

Original
ATTESTATION PAPER.

No. 570253

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name? *William Harber*
2. In what Town, Township or Parish, and in what Country were you born? *Worles, England*
3. What is the name of your next-of-kin? *(wife) Alice Harber*
4. What is the address of your next-of-kin? *South Hampton Park, Longueuil*
5. What is the date of your birth? *Dec 3. 1875*
6. What is your Trade or Calling? *Baker (Master Baker)*
7. Are you married? *Yes*
8. Are you willing to be vaccinated or re-vaccinated? *Yes*
9. Do you now belong to the Active Militia? *No*
10. Have you ever served in any Military Force? *Yes 36 Worles Regt. (South Africa)*
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*

William Harber (Signature of Man.)
S. L. Curran (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *William Harber*, 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.

W. Harber (Signature of Recruit)

Date *Sept 17* 1915. *Samuel E. Curran* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *William Harber*, 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.

W. Harber (Signature of Recruit)

Date *Sept 17* 1915. *Samuel E. Curran* (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 *Montreal* this *17* day of *Sept* 1915.

W. D. Burchall (Signature of Justice)

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

S. L. Curran (Approving Officer)

*4th Div Unit
C.O.S.C. #2 Overseas Training Depot*

Description of William Harber on Enlistment.

Apparent Age 39 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 6 ft. - 1 ins.

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

Complexion Tan
 Eyes Blue
 Hair Bro.

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

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

Date Sept 17 1915.

Place Harbour

W. G. G. G.
Lieut A. M. G.
 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.

William Harber 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. R. G. G. (Signature of Officer)
 Capt

Date Sept. 20th 1915

..... Officer Commanding
 No. 2 Overseas A.S.C. Training Depot, C.E.F.

REGIMENTAL DOCUMENTS *4th Balto P.G.P*

(H)

NAME *Harber, William* REGT No. *51025-3* **O. H. M. S.**

(S)

NON-EFFECTIVE BY *Demob'n* CATEGORY.....

(M)

23/3.20

07548

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- DENTAL CERTIFICATE ON DISCHARGE (O. A. I. C. 3009) |
- UNIT INDEX CARD (M. F. W. 71 or 192)

(H)

~~107.13~~
1 B.P.C. 871

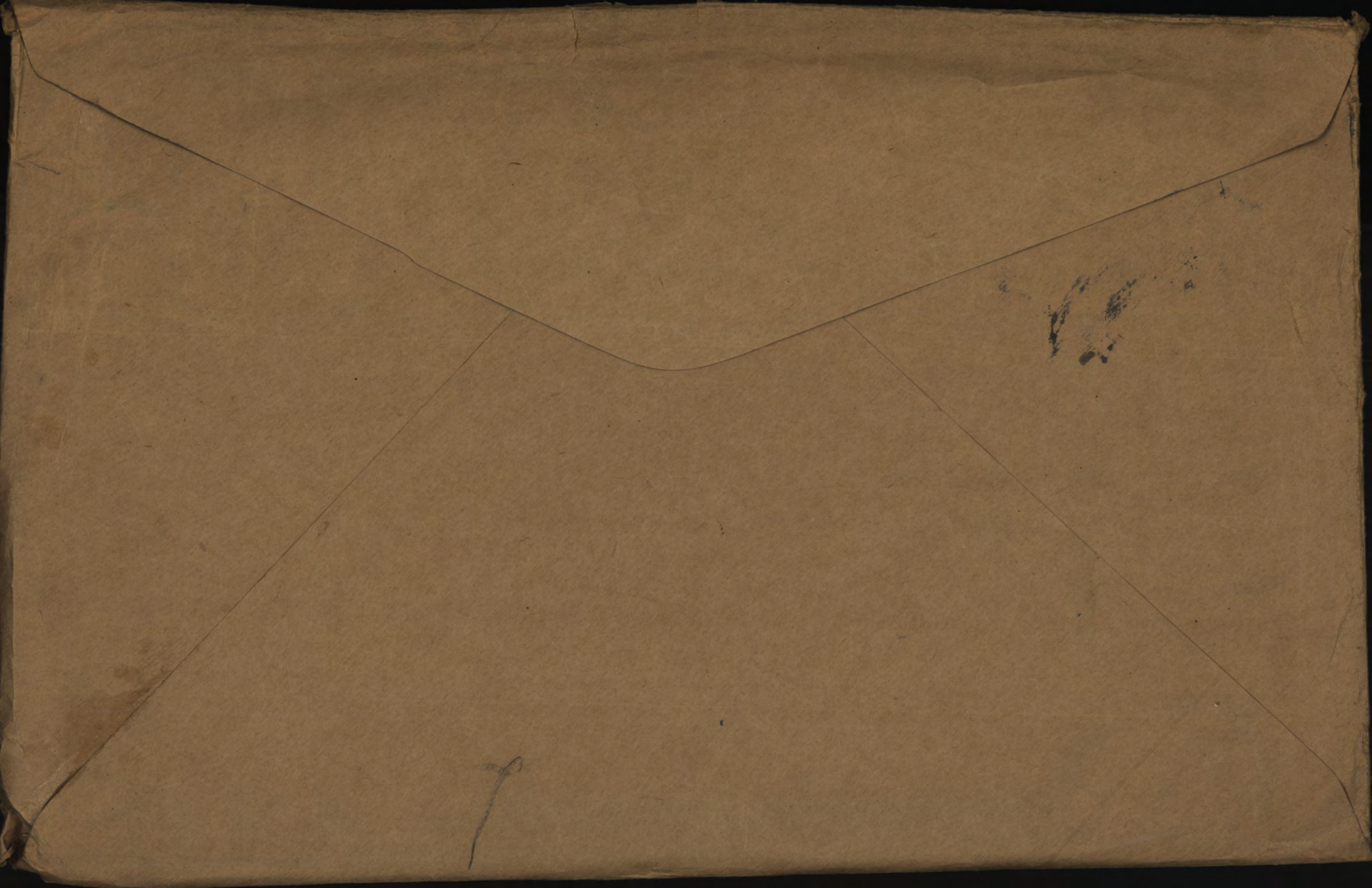
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2 6045
R 1221

mx
4-2-21
ac

M. F. B. 270.

850M-8-18

H. Q. 1772-39-67



649-H-12885

S.O.S. No. 20-2-18. Demob.
R.O. 1328 18-11-18. 4. Am.C.

NAME *Harber, William*

RANK & No. *Plc.*

*Enlist 29.7.70 4
SCR 795 W-1. 3.4.70 510, 253.*

CORPS # *2. G. A. S. B. Training Depot (2nd R.D)*

ENLISTMENT, PLACE *Montreal*

DATE *Sept. 17th. 1915 M.*

FORMER CORPS *36th Worcester Regt. (So. Africa).*

COUNTRY OF BIRTH *England. Worcester*

NEXT OF KIN *Harber, Mrs. Alice (Wife)*

ADDRESS OF NEXT OF KIN *South Hampton Park. Longueil. Que.*

DISCHARGE, PLACE

DATE

*also notify: - Mrs. Charlotte Lewis. (R.M.A.)
14 Geraldine Road, Folkestone.*

Auth 54-21-38-1. 1/8/17. Kent Eng.

Returned to Canada per S.S. "Carnegie" 26/8/17. Auth. 7347.

L. L. 85093-M. & D. 5032

2/9/27-11-15. 287 R. L. 8.9.17.

M. F. W. 22.-50m.-9-15.
H. Q. 1772-39-839.

REMARKS:

11



Number

510253

Rank

pt.

B

Surname

HARBER

Christian Name

William

Units

C.A.S.C

Theatre of War

England

Date of Service

5-12-15

Remarks

~~Remains to Mrs Alice Harber 90 Mrs Scivens~~
Warners Cottages Barnards Green

Latest Address

Great Malvern
England BPC

Roll No.

104862

200m. - 2-21.

at Page 3621.

Address on leave _____

Address on discharge _____

Transportation issued Yes No Date _____ Character on discharge _____

Previous occupation _____ Date and place of enlistment _____

Diagnosis _____ Date of Medical Boards _____

Date		Remarks

DEPT. OCT 22 1924
REGN. NO. 6629

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

No. 510253.

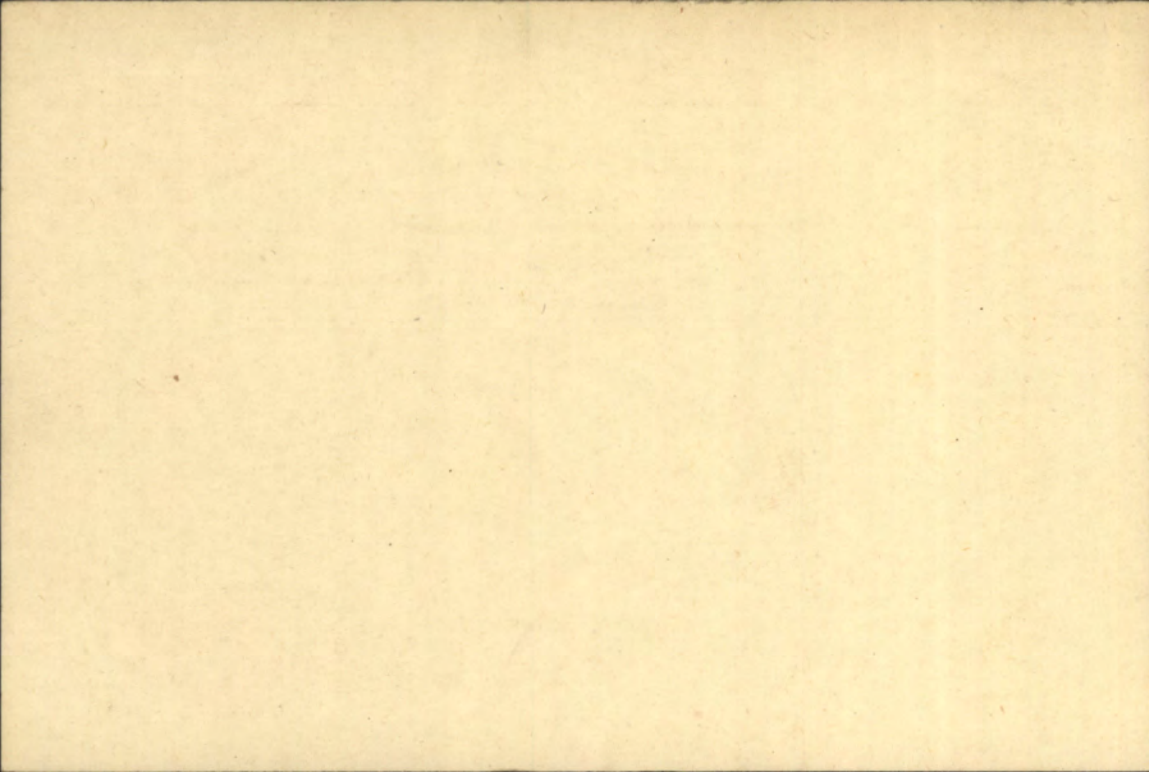
RANK *Rte*

NAME

*Harber W.*T. O. S. 16-9-15 (²⁸⁻⁵⁷₂₈₋₉₋₁₅) UNIT *b. q. s. b. (# 2, Training depot.)*

M. D. 2,

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915</i> <i>Sept. 16.</i>	<i>1915</i> <i>Sept. 30.</i>	<input checked="" type="checkbox"/>		
	<i>Oct.</i>	<input checked="" type="checkbox"/>		
	<i>Nov.</i>	<input checked="" type="checkbox"/>		



808 Demot. 20-2-19 on D. 4

649-H-12885

✓ Harber, W. Pte. 510253, 4th C.G.R. (C.A.S.C.I.D.)
England

Med. & Dec. (Widow) Mrs. A. Harber,
% Mrs Scrivens Warner Cottages R.M.D. No. 1,
Barnardo Green Gt Malvern ~~Bringham, Que.~~
England 31/24 ~~Bringham~~

P. & S.
(Ser. # 985313)

Mem. Cross " as above.

see 29-7-20...
Death due to Service
auth B.P.C.

Mem. Cross (Mother) Mrs. L. Harber,
Post Office, Norton
Worcestershire, England.

England only

47206

A ac

749

Deton Desp. 269/23

Reqn. No.

56132

Maque Desp. 263/23

Reqn. No.

A9378

M 45-053 FEB 12 1921

W 44847 FEB 11 1921

Rank Pte. Name HARBER, William

Reg'l No. 510253

R-122.

Unit No. 2. Dft. to C.A.S.C., T.D. If in perm. Corps, What Unit?

Married or Single Married

Place and Date of Enlistment Montreal, 17 Sept. 1915.

Place of Birth England

Name and Address, Next-of-Kin ~~Alice Harber~~

Mrs Charlotte Lewis

~~South Hampton Park, Longwood, Ireland.~~

EU Barbuda

Relationship

Wife

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E. R.B. No 1257.
File R.L.
Category *Alban*

Discharge, Date and Place

Reason

Character *Pte*

*m + 21
H-2 ac*

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				
29-12-15	<i>Case TN</i>	<i>Arrived S.S. Lapland. England.</i>	<i>England.</i>	<i>5-12-15</i>	
30-10-16	"	<i>Taken on strength to S. Bliffe.</i>	<i>S. Bliffe.</i>	<i>5-12-15</i>	<i>Pt. II Do # 149</i>
	"	<i>Granted permission to marry. Without Expenditure Public.</i>		<i>30-10-16</i>	<i>Pt. II Do 304</i>
14-8-17	"	<i>S.O.S. to C.A.S.C. Res. Dpt. S.O.S. to C.A.S.C. CD. att'd.</i>		<i>14-5-17</i>	<i>Pt. II Do 134 + base RD P.C.I.D.O.L.</i>
1-8-17	"	<i>Res. Dpt. pending despatch to Buxton</i>	"	<i>Pte. 30-7-17</i>	<i># 79 (A) 146.d.2-8-17</i>
1-8-17	"	<i>C.D. Ceases att'd. on proceeding CDD. Buxton</i>	"	<i>18-8-17</i>	<i>162 (A) #98.d.20-8-17</i>
18-8-17	"	<i>"On Command" CDD Buxton for Return to Canada</i>	"	<i>18-8-17</i>	<i>162</i>

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				
29.8.17	C.A.S.C.C.D.	<p>Ceases "On Com" CPD Buxton S'cliffe Pte. 26.8.17 P[#] 173.</p> <p>U.S.O.S. on Proceeding to Canada.</p>			
		<p>Dis. Depot Found fit for Duty</p>	<p>m. Det. Montreal</p>	<p>9.9.17</p>	<p>MR 344</p>

2124

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-30-920.

Casualty Form—Active Service.

Unit, Regiment or Corps No. 2 Overseas A.S.C. Training Depot, C.E.F.

Regimental No. 570.259 Rank Pte Name Harber William

Enlisted (a) Sept 17 1915 Terms of Service (a) D of War Service reckons from (a) Sept 15 1915

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) Level Master Baker

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				

29/12/15	C.A.S.O.	Taken on strength of C.A. S.C. D	Shorncliffe	Part II 179 Decr 29 1915, 5/2/15	
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14/5/17	of C.A.S.C.D	S.O.S of C.A.S.C.D on posting to C.A.S.C.R.D.	Shorncliffe	14/5/17	Part II Order 134a.
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15/5/17	of C.A.S.C.R.D	S.O.S from C.A.S.C.D.	Shorncliffe	14/5/17	Part II Order I
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1/8/17	of C.A.S.C.R.D	S.O.S on posting to C.A.S.C. Corps Depot	Shorncliffe	30/7/17	Part II Order No. 79 <i>[Signature]</i> for D.O., C.A.S.C.R.D.
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[Signature] Capt.
Adjutant, C.A.S.C., T.D.

(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.]

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				
2-8-17	BASC C.D.	T.O.S. on posting from B.A.S.C.R.D. for return to Canada C iii	Shorncliffe	30/4/17	Pt II 146.
18/8/14	✓	On command to 1st C.D.D. Buxton	✓	18/8/14	Pt 162.
2 0 AUG 1917		TAKEN ON STRENGTH C.D.D, BUXTON Pt. 11 ORDER No. 196.			<i>Newstone</i> LIEUT. & ADJT. CORPS DEPÔT, C.A.S.C. Lt. Col. Commanding Canadian Discharge Depôt.
2 6 AUG 1917		EMBARKED FOR CANADA FROM LIVERPOOL			<i>R. Paul</i> Lt. Col. Commanding Canadian Discharge Depôt.
T.O.S. SPECIAL SERVICE BATTALION			Hubert	21 9.17	Pt 200. 227 & 248
3-1-18.		Duty to Vocational officer M.D.	"	3-1-18.	<i>R. Paul</i> Lt. Col. Commanding Canadian Discharge Depôt.
1. 5. 18	<i>A. H. P. Co.</i>	TAKEN ON STRENGTH 4TH BN. C. G. E. F. AUTH, PT, II D. O. 1.		1. 5. 18	<i>W. Melville</i> Lt. Col. Commanding Canadian Discharge Depôt.
30.2.19	<i>4. Capt.</i>	STRUCK OFF STRENGTH 4TH BN. C. G. E. F. AUTH, PT, II D. O. upon demobilization	653-	32-2-19	<i>W. Melville</i> Lt. Adjutant, 4th Bn, Canadian Garrison Barracks, C. G. E. F.

No card
486

PROCEEDINGS OF A MEDICAL BOARD.

Dated at 25th July 1917. 1916.

No. 510253 Rank Pte Name Harbor W.

Local Unit CASC Overseas Unit Age 40

Examination held at Napier Bks.

DISABILITY.
Overseas—Local.
~~XXX~~ (scratch one out) ASTHMA.

PRESENT CONDITION.

Bronchial breathing over both lungs. No rales.

Heart normal Lungs emphysematous. States he is bad in damp weather.

This man will not rate higher than C 111 in 6 months.

H.B.Thomson. Capt.
25-7-17.

BOARD RECOMMENDS:—

C 111.

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty.....weeks.
4. Fit for Permanent Base Duty
5. Discharge

Signatures:—

Members

H.B.Thomson. Capt. President.

D.E.Howe. Capt.

B.

APPROVED

Dated at 26th JUL 1917. 1916.

S. L. West
FOR A.D.M.S. BANAGIANS. SHORNGLEFF. CAPT.

For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD

Date of 1918

No.	Rank	Name	Local Unit	Overseas Unit	Age	Examination held at	DISABILITY Overseas Local for extension only

PRESENT CONDITION

BOARD RECOMMENDS

1. Fit for Duty.....
2. Fit for duty after weeks physical training
3. Fit for Temporary Base Duty..... weeks
4. Fit for Permanent Base Duty.....
5. Discharge.....

Signatures

..... President

..... Members

APPROVED

Date of 1918

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 510253 (Rank) Private

Name (in full) William HARBER enlisted in
the 2nd O'Seas A.S.C. Training Depot

CANADIAN EXPEDITIONARY FORCE at Montreal Que on the 17th
day of September 19 15

HE served in England

and is now discharged from the service by reason of Demobilization

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

Age 43 yrs 2½ mos

Height 5 ft 9 ins

Complexion Fair

Eyes Blue

Hair Brown

Marks or Scars

William Harber

Signature of Soldier

Issuing Officer

Lieut-Colonel

Rank

Date of Discharge February 20th 1919

O.C. 4th Bn Cdn Garr Regt CEF

Appointment

Signed at Montreal Que this 20th day of February 19 19

in Military District No. Four

File Reference No. _____

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 510253 (Rank) Private Name William Harbor

Unit 4th Bn Can Gren Regt

Address on Discharge

Character and Conduct

Former Occupation Montreal Baker

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at Montreal Que this 20th day of February 1919

Name of Officer

Lieut Colonel Rank

O.C. 4th Bn Can Gren Regt CEF Appointment

Caution: This certificate will not be comm-
-municated for or to any person other than the person named in the certificate.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DIVISION.....

NAME OF SOLDIER

Harber William

REGIMENT.....

RANK.....

Pte.

No. *510253*

DATE	No.	FILLINGS				Extracted	Anesthetic	Treated	Crowns	Cleaned	As 2's	Pulp Removed	Put Pulp	Artificial Teeth	OPERATOR	REMARKS
		Amal.	Phosp.	G. Per.	Cement											
<i>Feb 7. 6 / 19.</i>															<i>W. Blumington Capp</i>	<i>m = missing X to be treated 21 to be filled Pain lower plate measured Refuses treatment Dr. Harber</i>

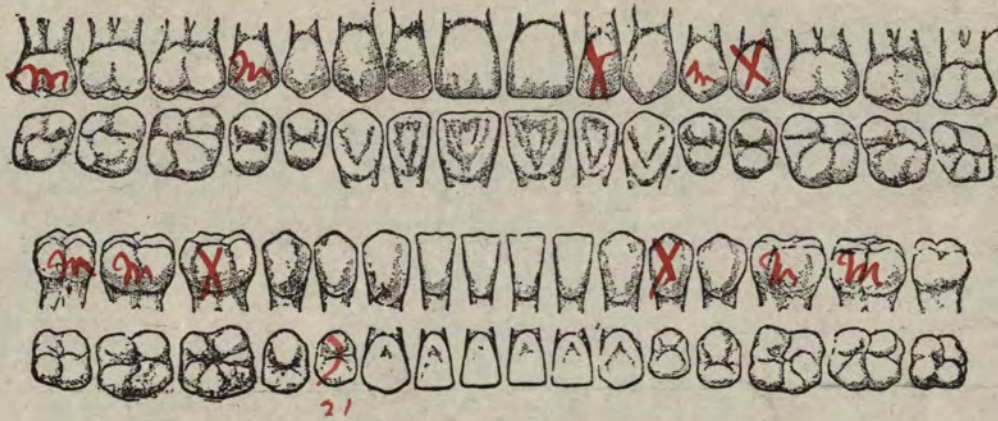


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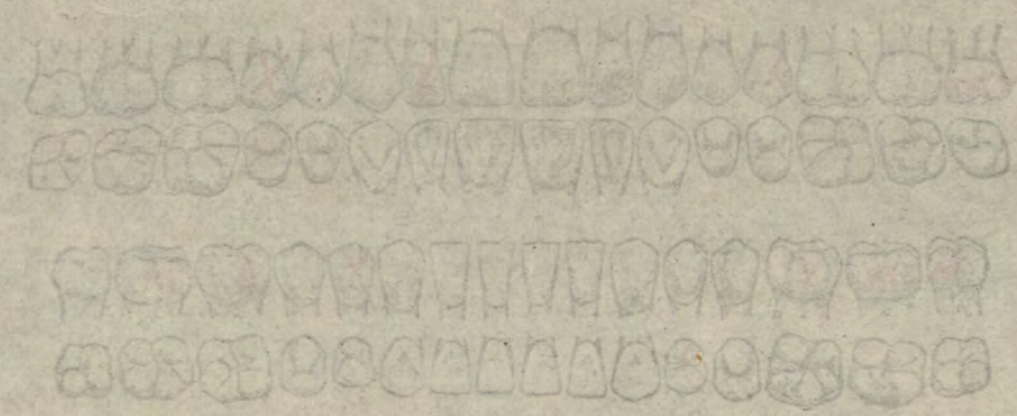


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C.A.D.C. 5009
10M-3378-1-8-17.



W 510253

DENTAL CERTIFICATE.

Pls Harbour W.

The following Certificates will

CAPC

be attached to the Medical History Sheets of all

Other Ranks being returned to Canada for disposal.

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
<i>24.8.17</i>	<i>fit.</i>	<i>OAS</i>		<i>FR Janner's Capt case</i>

U.S.D.C. 3000
Form 8-17

200 2 10 2 3

W. H. ...

0 2 2 6

DENTAL CERTIFICATE

The following certificates will
be attached to the Medical History Sheets of all
Other Ranks being returned to Canada for disposal.



Date of Examination	Present Dental Condition	In case of loss of teeth, wounds, injury or disease directly attributed to Active Service	Has he ever been treated Dentally	Recommendation
		<p style="text-align: center;">0 2 2 6</p>		

Duty.

C. i

Proceedings of Medical Board at Discharge Depot, QUEBEC, Que.

No. *510253* Rank *plc.* Name and Corps of disabled Soldier:—
Harber Wm C. A. S. C.

Previous civilian occupation:— *Baker and Cook.*

Cause of Disability:— *None.*

Condition, in detail, which prevents the soldier earning a full livelihood:—

*This soldier states that he had attacks
of asthma last winter while in England.
Examination of lungs now is negative
Heart normal.*

OPINION OF THE BOARD.

Degree of incapacity. (Please state in fractions) *None*

Probable duration of incapacity:— —

Does it render him permanently unfit for Military Service? *No*

Would operation, Special treatment, or use of appliances, etc., lessen incapacity? *No*

Signature:—

X C Cairns Capt
President.

Station:— *Quebec*

W. H. Carrick Major
H. H. Houghton Lt
Members

Date *16/9/17*

APPROVED.

Date *16 9 17*

W. H. Carrick Major
Asst. Director Medical Services.

Date.....

.....
Director General Medical Service.

Proceedings of Medical Board in Discharge Depot

OUTRICK, One

State of Georgia, County of ...
I, the undersigned, being a duly qualified ...

do hereby certify that ...
the ... of ...
is ...

OPINION OF THE BOARD

The Board of ...
has ...
and ...

President

Members

APPROVED

Director Medical Services

Director General Medical Service

CANADIAN CONTINGENT EXPEDITIONARY FORCE
LAST PAY CERTIFICATE

Regtl. No. **510255**... Rank **PT9**... Name... **HARBER**... **V.A.**...
Corps **4th. Battn. Can. Garrison**... who was... **DISCHARGED**...
Regt. 277.
on **20-2-19**... 1918... to... **20-2-19**...

The following is a Statement of the account of the above named from **1-2-19**...
to **20-2-19**... the inclusive date of Transfer or Discharge.

Bal. Dr. from Prev. Month.....		Bal. Cr. fr. prev. Month	
Advances) No. 27009 10.00		Regtl. Pay 20 Days 6 15.00	20.00
by)		Field All. 20 Days 10	2.00
Cheque) No. 24402 25.00		S.A. monthly 20 days Feb. 20.00	20.00
A.P. and S.A. 28450 80.00		Other All. 20 days Feb. 25.00	25.00
Other Charges Shortage in Kit 1.50		Other Cr. 3 days Subs 90¢	1.50
Payment on Trans. or Disch. 28422 52.10		Bal. Dr. to be conducted	100.00
Bal. Cr. to be paid by New Unit		by New Unit	
Total 5178.60		Total.....	5178.60

A monthly stoppage of **\$15.00** has been paid on account of A.P.
for the month of **February** 1919
and S.A. for the **20 days February** 1919
To Assigned **Mrs. Alice Harber**

Address **LOUGHEIL P.O.**

REMARKS

(1) Date of Enlistment **17-2-15**

(2) If married and if SA Card has been submitted **Yes**

(3) Cause of Discharge **Demob. 277.** Authority **D.O. 1828**

I have carefully examined this statement of account and find it to be a correct extract from the Pay List of this Unit.

Date **February 25th. 1919**

Place **Montreal P.O.**

A. D. Murch Lieut.
Paymaster
4th. Battn. Can. Garr. Regt. CEF.

GENERAL ACCOUNTING SYSTEM
STATE OF CALIFORNIA

The following is a statement of the account of the above named bank account
for the month of January 1950.

DATE	DESCRIPTION	DEBIT	CREDIT	BALANCE
1/1	Balance forward			
1/2	Check No. 1234	100.00		
1/5	Deposit		500.00	
1/10	Check No. 1235	200.00		
1/15	Deposit		300.00	
1/20	Check No. 1236	150.00		
1/25	Deposit		400.00	
1/31	Balance			1050.00

I hereby certify that the above is a true and correct statement of the account of the above named bank account for the month of January 1950.

Accountant

State of California

Handwritten signature

ALL RIGHTS RESERVED
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2124
 Recourse report

2nd Overseas A.S.C. Training Depot 510253

ORIGINAL MEDICAL HISTORY SHEET.

Surname Harber Christian Name William

Examined { on 16 day of Sept 1915
 at Montreal
 Birthplace { City or Town Moncton
 County Bury

Approved by Chas. C. Gurd
W. Gurd
 Rank Leut R.A.M.C. M.O.

Apparent age 39 1/2 years
 Trade or occupation Mech. Baker
 Height 5 Feet 9 Inches.
 Weight 146 1/2 Lbs.
 Chest measurement { Minimum 31 1/2 inches.
 Maximum expansion 37 inches.
 Physical development Good
 Small-Pox Marks None

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 0 6
 When Vaccinated last 1906

Date	Result	VACCINATIONS.
<u>7/10/15</u>		<u>W. Gurd Capt</u>
		M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection
Large dilated vein thea & vesicles low - Recom by A.S.C. as expert baker.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>24/9/15</u>		
<u>29/9/15</u>		
<u>14/10/15</u>		
		M.O.
		M.O.
		M.O.

Enlisted on 16th day of September 1915 at Montreal

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>Nov Overseas</u>	<u>570253</u>		<u>16/9/15</u>
Transferred to.....	<u>asc Training Depot</u>			
	<u>A.S.C.</u>			
	4th Bn. Canadian Garrison Regiment, C.E.F.			
	MONTREAL			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Napier Barr</u>	<u>25-7-17</u>	<u>asthma</u>	<u>C2 H. B. Thomson, M.D.</u>
<u>Montreal</u>	<u>APR 2 1918</u> <u>6-2-19</u>	<u>bronchial asthma</u>	<u>CIII J. J. Martineau, Capt</u>

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

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS.

510253 Rte Harbor

Date of Payment.	No of Acq. Roll.	A M O U N T					Place of Payment.	Name of Paymaster.	Remarks.
		Francs	£	S.	¢	¢			
14/5/17	322	1	1	1	1	1	1	1	not
14/6/17	162								Oct 17
28/6/17	132	1	1	1	1	1	1	1	not
13/7/17	171								not
26/7/17	171	1	1	1	1	1	1	1	not
13/8/17	320								not
16/8/17	320	1	1	1	1	1	1	1	not

63 26

[Handwritten scribbles and signatures]

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Alice, Harber

wife
PAYMENTS.

Name of Soldier

Harber *Jm*

L. L. Job 89002.—Req. 6213.

510253

pte

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	<i>J 2460</i>	<i>20</i>	<i>20</i>
May		<i>W 308.</i>	<i>20</i>	<i>20</i>
June		<i>M 9870</i>	<i>20</i>	<i>20</i>
July		<i>B 6797</i>	<i>20</i>	<i>20</i>
Aug.		<i>V 12548</i>	<i>20</i>	<i>20</i>
Sept.		<i>H 16007</i>	<i>20</i>	<i>20</i>
Oct.		<i>E 18971</i>	<i>20</i>	<i>20</i>
Nov.		<i>L 21406</i>	<i>20</i>	<i>20</i>
Dec.		<i>J 24991</i>	<i>20</i>	<i>20</i>
Jan.	1917	<i>L 26442</i>	<i>20</i>	<i>20</i>
Feb.		<i>L 29864</i>	<i>20</i>	<i>20</i>
March		<i>H 33476</i>	<i>20</i>	<i>20</i>
April		<i>H 1275</i>	<i>20</i>	<i>20</i>
May		<i>B 5884</i> <i>M 4724</i>	<i>20</i>	<i>20</i> <i>M. 47 M Jamelle</i>
June		<i>Q 8061</i>	<i>20</i>	<i>20</i>
July		<i>P 11432</i>	<i>20</i>	<i>20</i>
Aug.		<i>X-13872</i>	<i>20</i>	<i>20</i>
Sept.		<i>V 17331</i>	<i>20</i>	<i>20</i>
Oct.			<i>20</i>	<i>20</i>
Nov.			<i>489</i>	<i>A/c Closed 30/9/17.</i>
Dec.				<i>Ret'd per. <i>Carmania</i></i>
Jan.	1918			<i>Date 26. 8/17 F. X/P. 9/17</i>
Feb.				<i>Clerk. <i>M. H. Hill</i></i>
March				
April				
May				
June				
July				

Destroy

RE-WRITE

ACCOUNT CLOSED

DATE..... PER *W*

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

MILITIA AND DEFENCE
SEPARATION ALLOWANCE

M. F. W. 11a.
50m.-6-16.
1772-39-818.

Sheet No. 2.

Alvin, Harbor

OVERSEAS CONTINGENTS

wife
PAYMENTS.

Name of Soldier

Harbor Wm

510253

Pte.

L. L. Job 4503. - Req. 6832.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	F 2460	20	<i>Reopen acct. without loss of time and issue payments until further advised Authly P.M.L. 11-10-17 H. G. 649-H-3377 on file 7959-W-1 F.X. 16 ¹⁰/₁₇ m. l. t.</i>
May		W 308	20	
June		M 9870	20	
July		B 6797	20	
Aug.		V 12548	20	
Sept.		H 16007	20	
Oct.		E 18971	20	
Nov.		J 21406	20	
Dec.		J 24991	20	
Jan.	1917	L 26442	20	
Feb.		L 29864	20	Date <i>26</i> ⁸ / ₁₁ F. X. <i>18</i> ⁹ / ₁₁
March		L 33476	20	Clerk <i>John Hill</i>
April		H 1275	20	
May	<i>B5884</i>	M 4724	20	<i>M. 4724 Cancelled</i>
June		P 8061	20	
July		P 11432	20	
Aug.		H 13872	20	
Sept.		V 17331	20	
Oct.		R 23744	20	
Nov.		A 15938	20	
Dec.		J 28159	20	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

549

*T
Pro
11A*

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.				

SEPARATION ALLOWANCE

Name *Alice Harbor.*Name of Soldier *Harber. William*Address *Longueuil
Que.*Regtl. No. *510253*Rank *Pte*Corps *#2 Overseas A.S.C. Training Depot C.P.F.*Relation to Soldier } *Wife*

wife, child or mother }

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.		<i>7471</i>	<i>29 - 29</i>	
Nov.		<i>922608</i>	<i>20 20</i>	
Dec.		<i>813024</i>	<i>20 20</i>	
Jan.	1916	<i>925411</i>	<i>20 20</i>	
Feb.		<i>826722</i>	<i>20 - 20</i>	
March		<i>8132581</i>	<i>20 20</i>	

COPIED
FOR
3
CASUALTIES.

ACCOUNT CLOSED
DATE.....PER.....
W-

Handwritten marks on the left margin.

Small text at the top left corner.

STATE OF NEW YORK
DEPARTMENT OF TAXATION

Small text at the top right corner.

Year	Amount	Percentage
1911		
1912		
1913		
1914		
1915		
1916		
1917		
1918		
1919		
1920		
1921		
1922		
1923		
1924		
1925		
1926		
1927		
1928		
1929		
1930		
1931		
1932		
1933		
1934		
1935		
1936		
1937		
1938		
1939		
1940		
1941		
1942		
1943		
1944		
1945		
1946		
1947		
1948		
1949		
1950		

14

REVENUE

Handwritten notes and numbers in the center of the page.

30

Vertical text on the right side of the page, possibly a list of years or categories.

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

Alice Harber,

(Wife)
PAYMENTS.

Name of Soldier

Harber, Wm.

L. L. Job 8902.-Req. 6213.

570253

2980, T. depot
and aft.

Month.	Year.	Cheque No.	Amt.	Remarks.
				16 ⁰⁰
April	1916	U862	16	
May		V4291	16	
June		W7790	16	
July		M 10635	16	-
Aug.		T13356	16	
Sept.		A.16935	16	
Oct.		A 21478	16	
Nov.		696530	16	£ 26530 Cancelled
Dec.		P28176	16	
Jan.	1917	L 39550	16	L. 39550
Feb.		L 44627	17/17	217 to adj.
March		V50675	16	
April		F2087 F2086	16 16	16 R. 16 E F2086 can. S.
May		79025	16	
June		L. 15375	16	16 B.
July		N 22359	16	B.
Aug.		n 29635	16	
Sept.		V 35718	16	D
Oct.				4336.00
Nov.				A/c Closed 31/8/17
Dec.				Ret'd per... <i>Carmanis</i>
Jan.	1918			Date 26/8/17 F. X. 18/9/17
Feb.				Clerk... <i>AD.</i>
March				
April				
May				
June				
July				

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.				

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

121

2nd Contingent

(Wife)

To Whom Mr Alice Harber
Address Longueuil
P. Quebec
Longueuil
DEC 1-1915

By Whom Assigned Harber *Wm*
Regtl. No. 510253
Rank pte
Corps #2. asst. Training Depot. C.F.
2nd Dpt

\$
Rate 16.⁰⁰

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.		K8545	16	
Jan.	1916	T 11280	16	
Feb.		V 12248	16	
March		X 15574	16	

COPIED FOR
4
CASUALTIES.

CONSOLIDATED
4
ACCOUNT

1881

1881

1881

Pfc. Name *Harber* *Open*

M. F. W. 41
1 OM-7-16
1772-39 889
P. C. No. 1816

Regimental No. *510253*

Home
Name and address of next-of-kin *Longueuil que*

Unit *Casb. T.A.*

Date of enlistment *16-8-15*

MB 14/17 "Duty"

Place of " *Montreal*

Spa 200 - 17/9/15 to 30/9/17 Total # 489 - also open
B/A being carried by ss. cap. Ottawa
Date and place discharged

Married (yes or no) *Yes.*

Amount of pay assigned monthly *\$16⁰⁰ - 1/2/15 to 31/5/17*

Reason for discharge
Total # 336

To whom payable *Mrs Alice Harber*

Character on discharge

Carmaniac 9/9/17 Longueuil Pq.

For Duty at 9.649-H-12885.
3377.



5351 - M. & D. 1830

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
<i>20/8/17</i>	<i>30/9/17</i>	<i>41</i>	<i>1^{<u>00</u>}</i>	<i>41</i>	<i>41</i>	<i>1^{<u>0</u>}</i>	<i>410</i>	<i>3985</i>								<i>Eng RPL</i>
								<i>3495</i>				<i>487</i>				<i>AR 3458</i>
												<i>973</i>				<i>Boat</i>
												<i>5000</i>				<i>W.D. Qu.</i>
													<i>6460</i>			
													<i>2035</i>			
								<i>8495</i>					<i>8495</i>			<i>Job to M.D. of</i>
										<i>Cr. Bal. down</i>			<i>973</i>			<i>Fr. 1/10/17 M.D. Bal.</i>
													<i>1062</i>			<i>Supply R.P. A.R. 552. 29-5-17.</i>
										<i>Cr. Bal. down</i>						<i>C.A.P.C.T.D.</i>
																<i>Supply to M.D. 4 11-1-18.</i>
																<i>A.P.B. 4 19-6-18</i>
													<i>2035</i>			<i>M.D. 4. a/c Imp. Ret. 26/18.</i>
									<i>9732035</i>							

J.W.P.

Eng off. Chgd fr. 1/2/15 to

Rank **Pte.** Name **HARBER, William**

Reg'l No. **510253**

Unit **No. 2. Dft. to C.A.S.C., T.D.** If in perm. Corps, }
 What Unit?

Married or Single **Married**

Place and Date of Enlistment **Montreal, 17 Sept. 1915.**

Place of Birth **England**

Name and Address, Next-of-Kin **Alice Harber**
South Hampton Park, Longueuil, ^{EU} ~~Ireland.~~ Quebec, Canada.

Relationship **Wife**

Assigned Pay Monthly \$ **16**

Payable to *Wife of Harber*
 Relationship

18 SEP 1918

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place Reason Character

20

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
1915																	
Dec. 1	31	31	1.00	31.00	31	10	310	10.00	44.87			4.87	16.00		20.87	23.23	
Jan. 1	31	31					310	23.23	54.33			19.44	16.		35.44	21.86	
Feb. 1	29	29		29	29		290	21.86	53.76			14.60	16		30.60	23.16	
Mar. 1	31	31		31	31		310	23.16	58.85			9.44	16		25.94	33.11	1.39 canteen fund
		122			1220			1159	14579			4868	64	11268			

Carried forward to Large Ledger sheet

MARRIED OR SINGLE

M.

PLACE OF BIRTH

England

NAME AND ADDRESS OF NEXT OF KIN

*Alice Harber
South Hampton Park, Lougheed,
Quebec, Canada*

RELATIONSHIP OF NEXT OF KIN

Wife

NAME AND ADDRESS OF NEXT OF KIN

*Mrs Char. Lewis
14 Geraldine Rd, Folkestone*

RELATIONSHIP OF NEXT OF KIN

*RL 29
R2K1. 1/8/17*

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS							
	No. OF DAYS	RATE	AMOUNT \$ C.	No. OF DAYS	RATE	AMOUNT \$ C.				No. OF DAYS	RATE	AMOUNT \$ C.	1 No.	1 DATE	2 No.	2 DATE	3 No.
Ma	31		122			122 0			11 59 14 5 79								
Apr	30	1 00	30	30	10	3			33								
May	31	1 -	31 -	31	10	3 10			34 10	1353		1481					
June	30	1.	30	30	10	3			33	1254							
July	31		31	31		3 10			34 10		1888		13/7				
Aug	31		31	31		3 10			34 10								
Sept	30		30	30		3			33	2336	31/8	2470	15/9	1717	30/6	1 A	
Oct	31		31	31		3 10			34 10	2594	30/9	2711	15/10	1609	15/6	1 A	
Nov	30		30	30		3			33	2827	31/10	2995	10/11				
Dec	31		31	31		3 10			34 10	3126	30/11						
1917 Jan	31	1 10	39 40						34 10	3258	30/12						
Feb	28		30 80						30 80	3444	11.1						
Mar	31		34 10						34 10	3636	29/1						
									34 10	3926	22/2	4082	12/3	3768	12/2		
			53 5 40														
									11 59	547 29							

N 44 Sailing list 26/9/17 Co Bal 34 98

PAYMENTS		ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
3	4				CREDIT	DEBIT			

95 7056		256	400	446 32	60 97				
87 973		16		30 60	63 37				
		16		25 73	71 74				
		16		16 00	88 74				
		16		25 73	97 11				
82 40 31		16 336	400	1600 600 34	100 91				
					103 11				
				4 84	98 24				

For S.P.C. (Dis to Can)

ASW. FORM REND	Stopped	EFFEC.	1/9/17
DISCHARGED TO	Can.	DATE	20/8/17
PAYBOOK VERIFIED	20/8/17		
by: BAL 39.85	L.P.G. REND		20/8/17
AUTHY. ADMS S. L'elife			26/7/17

For Disposal
 Checked *J. Guaham L.P.G.*
 Signed P.C. 20/11/17
 Cancelled 23/1/18 *K. 2525*

Dr 34 98

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

M. OR S. *ds* REGT. No. *510253* RANK *PTC* NAME (IN FULL) *HARBER, William*
 (BLOCK LETTERS, SURNAME FIRST)

RELATIONSHIP *0* ORIGINAL UNIT C.E.F. *6.A.F.B.* IF IN P.F. WHAT UNIT?
 PLACE OF ATTESTATION *England* TRANSFERRED TO DATE AUTHORITY
 DATE OF ATTESTATION *11/9/15* TRANSFERRED TO DATE AUTHORITY
 ASSIGNED PAY, \$ DATE EFFECTIVE
 PAYABLE TO RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS
 ADDRESS *Post Office - Longwood N. B. Bingham Que*
 STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE
 DISCHARGED PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY
20-2-19 *oo H B C & Regt.*

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.
			\$	C.																					
Balance from previous account			OTHER CREDITS	U.S.G.	S.A.				WAR SERVICE GRAVITY					OTHER DEBITS	U.S.G.	S.A.		SOLDIER DEPT							
20-2-19			420 00	180 00	6 00									70 00	30 00	100 00	350 00	180 00							
20-3-19														70 00	30 00	100 00	280 00	120 00					225824 225825 (2)		
20-4-19														70 00	30 00	100 00	270 00	90 00					290237 290238		
20-5-19														70 00	30 00	100 00	140 00	60 00					306229 306230		
20-6-19														70 00	30 00	100 00	70 00	30 00					512114 512115		
20-7-19														70 00	30 00	100 00							1074021 1074022		
																600 00							<i>Good Copy Final</i>		

510253

Post Office

Congreuil

146551

Pte

Harber

P.A.
W.

M.D. 4

Living

C.A.S.G.

- 20 -

Perforated sheet for Will from Pay Book of Reg.

No. 510253

Name Harber W.

Unit C.A.S.G.

Military Will.

In the event of my death I
give the whole of my property
and effects to my wife
Mrs Lewis Harber
14 Gnaldivie Rd
Foeketone
Kent.

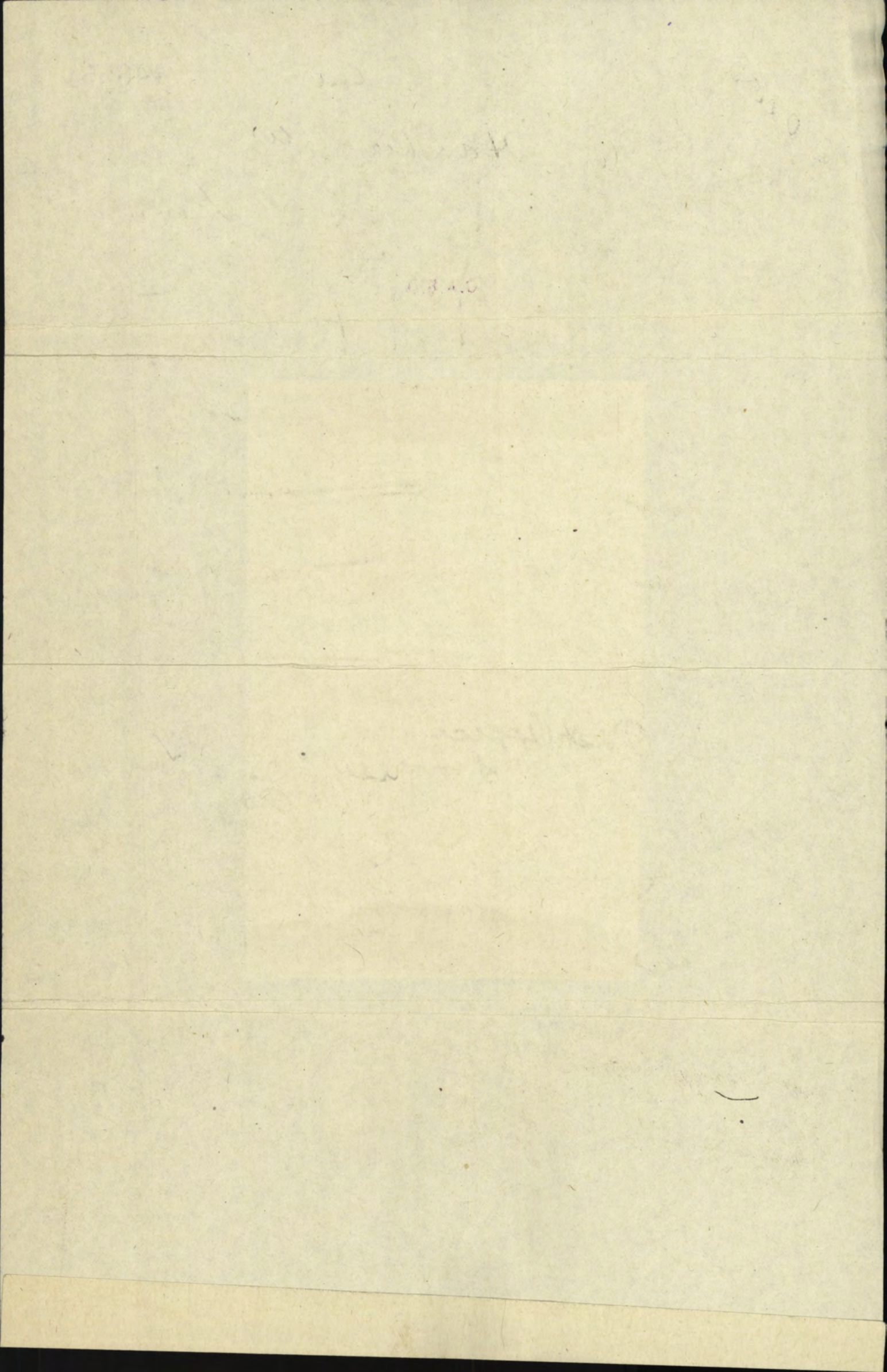
Signature William Harber

Rank and Regt. Pte C.A.S.G.

Date 10 July 1917

SHORNCLIFFE

AUG 22 1917



X
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..... Montreal..... DATE..... Feb., 6, 1919.....

1. 1 (a) Unit..... 4th. C.G.R...... (b) Regimental No..... 510253..... (c) Rank..... Pts
 (d) Surname..... Harber..... (e) Christian name..... William
 (f) Home address..... Coteau Rouge Road, Longueuil, P.Q.
 (g) Next of Kin..... Alice Beard..... (h) Relationship..... wife
 (i) Address of Next of Kin..... Coteau Rouge Road, Longueuil, P.Q.

2. Age last birthday..... 41..... Date of birth..... Dec. 3-1877

3. Enlistment, or Appointment (if an Officer) (a) Place..... Montreal..... (b) Date..... Sept. 16-1915

4. Personal description:
 (a) Height..... 5-9..... (b) Weight..... 150..... (c) Complexion..... fair
(stripped)
 (d) Colour of hair..... Brown (e) Colour of eyes..... blue (f) Identification marks, Scars, etc.
none

5. Former trade or occupation..... Cook

MILITARY DISTRICT NO. 4
 FEB 7 1919
 M. D. 4

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

	PERIODS	
	From	To
Canada	Sept., 16-1915	Nov., 3-1915
England.....	Dec. 1-1915	Nov. 1918
France or other theatres of War.....	Returned to Canada..... Nov., 1918	

7. Original disease, or injury..... Bronchial Asthma

(a) Date of origin..... 20-7-17..... (b) Place of origin..... England

(c) Cause..... Exposure

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.)

Bronchial Asthma

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.)

Fairly well nourished man of stated age. (Complaints (a) Chronic cough. (b) Shortness of breath on exertion, pre-cardiac pain. States that he cannot walk for more than a half a mile without resting and that walking upstairs causes considerable distress. Examination. (1) Percussion: Lungs-resonant throughout Auscultation. Coarse ronchi heard all over chest, also fine whistling rales most marked at it's base. Heart not enlarged, slight systolic mummur at apex. (?Functional.) Rate, at rest 80, after touching toes ten times 124. At end of three minutes 105. Does not return to normal inside of five minutes. B.P. 136-80

(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

Hearing. R. Ear Hears C.V. 25 ft. Drums intact. L. Ear Hears C.V. 16 ft. Left slightly retracted. Mild Chronic Catarrhal Condition due to similiar condition of nose & throat. Hears worse in damp weather & when he has a cold. No complait in dry fine weather Ear condition is fit A-1. A.B. Moore. M.D.

10. (a) History (of the condition referred to in Section 9 (a).)

This man states that when on service in England in July, 1917 he suffered from severe exposure to rain after which he caught cold ; this was followed by a cough accompanied by increasing shortness of breath, which has persisted ever since. He also states that he suffers from acute attacks of respiratory distress when he has great difficulty in breathing. These attacks come on chilly nights He has never been treated in hospital Med. His. Sheet shows that he was marked C-3- for asthma 25-7-17

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

none

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

none

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.)

Not applicable

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? Six months

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

none

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

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

17. Recommendations

Cat. C-5

A. J. Martin Capt 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, William Harber, have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of nothing

Harber Private 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.

Concur

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.)
- (d) Temporarily unfit. (" D) (Yes or No.)
- (e) Unfit for service in Categories A, B and C (" E) (Yes or No.)

C-3-

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.)

C - 3 -

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.

J. H. ... President.

PLACE Montreal

DATE Feb., 6-1919

J. H. ... Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

..... President.

PLACE.....

DATE.....

Members

APPROVED BY *A. R. ...* for Assistant Director of Medical Services.

APPROVED BY Director-General of Medical Services.

DATE Feb., 6-1919

DATE.....

H-1209

This space is reserved for members

0153
22-2-19



Proceedings on Discharge.

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

No.	510253
Rank	Private
Surname	HARBER
Christian Name	William
<small>Note—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	4th Bn Cdn Garr Regt CEF
Date of Discharge	February 20th 1919
Place of Discharge	Montreal Que

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age..... 43 years..... 2½ months.	Descriptive Marks
Height..... 5 feet..... 9 inches.	
Complexion Fair	
Eyes Blue	
Hair Brown	
Trade Master Baker	
Intended place of residence } Post office Longueuil	
(To be given as fully as practicable.)	

2. The above-named man is discharged in consequence of
 Demobilization CEF RO 1328 D/ Nov 18th 1918

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

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

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

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

Master Baker

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

M. F. B. 218.
 100M.-1-17.
 H. Q. 1772-39-113.

Medical Documents forwarded to _____ (OVER)
 S. G. P. or B. P. C.
 on 8/3/19

Now noted Sunday 21-2-19

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

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

6. Medals and Decorations.....

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

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

(Place) Montreal Que

(Date) February 20th 1919

J. P. [Signature]
Lt-Colonel
Of Commanding 4th Bn Cdn Garr Regt CEF

8. Certificate to be signed by the Soldier on Discharge

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

(Place) Montreal Que *William Harper* (Signature of Soldier.)

(Date) Feb 20th 1919 *C. J. [Signature]* (Signature of Witness.)

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

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

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

.....(Signature of Soldier.)

10. Statement of Service.

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

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

11. Confirmation of Discharge.

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

(Place) Montreal Que

(Date) February 20th 1919

J. P. [Signature]
Lt-Colonel
O.C. 4th Bn Cdn Garr Regt CEF

Reservations referred to at Para. 8.

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

William Harber

Attestation Paper, Militia Form B. 233.	Reg. Conduct Sheet, Militia form B. 203.
Proceedings on Discharge, " B. 212.	" " " B. 203a. { Squadron Battery Company }
In the case of recruits who are rejected on final approval, the discharge documents will consist of:	Copies of Convictions, by C.P. in MS.
(a) Proceedings on Discharge.	Med. Hist. Sheet, Militia Form B. 313.
(b) Attestation.	Medical Report for Invalids, " B. 237.
(c) Medical History Sheet (in the event of such having been prepared).	Statement of Man's Account on Transfer and Base Pay Certificate, " D. 877.
	*Only if discharged "Medically unfit."

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

[Signature]

[Signature]

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

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	
Med. Hist. Sheet, Militia Form B. 313	In the case of recruits who are rejected on final approval, the discharge documents will consist of
Medical Report for Invalid* " B. 227.	(a) Proceedings on Discharge.
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	(b) Attestation.
*Only if discharged "Medically unfit."	(c) Medical History Sheet (in the event of such having been prepared.)

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

Date of Enlistment

17-9-15.

MLITIA AND DEFENCE

Date of Assignment

Dec 1/15.

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20.	25 1/2/17		
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pc 3251

2/3H11

RATE OF ASSIGNMENT

16			
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PARTICULARS OF SEPARATION ALLOWANCE

No. 510253
 Rank Pte Promoted Reverted Discharge
 Soldier's Name W^m Harber.
 Battalion #2 A.S.C. Train Depot. 2nd Dft.
 Beneficiary Alice Harber
 Relationship wife
 Address

PARTICULARS OF ASSIGNMENT

Name Mrs. Alice Harber wife
 Address Longueuil, Que.
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
------	------------	------------	------------	-------	---------

1917		549	336	885	
1918	Jan	67788	30	30	70
		X	X	X	X

D67788 cancel.
 A.P. ac closed 31/8/17.
 Ret'd per barmania 26/8/17. D.X. 18/9/17
 No ch. adv from 24/17
 M.D. # 1 weekly Ret 8/17 10/17

PAYMASTER PAYING
 From 1-2-18
 TO M.D. 4

M. F. W. 128
 400M-6-17-1772-33-1141
 L. L. 22320-M. & D. 7483.

Date of Enlistment _____

MILITIA AND DEFENCE

Date of Assignment _____

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.				
Rank	Promoted	Reverted	Discharge	
Soldier's Name				
Battalion				
Beneficiary				
Relationship				
Address				

Name	
Address	
Change of Address	
	1
	2
	3
	4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
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M. F. W. 128
 400M-617-177-89-1141
 L. L. 22230-M. & D. 7403.