inocula	tions 0	K HL	Pavey	11			
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DUPLICATE!

ARMY FORM B. 178.

To be used (a) for recruits enlisting direct into the Regular Army and (b) for men of the Territorial Force when they are admitted to Hospital.

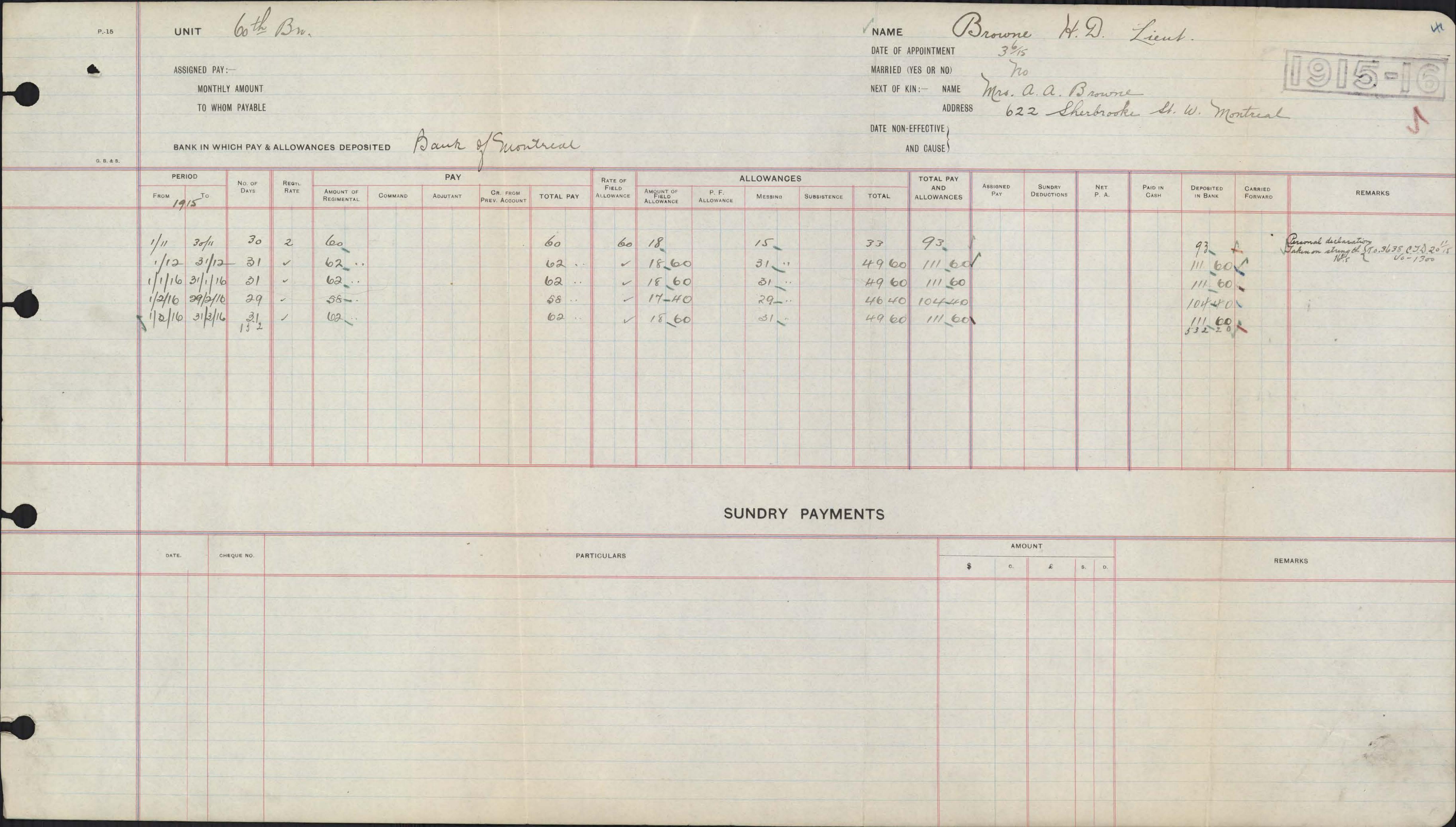
Army Form B, 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname_BROWN		_ Christia	n Name_	Harry	Dalzell.	
	TABLE	I.—GENEI	RAL TA	BLE.		
Birthplace Parish	Mont	real	Coun	ity	Hochelgn	
Examined	(on	15th da	y of Se	eptember		191
Dammeu	` (at	Valcart	ier			
Declared Age						
Trade or occupation		Pure	haring	agent		
Height						
Weight						
Chest Girth when full Expanded					inches.	
Measurement Range of Expansion				41	inches.	
Physical Development			d	***	menes.	
Vaccination (Arm			Right		Left	
Marks (Number					2	
When Vaccinated		1	902			
Vision	$\cdot \begin{cases} \frac{R.EV}{L.EV} \end{cases}$					
(a) Marks indicating con genital peculiarities of previous disease	· {(a)					200
(b) Slight defects but no sufficient to cause rejection	- }					
Approved by (Signature		H. L. Pav				
(Rank)		Major		Medical O	fficer.
	(at					
Enlisted		day	of			101
		Corps			Regtl. No.	_ 191
Joined on Enlistment	60	th Battn				
Transferred to		-			LIEUT.	
Became non-effective by						
estation Paper, and entries made in the Attestation Paper.		A	of			
No (Signature)		day	01	7.75		_191
	rt,-Col.					
In Charge	of Records,		Forms			
Calladian	Contingent td		B. 178		F	O.T.O.

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

	Admitted to Hospital			Discharged from Hospital			Disease	Number of days	Re	emarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer	
Name of Hospital	Day	Month	Year	Day	Month	Year		in Hospital		The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.		
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P-15. ASSIGNED PAY. Beneficiary Address	UNIT. NAME OF 60 Battle	DATE	AUTHOR	AUTHORITY		1	DATE	AUTHORITY	NAME. Name Browne Initials # 4	
Amount. \$ Separation Allowance issued. Yes or No.	Killed	acr		V/076				Bank Bank of Mou	treal.	
DATE PARTICULARS		СК	NO. C	R.	DR. PA		PAID IN NADA		SPECIAL AUTHORITIES To be initialled by P.M. in every case	INTIALS
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