

ATTESTATION PAPER.

470777
No. 440444
Folio.
ORIGINAL

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS).

- 1. What is your name?..... Stanley Harrison
- 2. In what Town, Township or Parish, and in what Country were you born?..... Grand Cascapedia P. Q.
- 3. What is the name of your next-of-kin?..... Wm Harrison (Father)
- 4. What is the address of your next-of-kin?..... Grand Cascapedia P. Q.
June 16th 1890
- 5. What is the date of your birth?.....
- 6. What is your Trade or Calling?..... Laborer
- 7. Are you married?..... No
- 8. Are you willing to be vaccinated or re-vaccinated? Or inoculated Yes *of*
- 9. Do you now belong to the Active Militia?..... No
- 10. Have you ever served in any Military Force?.. No
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... Yes
- 12. Are you willing to be attested to serve in the) Yes.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE?}

Stanley Harrison (Signature of Man).
R. G. Tucker (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Stanley Harrison, 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.

Stanley Harrison (Signature of Recruit)

Date Oct 5th 191 5 *R. G. Tucker* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Stanley Harrison, 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.

Stanley Harrison (Signature of Recruit)

Date Oct 5th 191 5 *R. G. Tucker* (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 Sussex, N. B. this 5th day of October 191 5

L. C. Cary J. P. (Signature of Justice)
J. P. IN AND FOR THE COUNTY OF KINGS, N. B.

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

W. H. Marshall (Approving Officer)

Description of Stanley Harrison on Enlistment.

Apparent Age 25 years 3 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft. 7 ins.

Chest measurement { Girth when fully expanded 39 ins.
 Range of expansion 4 1/2 ins.

Complexion Fair

Eyes Blue

Hair Brown

Religious denominations. { Church of England
 Presbyterian Yes
 Wesleyan
 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 October 5th 1915

J. H. P. Burnett

Place Sussex, N.B.

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.

Stanley Harrison having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

J. H. P. Burnett (Signature of Officer)

Date Oct 5th 1915

J. H. P. Burnett
 P. C. 64th BATT. C. O. E. F.

HARRISON STANLEY

C.E.F. REGIMENTAL DOCUMENTS
WAR SERVICE RECORDS D.V.A.
470777

64 BN

11632

K. IN A.23-1-17



NO. 1000
MAY 10 1890

648-74-4940

CARD NO. ✓

SURNAME. *Harrison*

CHRISTIAN NAMES *Stanley*

REGL. No. *470777* RANK *Pte.*

UNIT *64th*

FORMER CORPS *Nil.*

FOLL.

Bw.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Harrison, William*

RELATIONSHIP TO SOLDIER *Father.*

ADDRESS *Grand Casapedis
P. Q.*

COUNTRY OF BIRTH *Canada* Grand Casapedis P. Q.

DATE

PLACE OF ATTESTATION *Sussex N. B.*

DATE

Oct 30th 1915.

Sailed from Halifax 31-3-16 per. S. Adriatic.

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

NAME

Harrison Stanley

REGT'L No.

470999

RANK AND CORPS

Plt. 24th Bn. (from 64th Bn)

CABLE

NATURE OF CASUALTY

NO.

DATE

'6'

NO.	DATE	NATURE OF CASUALTY
02457	10-10-16	Adm. 12. Gen. Hosp. Rouen. Oct. 1st. 1916. G.W. back shoulder ←
M6038	11-9-17	Rep. missing Aug. 15 th 1917. ✓
M6173(15-2)	10-10-17	Prev. rept. missing now rept. Killed in action Aug. 15 th 1917 ←
A.F.B. Rouen	2090 A 6.10.17.	Prev. rept. missing 15.8.17. now killed in action Aug. 15 th 1917. noted 2.3.11.17.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A. 343	12 Gen. Rouen	1-10-16	Y.S.W. Back & Shoulder.
B 191-	To. 1 st Birmingham War- Birmingham	10-10-16	" " "
B 231	to Mil. Shorn.	24-11-16	" " "
B. 239	" " Discharged	4-12-16	" " "
A 7-2	Rept. from Base	15-8-17	Missing (1st time Rept)
A 32-1	Prev. rept missing	15-8-17	Now killed in Action

No. 470774

RANK

Pte.

NAME

Harrison Stanley

T. O. S. 30-9-15

UNIT

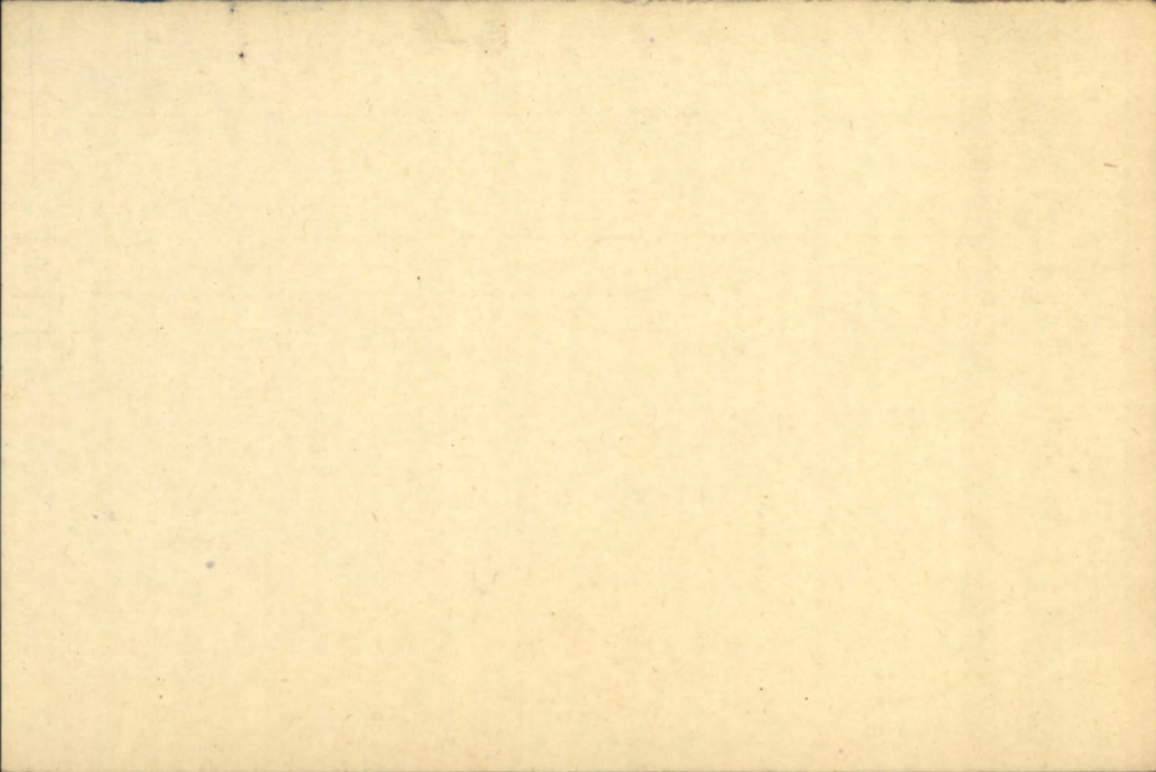
64th Battalion

D. O. 45 of 7-10-15

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Sep. 30	1915 Oct. 31	✓		
	Nov.	✓		
	Dec.	✓		
	1916 Jan.	✓		
	Feb.	✓		
	Mar.	✓		

UNIT SAILED
MAR 31 1916



Harrison, Pte. Stanley. 470777. 649H. 4940.
Not eligible for 1914-15 Star 24th 13th.
Medals & Decorations. Mother. ✓

M Mrs. E. Harrison.
8150
Grand Casapedia.
Bonaventura Co. P.Q.

P.S.
Serial No 767257
Father:
Wm Harrison.
Same address.

C.P.S.
Desp MAY 22 1920 68627. Mother
no above

J.P.S.
19.4.20

Scroll Desp. JAN 14 1921

Reqn. No.

710312

Plaque Desp. NOV 14 1921

Reqn. No.

P16194

W

Name **HARRISON Stanley** Rank **Pte.** ✓ Reg. No. **470777**
 Unit **24th. Bn.** ✓ **25-H-3381**
 Next of Kin **Canada**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
15-8-17	MISSING			A7.M6088		
	(DCS.343 D/6-9-17)					
	Prev. Rep. missing now killed in Action			A32	16073	
	K.I. 16-23928 on file					

2000
11

Name HARRISON. Stanley ~~Rank~~ PTE.

Reg. No. 470777.

Unit 24th. Battalion.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1-10-16.	12. G. H. Rouen. G. S. W. Back & Shldr.	A343.	02457.	10-10		
10-10-16.	1st Birmingham	W. H. Birmingham.	" "	B191.		
24-11-16.	Mil. Hosp. Shorncliffe.	" "	" "	B231.		
7-12-16.	Discharged.	" "	" "	B239.		

9150
Haw

Number 470777

Rank Plt



Surname HARRISON

Christian Name Stanley

Units 24th Bu Can Inf Theatre of War France

Date of Service 29-6-16

D

Remarks (M) Mrs. E. Harrison,

Latest Address Grand Casapedia
Bonaventure Co.

Roll No. B. Page 17666 P.O.

200m.-2-21.M.

UESP. OCT 30 1922

REGN. No.

17779

LEDGER No. 431 SERIAL No. _____

REG. No. 470777 NAME Harrison -

RANK Plt CORPS 64th Bn. AGE 20 SERVICE 1/12

HOSPITALS
1 C. Hosp Halifax DATE OF ADMISSION 8.12.15

2 _____
3 _____

DIAGNOSIS Musles.

TRANSFERRED TO _____

DISPOSITION Duty 29.12.15 CATEGORY _____

M.F.W. 2553.
1126-D.P.-50M-12-18.
1772-39-1332.

Surname *Harrison* Christian Name or Names *S.* Reg. No. *470,777*
 Rank *Pte.* Unit *24th. Bn.* Co. *1st Que Reg.* Troop Batty
 Hospital *No 12 G. H. Rouen.* Date of Admission *1-10-16*
 Transferred *1 Bham Was* Hosp. *10.10.16*
Mil. Hosp. Shorncliffe Hosp. *24.11.16.*
 Hosp.
 Hosp.

Diagnosis *G.S.W. Back + Shoulder.*

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Dis. 7-12-16

Date

C.L. 10-10-16 Q 343

16.10.16 B191.

1-12-16 B. 231.

" 11-12-16 B239

11.9.17 a 7(2)

10.10.17 a/82.

REMARKS

R. F. B. missing 15.8.17

now killed in action 15.8.17

A.M.D. 2 DEPT. of D.G.M.S. O.M.F.G. London.

R

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

VES

R-122

Rank _____ Name **HARRISON Stanley** ✓
 Unit **64th Bn** If in perm. Corps, }
 What Unit? }
 Married or Single **Single** ✓
 Place and Date of Enlistment **Sussex, 5th Oct. 1915.** ✓ Place of Birth **Grand Cascapedia,** ✓
 P.Q.
 Name and Address, Next-of-Kin **Wm Harrison** ✓
Grand Cascapedia, P.Q. Canada. ✓ Relationship **Father** ✓
 Assigned Pay Monthly \$ _____ Payable to _____
 Relationship _____
 Separation Allowance \$ _____ Payable to **H** Relationship _____
 Relationship _____
 Discharge, Date and Place _____ Reason _____ Character **K2F.**

M

N/E. R.B. No 9005
 File No. 25. H. 3381
 Category _____

25.6

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.				
		<i>Arrived in England.</i>			
30.6.16	OC 64th Bn	Trans to 12th Bn	Shorncliffe	24.6.16	PH 0154
28.6.16	OC 12th Bn	Taken on strength	Shorncliffe	24.6.16	PH 0180
28.6.16	OC 12th Bn	Struck off to 24th Bn. overseas	Shorncliffe	28.6.16	PH 0180
7.7.16	24th	J.O.S. from 12th Bn	In Field	29.6.16	" 27
10.10.16	"	Adm. 12 Genl. Hosp Rouen.	"	1.10.16	Col A343. G. SW. Backs Shldr. O.K.
16.10.16	"	1st Birmingham Ward Hosp.	"	10.10.16	" B191 " " "
11.10.16	"	Wounded transf to C.C.C. F. Katone	"	8.10.16	KV 62 W
18.10.16	ceas	Taken on strength.	Fisborne	10.10.16	" 459
1.12.16	24th Bn.	Trans. Military Hosp	Shorncliffe	24.11.16	CLB. 231. G. SW. Backs Shldr.

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.				
11.12.16.	24 th Bn.	Disch. Military Hosp.	Shorncliffe.	7.12.16.	C.L.B. 239.
13.12.16	ccac.	On Command	C. C. D. A. 3.	Hastings	11.12.16 Pt II D.O. 549.
12.3.17.	C.C.A.C.	S.O.S. on transfer to	Hastings	10.3.17	Pt. II D.O. 118
		1 st Quebec Regiment			
10-3-17	Ist Que	RD T O S From CCAC	Shoreham	10-3-17	PT 2 O NO11
		beases on loan 3 rd CCD			246 CCU. To be from 1 st R.D. 12-4-17
14-4-17	-"-	Sab. on posting to 28 th Res	-"-	12-4-17	PT 035, PT 0100 of 13-4-17, 23 Res Do # 54 of 25.6.17 24 th
28.5.17	23 Res	505 to 24 Bn.	"	27.5.17	145 Also D.O. 87 (3-10-17)
10.9.17	10.R.	Rept. from Base Missing	Field	15.8.17	Ch A #7 Also CL 32 (9.10.17)
8-10-17	24 th Bn.	Now Killed in Action	"	10-8-17	Pt II D 088

FEB. 108 CHECKED
 25 JUN 1917

*Attest
In witness*

I, **Stanley Harrison** (Name in full.)

Regimental Number **470777** serving in **64th Battalion**

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto
my mother Mrs Riesky Harrison

**Grand Cascapedia
Province of Quebec, Canada**

Name and Address
of person or
persons to whom
it is to go.

absolutely, and my personal estate I bequeath to

**my mother Mrs Riesky Harrison
Grand Cascapedia,
Province of Quebec Canada**

Name and Address
of person or
persons to receive
personal estate.
(See note.)

In Witness whereof I have hereunto set my hand
this **30** day of **May** A.D. 191**6**.

Stanley Harrison Signature.

N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time who in his presence at his request and in the presence of each other have hereunto subscribed our names as Witnesses.

Name of Witness **R. Malcolm Hope. Capt**
Address of Witness **64th. Battalion C.E.F.**
Occupation of Witness **Paymaster 64th Batt.**
Name of Witness **Lemuel A London**
Address of Witness **64th Battalion C.E.F.**
Occupation of Witness. **Private Pay-office Clerk**

I hereby certify the above to be a true copy of the original Will

now on file in Estates Branch.

The original will was
.....**31**.....Oct. 1917.
transferred to [unclear]

[Signature]
.....
Lieut.

for Officer i/c Estates, O.M.F.C.

----- Killed in Action. 15-8-17.

NOTE, Died

(BAC.)

Transferred

17-10-17.

THE STATE OF TEXAS

County of _____

Know all men by these presents, _____

of the County of _____ and State of Texas, do hereby certify that _____

is the true and correct copy of _____

Witness my hand and seal of office this _____ day of _____ 19____.

Notary Public for the State of Texas

My commission expires _____

In Witness Whereof I have hereunto set my hand and seal of office this _____ day of _____ 19____.

Notary Public

My commission expires _____

My commission expires _____

Notary Public for the State of Texas

My commission expires _____

My commission expires _____

My commission expires _____

My commission expires _____

My commission expires _____

14943

FORM OF WILL.

I, Stanley Harrison (Name in full)
Regimental Number 470.777 serving in 64th Battalion
of the Canadian Expeditionary Force, do hereby revoke all former Wills
by me made and declare this to be my last Will.

I bequeath all my real estate unto

my mother Mrs Elesky Harrison } Name & Address
Grand Cascapeidia } of person or
Province of Quebec, Canada } persons to whom
it is to go.

absolutely, and my personal estate I bequeath to

my mother Mrs Elesky Harrison } Name & Address
Grand Cascapeidia, } of person or
Province of Quebec, Canada } persons to receive
personal estate* } (see note).

In Witness whereof I have hereunto set my hand

this 30 day of May A.D. 1915.

Stanley Harrison Signature.

* N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

ESTATES BRANCH
NOV 12 1917
MILITIA DEPT.

Name of Witness R. R. ... Capt.
Address of Witness 64th Battalion C.E.F.
Occupation of Witness Paymaster 64th Batt.
Name of Witness James G. London
Address of Witness 64th Battalion C.E.F.
Occupation of Witness Private Pay-officer Clerk

18806

FORM OF WILL

(Type in full)

I, _____ of the County of _____ State of _____ do hereby certify that the above is a true and correct copy of my last Will and Testament, and that I have signed and published the same in the presence of the persons named herein, and that they are duly qualified as witnesses.

I hereby give, devise and bequeath all my real and personal estate unto _____ of the County of _____ State of _____ my _____

and I give, devise and bequeath unto _____ of the County of _____ State of _____ my _____

and I give, devise and bequeath unto _____ of the County of _____ State of _____ my _____

and I give, devise and bequeath unto _____ of the County of _____ State of _____ my _____

and I give, devise and bequeath unto _____ of the County of _____ State of _____ my _____

and I give, devise and bequeath unto _____ of the County of _____ State of _____ my _____



Fill in Only.—Unit, Number, Rank and Name. *217*

Casualty Form—Active Service.

CERTIFIED CORRECT. *JS*
 Canadian Record Office,
 M. F. W. 54, R. C. B. 193,
 Westminster House,
 26th St. E.
 H. Q. 177-39-0207
 Millbank, S.W.

Unit, Regiment or Corps 64th "OVERSEAS" BATTN. C.E.F.

Regimental No. 470777 Rank private Name HARRISON, Stanley

Enlisted (a) 5-10-15 Terms of Service (a) Duration of War Service reckons from (a) 5-10-15

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) Labour

Report		Record of promotion, 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				

Embarked Halifax N.S. 31-3-16
Debarked Liverpool Eng. 9-4-16

27-6-16 *Hq. 1st CTR. Overseas.* TRANSFERRED TO *24th Bn*

Shorecliffe

Adjutant for Capt
 ADJUTANT 64th "OVERSEAS" BATTN. C.

DeBarkney

ADJ. 12th RESERVE BATTALION

<i>29.6.16</i>	C.B.Dep.	Reinforcement ex 12th.	C.B.Depot.	<i>29.6.16</i>	N.R.
<i>12.7.16</i>	" " "	Left join Unit 187	In the Fld.	<i>12.7.16</i>	N.R.
<i>14.7.16</i>	24 C.Bn.	Joined Unit 187	" " "	<i>14.7.16</i>	B.213.
<i>8.10.16</i>	12 General	<i>J. S. W. Bask + shldr. Pt.</i>	<i>H.S. Alderonian</i>	<i>8.10.16</i>	<i>W3083-4424 P40; 62</i>

Whogau Capt.
 For Officer i/c Can. Records,
 Canadian Section,
 G.H.Q. 3rd Echelon.

2 OCT. 1916

(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, Shoing 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				
18/10/16		Taken on strength C.C.A.C. Pt. II D.O. No. 459 ✓			
10/12/16		ATTACHED FROM C.C.A.C. TO C. B. D. PART II D.O. No. 549.			
12/4/17		Discharged from 3rd G.C.D. St Leonards to 23rd Bn. Part II D.O. No. 1671 ✓			Lieut. for Adjutant for O.C. 8rd CANADIAN COMMAND DEPOT
13-4-17	23 rd Bn.	Posted from 1st G.C.D. Shoreham		12/4/17 D.O. II O. 100 ✓	
28.5.17		23rd Bn. Posted to 24th Bn. Shoreham		27.5.17 D.P. 11. O. 10 ✓	
27/5/17	C. B. D.	ARRIVED C. B. D.	FRANCE	28.5.17	Lieut for N. R. D. 29.5.17. PART II ORDERS No. 54. D. 25/6/17
	C. B. D.	LEFT C. B. D. FOR		2.6.17	N. R. D. 2.6.17
	O. C. 2 nd BN	ARRIVED 24th BN.	FIELD	5.6.17	B. 213 D. 8.6.17
23.8.17		Missing	"	15.8.17	N. 16/19139 3rd of 6/9/17 92 O. 84 of 3/10/17
					map for Lt-Col., A. A. G. Canadian Section. G. H. Q. 3rd Echelon. B. E. E.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 3273. Year 1916	Regimental No.	Rank.	Surname.	Christian Name.
	470444		Harrison	
	24 th Coy	Unit.	Canadian	Age. 25 Service.

Station and Date.	Disease
1st Birmingham War Hospital.	Sw. Rt Shoulder
Oct 10	On Sept 28 th at Soumeur post
	Large, dirty wound back of Rt Shoulder joint. X Ray shows comminuted fracture of upper part of humerus not involving joint. Piece of metal lying to inner side of upper arm not healing rapidly. VAD 21.

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

Station
and Date.

SPRINGFIELD, MISS. HOSP
MEDICAL CASE SHEET.*

No. in
Admission
and
Discharge
Book.

Regimental No.

Rank.

Surname.

Christian Name.

470777

Priv:

Harrison

S. A

Unit.

6th Bn

Age.

Service.

Year

1916

2nd BATT: 6-8-4.

25

12/12 8 1/2/12

Station
and Date.

Disease *L.S.W. BACK*

Shore Cliff Mill:

23-11-16

No treatment

Pending transfer

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

Station
and Date.

MEDICAL HISTORY SHEET.

ORIGINAL

3273
429

1296 T 206

Surname Harrison Christian Name Stanley

Examined { on 5 day of Oct 1915
 { at Sussex
 Birthplace { City or Town Grand Comberie
 { County P. I.

Approved by Harrison
 Rank Capt. 645 M.O.

Apparent age 25
 Trade or occupation Labourer
 Height 5 Feet 7 Inches.
 Weight _____ Lbs.
 Chest measurement { Minimum 34 1/2 inches.
 { Maximum expansion 4 1/2 inches.
 Physical development Good
 Small-Pox Marks None

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		17 OCT 1916
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { A r m Right. Left.
 { Number None 1
 When Vaccinated last None

Date.	Result.	VACCINATIONS.
<u>24/3/16</u>	<u>acc</u>	M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease _____
 (b) Slight defects but not sufficient to cause rejection
1 cut on knee
two toes off

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>12/10/15</u>	<u>acc</u>	M.O.
<u>30/10/15</u>	<u>acc</u>	M.O.
<u>1 ABII 11/5/17</u>	<u>acc</u>	M.O.

Enlisted on 5 day of October 1915 at Sussex

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>C. Coy.</u>	<u>470777</u>		
Transferred to	<u>4th Bn</u> <u>23rd BATTALION C. E. F.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Hastings</u>	<u>9/12/16</u>	<u>G.S.W. Rgt Shoulder</u>	<u>A-III</u> <u>McMullen</u>

The Medical History Sheet, all men proceeding overseas, must be returned by this Officer commanding their unit to the Record Office before they leave England.
 PRESIDENT,
 MEDICAL BOARD.
 Lieut.-Col.
 In Charge of Records,
 Canadian Con. Hospital.

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.

CANADIAN

Surname *Johnson* Christian Name *David*

STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
<i>1st Bham War Hoapl.</i>		<i>9</i>	<i>10</i>	<i>16</i>	<i>22</i>	<i>11</i>	<i>16</i>	<i>G.S.W. R. Shoulder</i>	<i>14 1/2</i>	<i>Compound fracture upper part of humerus</i>	<i>R. Hodson</i>
<i>MILITARY HOSPITAL, SHORNCLIFFE.</i>		<i>22</i>	<i>11</i>	<i>16</i>	<i>28</i>	<i>11</i>	<i>16</i>	<i>do</i>	<i>7</i>	<i>Transferred to Rochester</i>	<i>H. Irving</i>
<i>Military Hospital, Shorncliffe</i>		<i>6</i>	<i>12</i>	<i>16</i>	<i>7</i>	<i>12</i>	<i>16</i>	<i>do</i>	<i>1</i>	<i>Discharged to C.C.A.C.</i>	<i>M. Luckhurst</i>

Duplicate Medical History Sheet
posted to here: *J*

MARRIED OR SINGLE *S*

PLACE OF BIRTH

Grand Cascadia, P.O.

NAME AND ADDRESS OF NEXT OF KIN

Wm Harrison

Grand Cascadia, P.O.

RELATIONSHIP OF NEXT OF KIN

Father

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c

PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>missing</i>	<i>15.8.17</i>	<i>cha 7'</i>
<i>now</i>		
<i>killed in action</i>	<i>15/8/17</i>	<i>cha 32</i> <i>9-10-</i> <i>24-10-19</i>

ADMISSIONS TO HOSPITAL, &c

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL
			<i>For supplementary</i>

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS																						
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1		2		3																		
			\$	c.			\$	c.			\$	c.				NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE															
1916														8	8																							
<i>Apr 1-30</i>	<i>30</i>	<i>1-</i>	<i>30</i>	<i>30</i>	<i>10</i>	<i>3</i>									<i>33</i>	<i>27</i>	<i>17</i>	<i>4</i>	<i>77</i>	<i>29</i>	<i>4</i>																	
<i>May 1-31</i>	<i>31</i>		<i>31</i>	<i>31</i>		<i>3 10</i>									<i>34 10</i>	<i>126</i>	<i>13</i>	<i>5</i>	<i>177</i>	<i>29</i>	<i>5</i>																	
<i>June 1-30</i>	<i>30</i>		<i>30</i>	<i>30</i>		<i>3</i>									<i>33</i>				<i>225</i>	<i>10</i>	<i>6</i>																	
<i>July 1-10</i>	<i>10</i>		<i>10</i>	<i>10</i>		<i>1</i>									<i>11</i>																							
<i>July 11-31</i>	<i>21</i>	<i>-</i>	<i>21</i>	<i>21</i>		<i>2 10</i>									<i>23 10</i>				<i>1315</i>	<i>17</i>	<i>7</i>																	
<i>Aug 1-31</i>	<i>31</i>	<i>-</i>	<i>31</i>	<i>31</i>		<i>3 10</i>									<i>34 10</i>	<i>1339</i>	<i>23</i>	<i>7</i>	<i>1391</i>	<i>12</i>	<i>8</i>																	
<i>Sept 1-30</i>	<i>30</i>		<i>30</i>	<i>30</i>		<i>3 -</i>									<i>33 -</i>	<i>1424</i>	<i>31/8/16</i>	<i>1443</i>	<i>15/9/16</i>																			
<i>Oct 1-31</i>	<i>31</i>		<i>31</i>	<i>31</i>		<i>3 10</i>									<i>34 10</i>																							
<i>Nov 30</i>	<i>30</i>		<i>30</i>			<i>3</i>									<i>33</i>																							
<i>Dec 1-31</i>	<i>31</i>		<i>31</i>			<i>3 10</i>									<i>34 10</i>																							
			<i>27 50</i>			<i>27 50</i>																																
<i>Jan 1-31</i>	<i>31</i>		<i>31 10</i>												<i>34 10</i>																							
<i>Feb 28</i>			<i>30 80</i>												<i>30 80</i>																							
			<i>367 40</i>												<i>8</i>																							

Checked *Hutchings*

Checked *Newton*

Statement of DEC 6 1917 Account rendered

Statement of JAN 2 1918 Account rendered

Statement of FEB 9 1918 Account rendered

PROMOTIONS, &c.	
EFFECTIVE DATE	AUTHORITY
15.8.17	cha 7 ^{10/9/17}
15/8/17	cha 32 9-10-17 24 th Bn., 1 st Q.R.

REG'L. No. 470777 RANK Pte NAME Harrison Stanley AUTHORITY 80.154
 IF IN PERMT. CORPS WHAT UNIT 64th Bn TRANSFERRED TO 24th Bn DATE 11/9/16 AUTHORITY 30-6-16
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO C.C. Ab. DATE 1-11-16 AUTHORITY HQCCAG 159-18-10-16
 PLACE OF ATTESTATION Sussex, NB TRANSFERRED TO 38th Bn. Patents DATE 31.5.17 AUTHORITY Cey Roll
 DATE OF ATTESTATION 5-10-15 TRANSFERRED TO 23rd Bn. DATE 11/8/17 AUTHORITY AR 20
 ASSIGNED PAY MONTHLY \$ 16⁰⁰ DATE EFFECTIVE 24 Bn 21.8.17
 PAYABLE TO Mr. Wm. J. Harrison, Bonaventure Co., P.Q. GRAND CASUALTY WEB - 1-9-17 RELATIONSHIP Mother
 ASSIGNED PAY MONTHLY \$ _____ DATE EFFECTIVE _____
 PAYABLE TO _____ RELATIONSHIP _____
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) 22.9.17 EFFECTIVE 1.10.17 REASON missing 15.8.17
 DISCHARGE DATE AND PLACE _____ REASON AND AUTHORITY cha 7 10.9.17
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) _____
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) _____



Entered on N.E. Card Index...
 Checked by H. J. Gillotson
 E. J.

ACQUITTANCE ROLLS 185

ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS	
2	3	4		1	2	3	4				CREDIT	DEBIT				
No.	DATE	No.	DATE	No.	DATE	No.	DATE									
77	29/4							16		3060	1040				8	max 31 bal fwd
177	29/5							16		2574	1876					
225	10/6							16		2574	2602					
								16		16	2102					
1315	17/7									262	4150					
1391	12/8							16 00		261	261					
1443	15/16							16 00		262	262	436				
								16 00		16 00	179 88					Trans C.C. Ab. H.M.C.
								16		163 52	1869 94 19					
3844	CCN 14/12							16		73 00	3929					
								16		487	5252					
								16		16	6732					
								176		1740	10763 705					308 08

Carried forward.

Pay Book Checked 15-3-17
 E.H.

470777

Pte Harrison Stanley

DATE	PAY		FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS											
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1		2		3		4		1	2	3	4						
			\$	c.			\$	c.						\$	c.	NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE										
			367	40								8	375	40							1740	10763	705										
March 31			34	10									34	10	52	Acct 13	5920	3000	11/5	5631	27	6055	280	14	12	19	85	87	47				
Apr 30	30		33										33																				
May 30	30		33										33																				
May 1			1	10									1	10	49	17	4					487											
Jan 30	30		33										33																				
July			34	10									34	10																			
Aug 10	10		11										11																				
Aug 20	10		11										11		264	30/5						730											
20-31	11		12	10									12	10	208	15/5						973											
Sept															254	14/6						268											
															301	24/6						268											
Dec																																	
Nov 1947																																	
Dec 1948																																	
Jan																																	
Feb																																	
Mar																																	
													535	535																			
													267	267																			

Balance tran

973
268
267
267

8782

N.E.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Dec 9 1916.

No. 170777 Rank Plt Name HARRISON S

Local Unit 23rd Overseas Unit 64th Batt Age 25

Examination held at Hastings

DISABILITY. Overseas—Local. (scratch one out) S.S.W in back of right shoulder

PRESENT CONDITION.

3 months in France
unable to raise right arm above shoulder
& slight pain on movement
wed 9 Sep 28 wed 5 healed

BOARD RECOMMENDS:— A 3

- 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 { O'Neil Capt President.
James D. Ware Capt

APPROVED

Dated at Hastings 9 DEC 1916 1916.

D. J. McFadyen

PROCEEDINGS OF A MEDICAL BOARD.

..... Dated at 1916

..... No. Rank Name

..... Local Unit Overseas Unit Age

..... Examination held at

DISABILITY.
Overseas—Local.
(insert one out)

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

..... Dated at 1916

For A.D.M.S.

Handwritten signature

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Apr. 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

16			
----	--	--	--

2/3H21
R

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. *470777*

Rank *Pte.* Promoted Reverted Discharge

Soldier's Name *Stanley Harrison*

Battalion *64th Batta*

Beneficiary

Relationship

Address

Name *Mrs. Wm. J. Harrison*

Address *Grand Casapedia*

Change of Address *P. I.*

1

2

3

4

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

<i>1917</i> <i>Dec. 31</i>			<i>288 -</i>	<i>288 -</i>	<i>A/P. pd. to 30-9-17 acct. closed 30/9/17.</i>
			<i>x</i>	<i>x</i>	
			<i>+</i>	<i>+</i>	
			<i>+</i>	<i>+</i>	

X. Rend. Date. Total \$288

E.F.X. " Date 10/1/18 By V. 10

M. F. W. 128
400M-6-17-1772-88-1141
L. L. 2320-M. & D. 7583.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

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

M. F. W. 128
400M-6-17-177-89-141
L. L. 2252A-M. & D. 7593.

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 15m.-3-16.
 H. Q. 1772-39-819.

Sheet No. 2. Mrs. William J. Harrison

L. L. Job 95618-M. & D. 6555.

PAYMENTS.

Name of Soldier Harrison Stanley
470777
16⁰⁰
64th. Batta

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	U2564	16	
May		W5255	16	
June		V8509	16	
July		911838	16	
Aug.		J14005	16	
Sept.		E16730	16	
Oct.		C21277	16	
Nov.		E26370	16	
Dec.		830997	16	
Jan.	1917	038673	16	
Feb.		044675	16	
March		h51220	16	16. h-
April		I2285	16	16. E.
May		I8537	16	
June		P15364	16	16. 7h
July		M23688	16	W 288-
Aug.		Q29060	16	C. F. X. \$288.00 30/9/17. B.A. March 20/9/17.
Sept.		C35915	16	Out closed 30/9/17. Cas. B.A. March. 20/9/17.
Oct.	Cancelled.	042392	16	Cheque 042392. Cancelled 15/9/17. March 20/9/17.
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

211

60

128

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier.....

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1913			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.	1920			
Oct.				
Nov.				
Dec.				
Jan.				
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Mrs.

To Whom *William J. Harrison.*
 Address *Grand Cascapedia.*
Bonaventure Co.
P. Q.


By Whom Assigned *Harrison, Stanley.*
 Regtl. No. *470777.*
 Rank *Pte.*
 Corps *64th Battalion*

Rate *# 16⁰⁰*

APR 1 1916

APR 1 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<div data-bbox="1183 748 1773 996" style="border: 1px solid black; padding: 5px;"> <p>Pensions Notified Date <i>20/9/17.</i></p> <p>Killed in Action</p> <p>Died of Wounds } Date <i>15/8/17.</i></p> <p>Missing</p> <p>C. I. <i>(15) 12/9/17.</i> Clerk <i>B. N. M. Smith.</i></p> <p>Date Noted <i>20/9/17.</i> 1917.</p> </div> <div data-bbox="1390 1025 1587 1211" style="text-align: center;">  </div> <div data-bbox="1183 1194 1783 1468" style="border: 1px solid black; padding: 5px;"> <p>Pensions Notified Date <i>20/9/17.</i></p> <p>Killed in Action</p> <p>Died of Wounds } Date <i>15/8/17.</i></p> <p>Missing</p> <p>C. I. <i>(2) 11/19/17.</i> Clerk <i>B. N. M. Smith.</i></p> <p>Date Noted <i>18/10/17.</i> 1917.</p> </div>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

