

ATTESTATION PAPER.

No.

Folio.

Leaf.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *Harold Gallen*
 2. In what Town, Township or Parish, and in what Country were you born?..... *Glasgow, Scotland*
 3. What is the name of your next-of-kin?..... *Mary Connel Gallen (Mother)*
 4. What is the address of your next-of-kin?..... *Nandrevil Station, Que.*
 5. What is the date of your birth?..... *1890 - July 8th*
 6. What is your Trade or Calling?..... *Commercial Traveller*
 7. Are you married?..... *No!*
 8. Are you willing to be vaccinated or re-vaccinated?..... *Yes!*
 9. Do you now belong to the Active Militia?..... *Yes!*
 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) *Yes*
CANADIAN OVER-SEAS EXPEDITIONARY FORCE?)
- Harold Gallen*.....(Signature of Man).
J.W. Wiggins.....(Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Harold Gallen*....., do solemnly declare that the above answers made by me to the above questions 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.

WOD 12th August 1915
Date..... *12th August*..... 191*5* *Harold Gallen*.....(Signature of Recruit)
J.W. Wiggins.....(Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Harold Gallen*....., 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.

WOD 12th August 1915
Date..... *12th August*..... 191*5* *Harold Gallen*.....(Signature of Recruit)
J.W. Wiggins.....(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 *Volcarton* this *20* day of *September* 191*5*

WOD *major*.....(Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

.....(Approving Officer)

Description of

Harold Gallen

on Enlistment.

Apparent Age *25* years *6* 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. *10* ins.

Chest measurement { Girth when fully expanded *38* ins.
 Range of expansion *4* ins.

Complexion *Fair*

Eyes *Blue*

Hair *Dark Brown*

Religious denominations. { Church of England
 Presbyterian
 Wesleyan
 Baptist or Congregationalist
 Other Protestants (Denomination to be stated.)
 Roman Catholic
 Jewish

17 acc US Sgt. Arm

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date *August 23rd 1915*

Place *Malcarber*

A. L. Davey
Major A.M.C.
 Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Harold Gallen (Gallen) 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.

W. Massey (Signature of Officer)

Date *SEP 2 1915*



8 MW
10-12-16

Officers
DISCHARGE DOCUMENTS

R. O. No.
H. O. No.

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

+ 3



Name **GALLEN HAROLD**

Regt. No. — Rank **Lieut**

Corps **60th Bn.**

D. of W. 4-6-16.

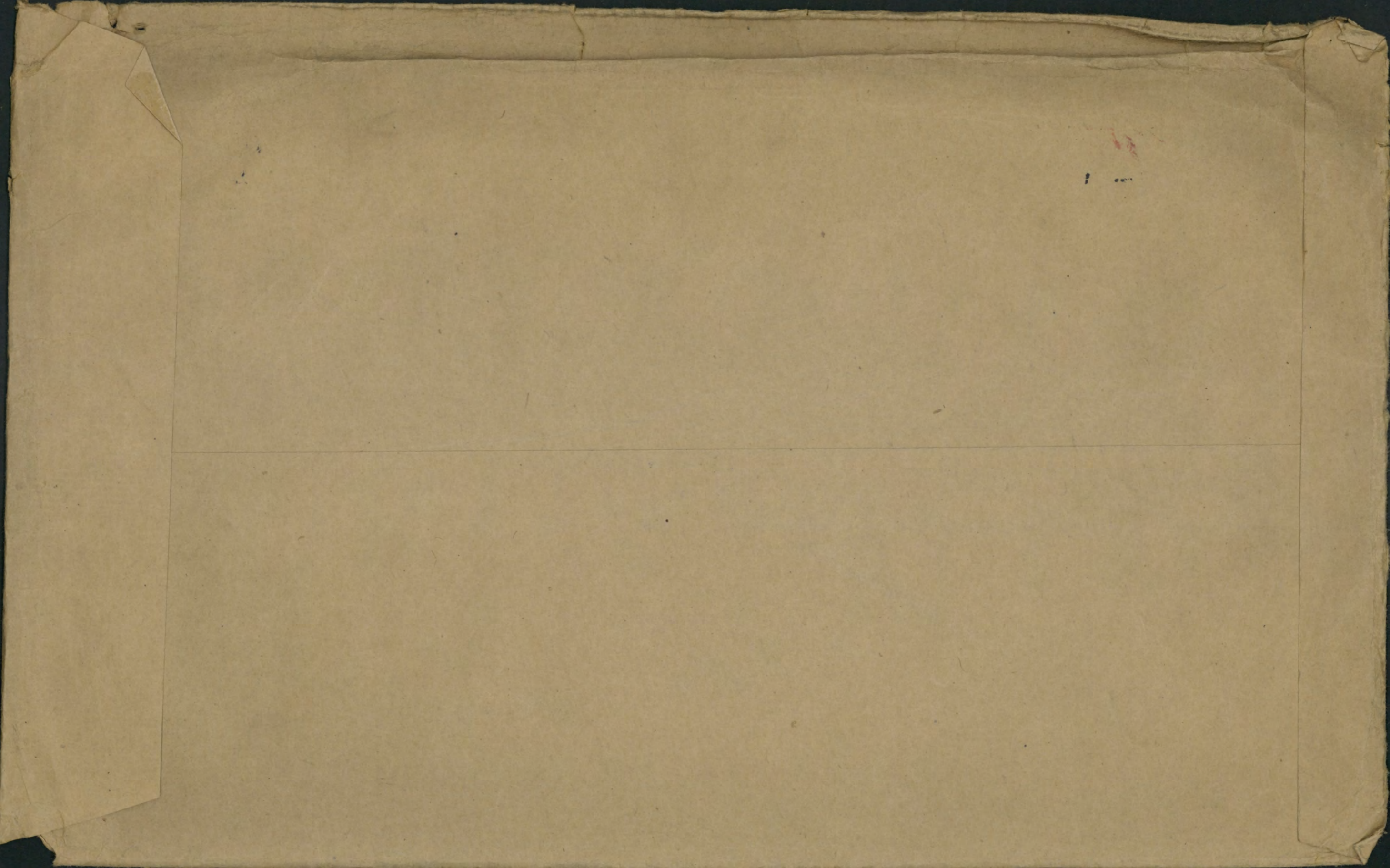
02462

Med 5-10



casualty
1 R 149
paid

1
2-12
2-12



Casualty Form—Active Service.

RECEIVED
22 NOV 1918
M. X
26-11-20
R.R.

Regiment or Corps 60th BATTALION C. F. F.

Regimental No. _____ Rank Lieut Name Gallen, Harold

Enlisted (a) 12/1/15 Terms of Service (a) _____ Service reckons from (a) 6.11.15

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				
				<u>Emb. 6/1/16</u>	
					<u>Embarked for Overseas Service with 60th Bn, Feb. 20, 1916</u> <u>for O. Re. 60th Bn,</u>
					<u>J. B. Bamham,</u> <u>Major</u> <u>for Lt. Col. i/c Records,</u> <u>R.E.F.</u>
<u>4.6.16</u>	<u>10 C.C.Stn.</u>	<u>Arrived in France</u> <u>DIED OF WOUNDS</u> <u>(Shell right foot)</u>	<u>10 C.C.Stn.</u>	<u>4.4.16</u> <u>21/2/16</u>	<u>Wire d/4/6/16 A.A.G.Cdn.</u> <u>7.10 p.m. Sectn.3rd Ech.#T.3649.</u> <u>D.C.S.71 d/6/6/16. Pt.2</u> <u>D/O. #14 d/7/6/16.</u> <u>LR 4701</u> <u>4702</u>
					<u>Lt. R. Sinclair</u> <u>Lieut.</u> <u>for Lieut.Col. A.A.G.,</u> <u>Cdn.Sectn. G.H.Q.</u> <u>3rd Echelon.</u>

(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				

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Gallen Christian Name Harold

Examined { on 23rd day of August 1915
at Dalcaerri
Birthplace { City or Town Glasgow
County Scotland

Approved by H.L. Pavey
Rank Major amc M.O.

Apparent age 25 years.
Trade or occupation Com. Engineer
Height 5 Feet 6 Inches.
Weight 150 Lbs.
Chest measurement { Minimum 34 inches.
Maximum expansion 4 inches.
Physical development
Small-Pox Marks

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

Vaccination Marks { Arm Right Left
Number 1

Date	Result	VACCINATIONS,
<u>14/12/15</u>	<u>OK</u>	<u>H.L. Pavey Major</u> M.O.
		M.O.
		M.O.

When Vaccinated last
(a) Marks indicating congenital peculiarities or previous disease None

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>1915</u>		
<u>Oct 19</u>	<u>OK</u>	<u>H.L. Pavey Major</u> M.O.
<u>Nov 10</u>	<u>OK</u>	<u>H.L. Pavey Major</u> M.O.
<u>Nov 11</u>	<u>OK</u>	<u>H.L. Pavey Major</u> M.O.

Enlisted on 23rd day of August 1915 at Dalcaerri

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>60th Batta</u>			<u>Leut.</u>
Transferred to.. ..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

000

Register No. *28709*

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. *6615-11-7*

Reg'tl No. Name *Harold* *Gallen*
(Christian Name) (Surname)
Unit *60 Bn* Rank *Lieut* Date of enlistment
Date of casualty *June 4, 1916* B.P.C. File No. *5-830*
Was service performed overseas? *yes*

DEPENDENT

Name *Mrs E. Gallen* Relationship *Widow*
Address *2 Bank of Montreal*
Co. Weston & Green,
Westmounte P.Q.

Amount of Special Pension Bonus \$ *96.* Abstracted by *J. Macpherson*

Eligible for Gratuity \$ *240.00* ✓
Less amount of Special Pension Bonus paid \$ *96.00* ✓
Less Debit Balance of S. A. or A.P. \$ *—*

Total deductions \$ *96.00* ✓

Balance due \$ *144.00* ✓

Cheque No. *9-1902616* Date issued *SEP - 7 1920*
CANCELLED *CANCELLED*

Clerk *J. North*

REMARKS :
.....
.....
.....
.....

Audited by *Kent*
Date *3/9/20*

144.00

G. 3
R. 23

M.F.W. 2652
25M-6-20,
H.Q. 1772-39-1473

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname

Christian Name

Regimental Number

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$ _____ per diem; Field Allowance \$ _____ per diem. Separation Allowance \$ _____ per month.

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

Remarks:

M. F. W. 127
 300M-1-19
 1772-38-1140

Married 4. 11. 15

MILITIA AND DEFENCE

DuplicateM. F. W. 11.
15m.—3-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Pay 6/16
Name Evangeline Gallen
Address % Bank of Montreal
Waterloo Place
London, England

Name of Soldier Gallen, Harold

Regtl. No.

Rank SerjeantCorps 60 Batt

Relation to Soldier

wife, child or mother

} Wife

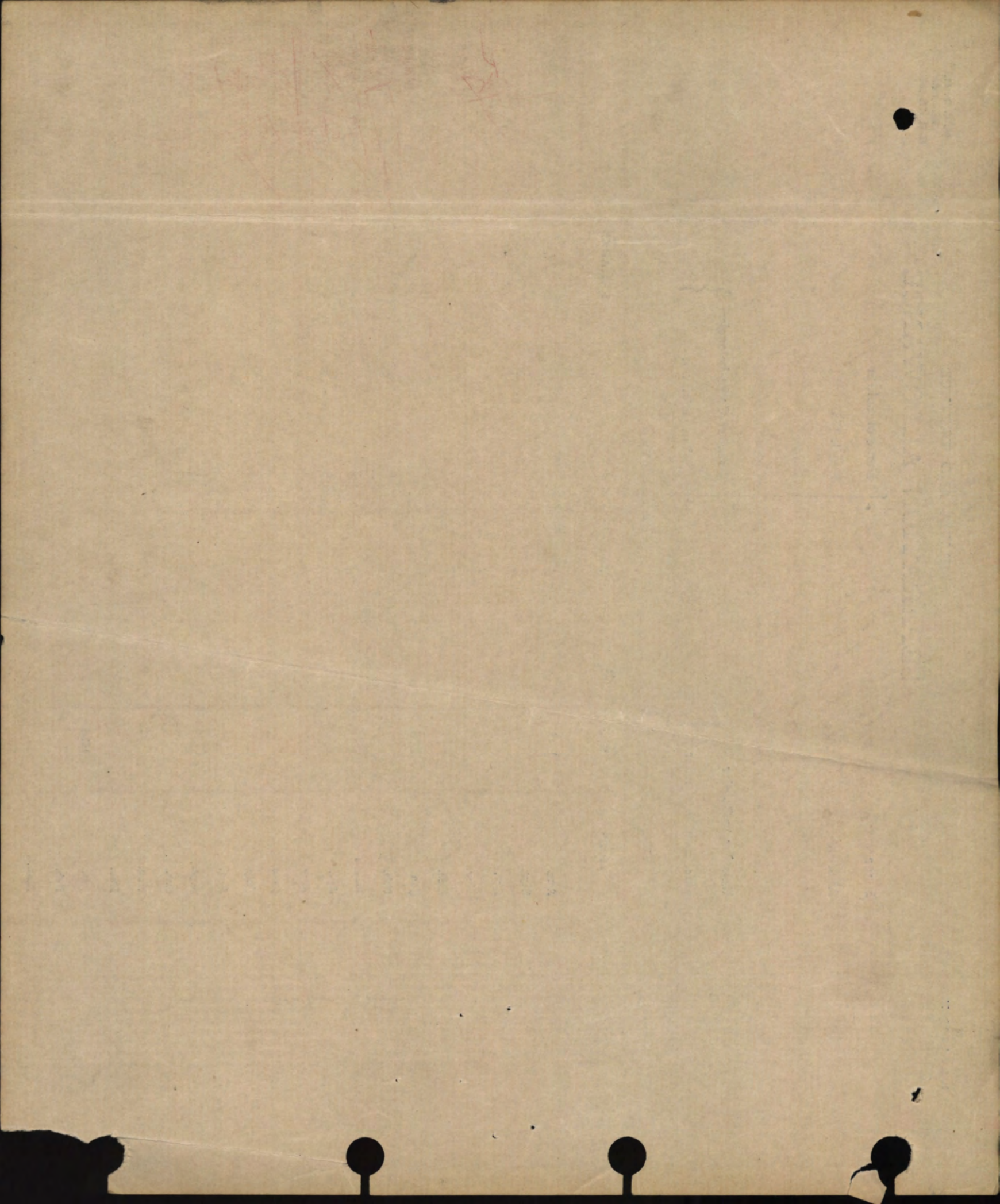
To what Corps belonging

when called out

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		L 11383	27 -	
Dec.		H 19474	30 -	
Jan.	1916	M 14714	30 -	
Feb.		L 20534	30 -	
March		G 32320	30 -	

Wid of Wounds. 4/6/16
C. No. 384 4/6/16



SEPARATION ALLOWANCE

*Duplicate*M. F. W. 11a.
50m.-4-16.
1772-39-818.

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 310.—Req. 6574.

Evangeline Gallen *Wife*
PAYMENTS.

Name of Soldier

Gallen Harold
Lieut

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	<i>1430</i>	<i>30 -</i>	
May				
June		<i>3882</i>	<i>60</i>	<i>60</i>
July		<i>4104</i>	<i>30</i>	
Aug.		<i>5821</i>	<i>30</i>	<i>Died of Wounds H⁶/16</i>
Sept.		<i>7634</i>	<i>30</i>	
Oct.				<i>Ch. 384 4/6/16</i>
Nov.				
Dec.				
Jan.	1917			<i>Pension granted from</i>
Feb.				<i>5 June 1916.</i>
March				<i>advised officer re Pension</i>
April				<i>of O/P 20 29/9/16</i>
May				<i>W</i>
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.)

PAYMENTS.

Name of Soldier.....

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.				

✓ ✓ ✓ ✓
GALLEN, Harold, Lieut. 60th Bn.

MEDALS &
DECORATIONS

✓
Mrs. Evangeline Gallen (Widow)
42 Church Hill, Westmount, P.Q.

PLAQUE &
SCROLL

OK 28³/₂₈
Widow, as above.

~~782436~~ 991661

MEMORIAL
CROSS

Widow, as above. ALSO
Mrs. Mary Gallen (Mother)
c/o Post Office, Leslie,
Michigan, U. S. A.

Plaq. Spelt Gallon. Placed
on roll for new plaque. 128³/₂₈
not eligible for 14-15 Star

E. D.M.
E. B.W.M.

R.R

541

Handwritten scribble

W. 6 34408 DEC 3 1920

M. 6 34409 DEC 3 1920

Scroll Desp. 31/5/25 Reqn. No. 3223

Plaque Desp. 17/4/29 Reqn. No. 4224
APR 17 1929

SURNAME.

CHRISTIAN NAMES

REGL. NO.

UNIT 60th

FORMER CORPS

Gallen

Harold

RANK Lieut

Nil

332-1-61

CARD NO.

D

FOLL.

Bn

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Gallen Mrs. Evangelina

RELATIONSHIP TO SOLDIER Wife

ADDRESS 58 Wyatt Park Rd.

42 Church Hill

Westmount P. Q.
332-1-61-27-11-16

Gallen Mrs. Mary

Mother (Consel)

Victoria Station

P. Q.

Nobel, Ont.
auth. 0155
June 9th, 1916.

COUNTRY OF BIRTH

Scotland

Glasgow

DATE

Feb 8th 1890

PLACE OF ATTESTATION

Valcartier, P. Q.

DATE

Sept 30, 1915.

Sailed 6-11-15.

SS.

Scandinavian! Montreal

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Commercial
Traveller.

RELIGION

Presbyterian.

DESCRIPTION.

APPARENT AGE

25

YEARS

6

MONTHS

HEIGHT

5

FEET

10

INCHES

CHEST MEASUREMENT

38

INCHES

EXPANSION

4

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Wk Brown

DISTINGUISHING MARKS

1 wace, ^{Therap} left arm.

MEDICAL EXAMINATION.

PLACE

Valcartier P.Q

DATE

Aug 23rd 1915.

Present Address. Not - stated.

E.

Name Gallen Harold Rank Lieut

9. G-269
~~Reg. No.~~

Unit 60th. Bn.

A.F.B. 104-93

Next of Kin Canada

Mrs. H Gallen
58, Wyatt Park Road,
Streatham Hill, S.W.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
4-6-16	10 Cas. Clr. Stn.	DIED OF WOUNDS.		384	M7474	7/6

NAME Gallen, Harold

H. Q. FILE No. 649-

REG'TL. NO.

RANK AND CORPS Lieut. 60th Bn.

CABLE

NATURE OF CASUALTY

NO.

DATE

M 7474	6-6-16	Died of Wounds June 4 th 1916. ✓
OR 312	9-6-16	
A.F.B. 20902 Kouen	7-6-16	Died of wounds June 4 th 1916 ^{foot} shell right

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
384-1.	#10. Cas. Clg. Stat	4-6-16.	Died of wounds

Gallen.

H.

Lieut. 60th. Battn.

No. 10. Cas. Clg. Sta.

4-6-16.

DIED OF WOUNDS:- 4-6-16.

C.L. 7-6-16. 384.

A.M.D. 2 DEPT.

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

R

Surname

Christian Name

Reg. No.

Rank

Unit

MEDICAL BOARD held at

Date

Serial No.

(1)

Other Medical Boards at

Date

Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

Disposition Recommended

(1)

(2)

(3)

(4)

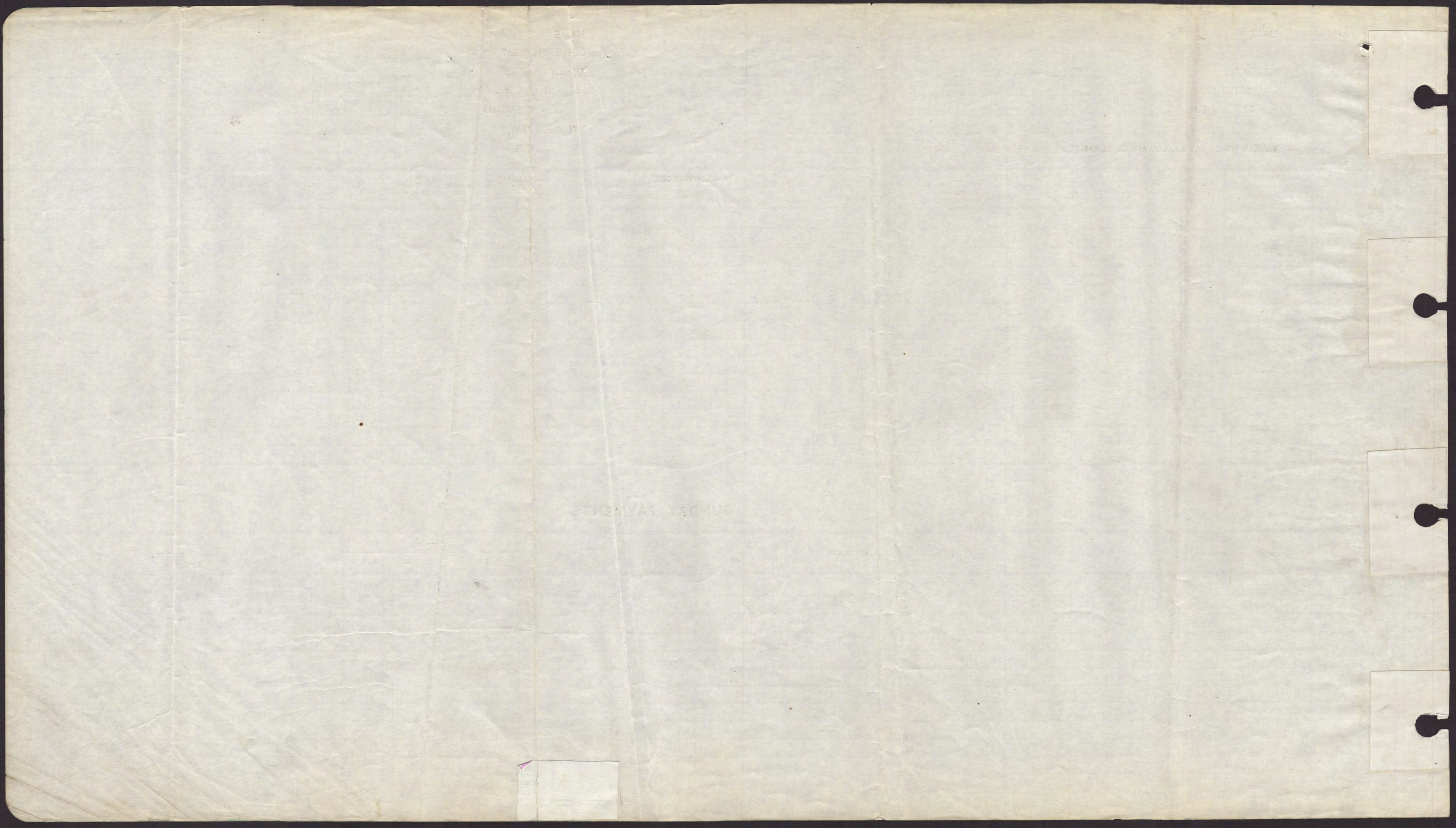
(5)

PENSIONS & CLAIMS BOARD held at

Date.....

Disposition

Remarks



SUNDAY PAYMENTS

ASSIGNED PAY.

UNIT.

RANK.

NAME. ✓ C

NAME OF DATE AUTHORITY

DATE AUTHORITY

Beneficiary

60 Ballin.

lieut

Name Gallen.

Address

Initials H.

Bank

Bank of Montreal

Amount. \$

Separation Allowance issued. Yes or No.

Died of Wounds 4/16. 6238A, 7/16

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialed by P.M. in every case

INITIALS ✓

1916

25.4 Pay April (R)

108

27.4 Bank

108

May 23 Pay May (R)

111 60

" 24 O.D. Grace 19/3/16

894

Bank

107 66

June 20 Pay June (R)

108

Aug 1 Trf to N.E. Branch

108

*June P.A. to be
carried forward.
Trf to N.E. Ledger.*

108

NAME

BANK

UNIT

ASSIGNED PAY

AUTHORITY

DATE

AUTHORITY

DATE

NAME OF

BENEFICIARY

NAME

ADDRESS

INITIALS

BANK

AMOUNT

SEPARATION ALLOWANCE ISSUED

YES OR NO

DATE

PARTICULARS

OR NO

DR

CR

ASSIGNED

PAY PAID IN

BALANCE

SPECIAL AUTHORITIES

TO BE INITIALED BY P.M. OFFICER

INITIALS

CANADA

ASSIGNED PAY.

UNIT. *60th Battalion*
 NAME OF DATE AUTHORITY

RANK. *Lieut*
 DATE AUTHORITY

NAME.

Beneficiary

Address

Amount. \$

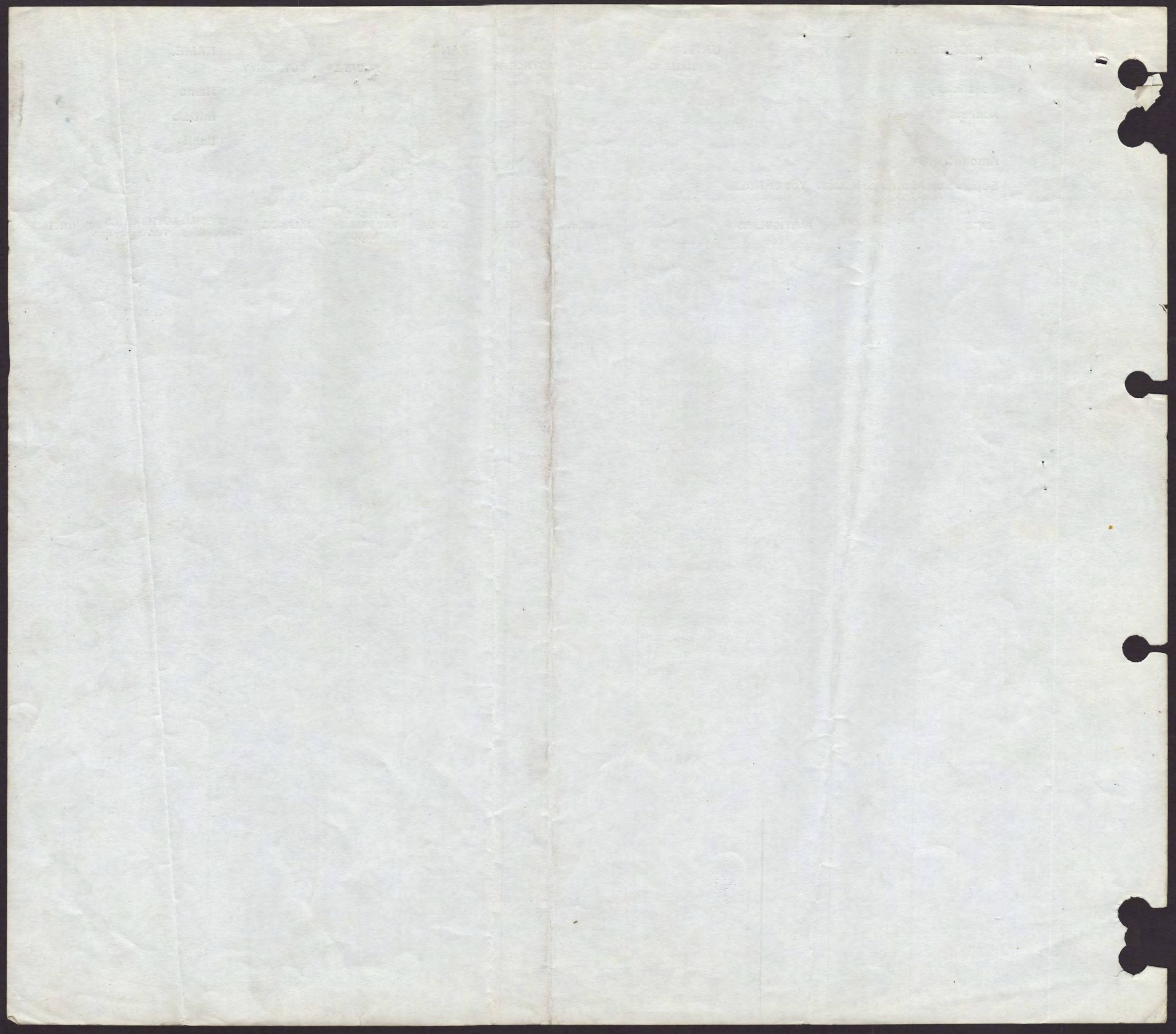
Separation Allowance issued. Yes or No.....

Died of wounds 4⁶/₁₆ bel. 384. 7⁶/₁₆

Name *Gallen*
 Initials *H.*
 Bank

DATE	No of Days	REGT RATE	Amount REGIMENTAL	PARTICULARS F.A. Missing	OTHER CREDITS	CHK. NO. TOTAL	OR. ASS. PAY	DR. CHARGES	ASSIGNED PAY PAID IN CANADA DR. BALANCE	CREDIT BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case. BANK	INITIALS.
<i>1 - 11. 15</i>	<i>30</i>	<i>2 pay</i>	<i>60</i>	<i>18</i>	<i>15</i>	<i>93</i>					<i>93</i>	
<i>1. 12. 15</i>	<i>31</i>	<i>60th 377</i>	<i>67</i>	<i>18 60</i>	<i>31</i>	<i>111 60</i>					<i>111 60</i>	
<i>1. 1. 16</i>	<i>31</i>	<i>1. Mess</i>	<i>67</i>	<i>18 60</i>	<i>31</i>	<i>111 60</i>					<i>111 60</i>	
<i>1. 2. 16</i>	<i>29</i>		<i>58</i>	<i>17 40</i>	<i>29</i>	<i>104 40</i>					<i>104 40</i>	
<i>1. 3. 16</i>	<i>31</i>		<i>67</i>	<i>18 60</i>	<i>31</i>	<i>111 60</i>					<i>111 60</i>	
<i>1. 4. 16</i>	<i>30</i>		<i>60</i>	<i>18</i>	<i>30</i>	<i>108</i>					<i>108</i>	
<i>1. 5. 16</i>	<i>31</i>		<i>67</i>	<i>18 60</i>	<i>31</i>	<i>111 60</i>		<i>8 94</i>			<i>102 66</i>	<i>Ord Issue Boots</i>
<i>1. 6. 16</i>	<i>30</i>		<i>60</i>	<i>18</i>	<i>30</i>	<i>108</i>						
						<i>951</i>		<i>Credit Balance</i>		<i>108</i>		
<i>W&B</i>	<i>Aug 16</i>											<i>951 Bond in Eff.</i>
<i>"</i>	<i>Feb 17</i>							<i>35 89</i>		<i>117 51</i>		<i>3899 #2875. Advance to</i>
<i>"</i>	<i>"</i>							<i>81 62</i>		<i>81 62</i>		<i>4. Pension & loans</i>
								<i>81 62</i>		<i>0</i>		<i>2/62 To Canada 27/1/17</i>

Statement of
 JAN 8 1917
 Account rendered



Rank and Name

GALLEN, Harold

Lieutenant

1 DEC 1915 A.F.B. 158

Regimental No.

Name and Address of Next-of-kin

60Bn 1 JAN 1916

Unit

60th Bn.

Mary Connel Galle (Mother)

FEB 12 1916

Date of enlistment

12th Nov. 1915.

Vaudreuil Station,

MAR 1 1916

Place of birth

Glasgow, Scotland

Quebec.

(wife)

Married (Yes or No) No

Date and place of discharge

also Notify - Evangeline Galen - 58 Wyatt Park Road, Streatham Hill, London. W. APR 7 1916
MAY 1 1916

If in Permanent Force

Reason for discharge

A.F.B. 103

Character on discharge

10/3/16

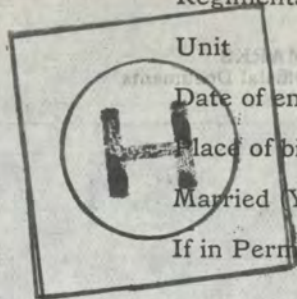
Promotions or appointments

Left Canada - 6-11-15

Died of Wounds 4-6-16

Report

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				
24 ¹² / ₁₅	G.O.C. C.T.A.	Qualified as special musketry instructor Admission No 10.	Shorncliffe	14 ¹² / ₁₅ 22 ¹² / ₁₅	RE 4254 W.O. 61.
7/6/16	Tele.	bas. clearing station and Died of Wounds.		4-6-16	62 384 Pt. 6. 14 - 60Bn. d/7-6-16



que
M

A.F.B. 103
22 NOV. 1916

Rank and Name

Regimental No.

REMARKS
Taken from Official Documents

Date

Place

Record of promotions, reductions,
transfers, casualties, etc., during active
service. The authority to be quoted
in each case.

Report

Date

From whom
received

REMARKS
Taken from Official Documents

Date

Place

Record of promotions, reductions,
transfers, casualties, etc., during active
service. The authority to be quoted
in each case.

Date

From whom
received

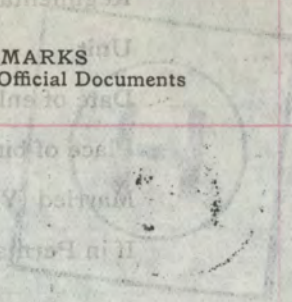
Promotions or appointments

If in Permanent Force

Mounted (Yes or No)

Age of birth

Date of enlistment



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 G A L L E N Christian Name Harold

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Glasgow County Scotland

Examined... { on 23rd day of August 1915
at Valcartier

Declared Age ... 25 years ... days.

Trade or occupation ... Com. Traveller

Height ... 5 feet ... 10 inches.

Weight ... 150 lbs.

Chest Measurement { Girth when fully Expanded ... 38 inches.

{ Range of Expansion ... 4 inches.

Physical Development ...

Vaccination { Arm ... Right Left
Marks { Number ... 1

When Vaccinated ... 14.12.1915

Vision ... { R.E.—V=
L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ...

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

Approved by (Signature) (Signed) H.L. Pavey

(Rank) Major, A.M.C.

Medical Officer.

Enlisted ... at Valcartier

on 23rd day of August 1915.

Corps.	Regtl. No.
<u>60th</u>	<u>Lieutenant</u>

Transferred to ...

Became non-effective by

This Medical History Sheet has been compared with the corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.

on ... day of ... 191 .

(Signature)

(Rank) Lieut.-Col.

In Charge of Records.

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
Oct. 19, 1915	Inoculated, O.K. (Signed) H.L. Pavey. Major.
Nov. 1, 1915	Inoculated, O.K. (Signed) H.L. Pavey. Major
Nov. 11, 1915	Inoculated, O.K. (Signed) H.L. Pavey. Major
Dec. 14, 1915	Vaccinated, O.K. (Signed) H.L. Pavey. Major

Table IV. — Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

I certify the foregoing to be a true copy of an original entry on
 the Medical History Sheet of this man.
 C. A. M. C.
 For the Officer in Charge of Records
 Canadian Contingents.

Number..... Rank *LIEUT* R

Surname..... *GALLEN* M

Christian Names..... *HAROLD*

Unit..... Theatre of War *FRANCE*

Dates of Service..... D

Remarks.....

Latest Address..... *Mrs Evangelina Gallen (W)*

Roll No *B* *42 Church Hill*

Page 1705

Westmount P. Q.

h. 9971 - N. exp

APR 9 1921

Ya 38292 R. M.

SEP 4 1921

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Erangeline GallenWIFE
PAYMENTS.

Name of Soldier

GallenLieut.

156

L. L. Job S9002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	K 1730	30	
May				<p><i>39</i></p> <p><i>Acct closed Pension granted 5/16/16</i></p> <p><i>Duplicate sent to England</i></p> <p><i>for payments</i></p> <p>MAY 12 1916</p> <p>ACCOUNT CLOSED</p> <p>DATE.....PER.....<i>W-</i></p> <p><i>Overpayment</i></p> <p><i>\$115. Recd. by Pensions</i></p> <p><i>etc</i></p> <p><i>Finally Closed</i></p> <p><i>LM</i></p>
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
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.)

PAYMENTS.

Name of Soldier.....

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.				

Married 4-11-15

34

15-5

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Bank of Montreal, 120 Waterloo Place, London, Eng.

Name *Evangelina Gallen.*

Name of Soldier *Gallen, Harold*

Address ~~*42 Church Hill,*~~

Regtl. No.

Westmount,

Rank *Lieut.*

Relation to Soldier

Corps *60th Battalion.*

wife, child or mother

Wife

To what Corps belonging

when called out

PAYMENTS

ENGLISH

Month	Year	Cheque No.	Amt.
Aug.	1914		
Sept.			
Oct.			
Nov.			
Dec.			
Jan.	1915		
Feb.			
March			
Apl.			
May			
June			
July			
Aug.			
Sept.			
Oct.			
Nov.		<i>L 11383</i>	<i>27- 27</i>
Dec.		<i>H 19474</i>	<i>30 30</i>
Jan.	1916	<i>M 17717</i>	<i>30 30</i>
Feb.		<i>L 20534</i>	<i>30 30</i>
March		<i>L 32320</i>	<i>30 30</i>

Duplicate sent to England for payments
MAY 12 1916

Died of Wounds 4/6/16
pmt 30/6/16

ACCOUNT CLOSED
DATE PER *W*

Acct closed

