

ATTESTATION PAPER.

193rd. BAT.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. 902 000

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname? *Hardy*
- 1a. What are your Christian names? *Irving*
- 1b. What is your present address? *Ballantyne's Corner Antigonish*
2. In what Town, Township or Parish, and in what Country were you born? *Antigonish N.S.*
3. What is the name of your next-of-kin? *William Hardy*
4. What is the address of your next-of-kin? *P.O. Antigonish N.S. Canada*
- 4a. What is the relationship of your next-of-kin? *Father*
5. What is the date of your birth? *September 26th 1898*
6. What is your Trade or Calling? *Farmer*
7. Are you married? *No*
8. Are you willing to be vaccinated or re-vaccinated and inoculated? *Yes*
9. Do you now belong to the Active Militia? *No*
10. Have you ever served in any Military Force?
If so, state particulars of former service. *No*
11. Do you understand the nature and terms of your engagement? *Yes*
12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *Yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Irving Hardy*, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *March 21st* 1916*I. Irving Hardy* (Signature of Recruit)*D. MacLellan* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Irving Hardy*, 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.

Date *March 21st* 1916*I. Irving Hardy* (Signature of Recruit)*D. MacLellan* (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 *Antigonish* this *21st* day of *March* 1916

O. Harris (Signature of Justice)

Do and for The County of Antigonish

Description of Irving Hardy on Enlistment.

Apparent Age 18 years.....months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height.....5 ft. 10 ins.

Chest measurement { Girth when fully expanded.....34 ins.
Range of expansion.....3 ins.

Complexion.....Fair

Eyes.....Blue

Hair.....Light

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

150 lb weight

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 declares that he is not subject to fits of any description.

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

Date.....March 21st 1916.....Ed Maclean Capt Amb

Place.....Antigonish NS.....L MacPherson
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.

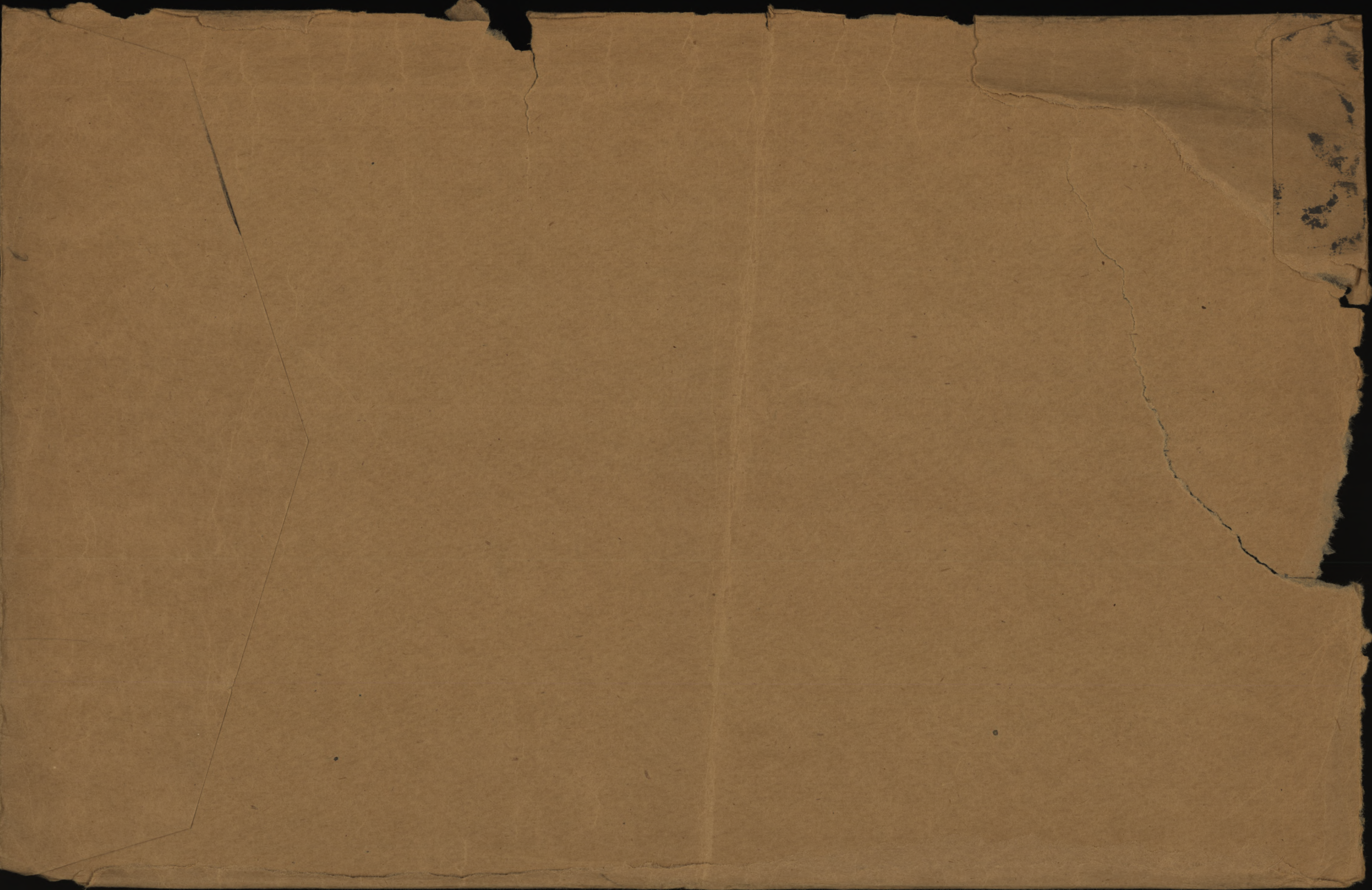
Irving Hardy.....having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

John Stanford Lieut. Col. (Signature of Officer)
Comd'g. 193rd Overseas B'n. C. E. F.

Date.....1916

APR 21 1916

APR 21 1916



90200

SIN/NAS

HARDY

Surname/Nom

Irving

Given names/Prénoms

**CANADIAN FORCES
FORCES CANADIENNES**

**PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL**

**"CONTENTS CONFIDENTIAL"
"CONTENU CONFIDENTIEL"**

**COMPONENT
ÉLÉMENT**

CEF

*Box
4050*



No. 902000 RANK *pte*NAME *Hardy Irving*T. O. S. *21-3-16* UNIT *193rd Battalion*
(*100.33 of 7-416*)M. D. *6*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i> <i>Mar 21</i>	<i>1916</i> <i>Apr 30</i>	<i>✓</i>		
	<i>May</i>	<i>✓</i>		
	<i>June</i>	<i>✓</i>		
	<i>July</i>	<i>✓</i>		
	<i>Aug</i>	<i>n</i>		
	<i>Sept</i>	<i>n</i>		
	<i>Oct</i>	<i>n</i>		



R. 149.

Name _____

Hardy, Irving *Rank*

Pte.

Reg. No. 902000

Unit

185th, Battalion.

Next of Kin

Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
21-1-17 10-2-17.	Mil. Isol. Aldershot. <i>Sis</i>		N.Y.D. <i>Farokh</i>	15. 18.		

[illegible]

NAME

RANK AND CORPS

CABLE

No.

DATE

NATURE OF CASUALTY

REGT'L No

H. Q. FILE NO. 649-

FOLLOWS

No.

FOLLOWS

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

15.

Mil. Isolation Albershot

21-1-17

M. Y. D. D.

18

Discharged

10-2-17

Parotiditis

SURNAME.

Hardy.

CHRISTIAN NAMES

Irving.

REGL. NO.

902000

RANK

Pte

UNIT 193rd.

FORMER CORPS

Nil

CARD NO.

S.O.S. No 15-3-19
FOLL. # 6.10.20
D.O. 707 11-3-19

Bn.

NEXT OF KIN.

NAMES IN FULL

Hardy, William.

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

Antigonish. N.S.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada, Antigonish, N.S.

DATE Sept. 26th. 1898.

PLACE OF ATTESTATION

Antigonish, N.S.

DATE Mar. 21st. 1916

Sailed from Halifax per S.S. Olympic 12-10-16

L. L. 94504. M. & D. 6512.

M. F. W. 22. 250M.-2-16. H. Q. 1772-39-339.

1916-3-19 30 Pte.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Farmer.

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

18 YEARS

MONTHS

HEIGHT

5 FEET

10 INCHES

CHEST MEASUREMENT

34 INCHES

EXPANSION

3 INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Light

DISTINGUISHING MARKS

Not Stated.

MEDICAL EXAMINATION.

PLACE

Antigonish, N. S.

DATE

Mar. 21st, 1916.

Present Address. Ballantynes Cove. Antigonish Co.
N.S.

a12.

Number

902000

Rank

Pte.

Surname

HARDY

Christian Name

Irving

Units

R. C. R.

Theatre of War

France.

Date of Service

1-3-18

Remarks

Latest Address

G.P.O. Antigonish N.S.

Roll No.

B Page 16880

200m.-2-21.M.



Surname	Christian Name or Names	Reg. No.
Hardy	I.	902000
Rank	Unit	Co. Troop Batty
Pte.	185th Bn.	
Hospital	Date of Admission	
Mil. Isolation Aldershot	21-1-17	
Transferred	Hosp.	
	Hosp.	
	Hosp.	
	Hosp.	

Diagnosis

My umphs.

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

C.I. 2-2-17. 15

REMARKS

14.2.17 18. Dis. 10.2.17

A.M.D. 2 DEPT.

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

H.R.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm

1.

2.

3.

4.

5.

6.

7.

ASSIGNED PAY

50m.-6-16.

1772-39-819.

OVERSEAS CONTINGENTS

Sheet No. 2

Alex. L. McEachern

Name of Soldier

Hardy. Irving
193rd Bn. Pte

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

PAYMENTS

90 2000

193

Month.	Year.	Cheque No.	Amt.	Remarks.
			\$ 20.00	
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		V 26540	20	
Nov.		K 29664	20	
Dec.		V 34212	20	
Jan.	1917	L 39758	20	
Feb.		L 44838	20	
March		F 50883	20	20 P.
April		F 52297	20	20.8.
May		F 79238	20	
June		L 11576	20	20 B.
July		N 22397	20	B.
Aug.		M 29859	20	
Sept.		V 35338	20	
Oct.		M 43566	20	
Nov.		F 48614	20	
Dec.		858710	20	
Jan.	1918			300 HK
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
ASSIGNED PAY
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.				

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12
 50m.—7-16
 H. Q. 1772-39-316

To Whom *Alex L. McEachern.*

Address *Ballentynes Cove.
 Antig Co. N.S.*

Rate *20.⁰⁰ Oct 1st 1916.*

By Whom Assigned *Hardy. Irving.*

Regtl. No. *902000*

Rank *Pte.*

Corps *193rd Bn.*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



1.12.1941
1941

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

M. F. W. 54. (A. F. B. 103.)

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps

193rd BAT.

Regimental No.

912000

Rank

Ote C. E. F.

Name

Irving Hardy

Enlisted (a)

2/13/16

Terms of Service

4 years & 6 months

Service reckons from (a)

2/13/16

Date of promotion to present rank

Date of appointment to lance rank

Numerical position on roll of N. C. Os.

Extended

Re-engaged

Qualification (b)

(Farmer)

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			
28-12-16	193rd	Embarked Canada Halifax	12-10-14	
		Disembarked England Liverpool	18-10-16	
		Trans. to 185th Bn.	Witley	29-12-16 Part II, Ord. # 58.
29-12-16	185th Bn.	Passion on the strength of the 185th Bn	Witley	29-12-16 Part II, Ord. # 67
22-1-18	185th Bn.	Proceeded overseas for service with the R.C.R.	Witley	1/3/18 Part II, Ord. # 12
2-3-18	3rd CIBD.	Landed in France and taken on strength of RCR	3rd CIBD	2-3-18 N.R.Pt.11.0.23 d/ 8-3-18
3.3.18	"	Left for Unit	Field.	3.3.18 N.R.
9.3.18	R.C.R.	Joined Unit	U.K.	5.3.18 B213
11-1-19	R.C.R.	Granted 14 days leave	U.K.	8-1-19 B.213. PART 5.
31-1-19	Axis	Proceeded to England and to 3rd Bn. Bramshott on expiration of leave		31-1-19. KA 318542/1 PART 14.

(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.

Lieut.
for Lt. Col. AAG.,
P.T.O.
Canadian Section

902000 Hardy Irving

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				
5/2/19	ida	Proceeded to England		6/2/19 NR. 1st 13/19	
4/3/19	Emb off Liverpool	S.O.S. Proceeded to Canada		4/3/19 NR 2/19	
		<i>Submitted for off records</i> <i>W. H. R. C. H.</i>			
1.3.19	Offs	I.O.S. 6 DD			
		Posted to Dispt B	HFX	9.3.19 DD. 70	Obtained by.
15.3.19		SOS on discharge	"	DD 70	0% Record
30.4.19	R.C.C.	S.O.S. of orn 26 to Canada		1-3-19 205	
					<i>W. H. R. C. H.</i> <i>for S of L</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.			
	"Arrived in England S.S. Olympic, 18/10/16			
28 DEC 1916	193rd En. S C S Trans to 185 Bn. Witley		29 DEC 1916	Pt 11*DO*53
30 DEC 1916	185 Bn. T O S From 193rd Bn. Witley		29 DEC 1916	Pt 2*DO*67
29-1-17	Adm. Co. of 1st Bn. Aldershot.		29-1-17	C.L. 15 (2-2-17)
14-2-17	C.L. 185th Drick & Mil. Dr. Aldershot.		10-2-17	C.L. 18
28.2.18	185 Bn. SOS to RCR of seas	Witley	1.3.18	Pt 10.17 & 23 of RCR.
12.2.19	R.C.R. Proc to England	Field	3.1.19	- 14
	Sailing No 25, date 1.3.19 dispersal area B.			
30-4-19	R.C.R. S.O.S. to Canada	London	1-3-19	- 5 After S.

902000 Hardy L.

[illegible]

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge

Class "A" No.

233292
RIB.

THIS IS TO CERTIFY that No. 902000

(Rank)

PTE

Name (in full)

HARDY

IRVING

enlisted in

the

193rd B.N.

CANADIAN EXPEDITIONARY FORCE at

ANTIGONISH, N.S.

on the

21st

day of

March

19

R.C.R. 16

in France.

HE served in

Demobilization.

and is now discharged from the service by reason of

Medical Unfitness.

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

Age

18. Years

Marks or Scars

Nil

Height

5 feet 10 inches

Complexion

Fair

Eyes

Blue

Hair

Light

Signature of Soldier

J Hardy

Date of Discharge

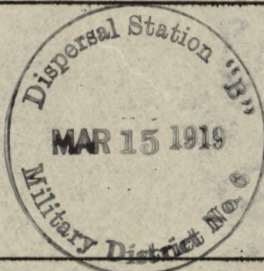
Issuing Officer

Rank

Date

MAR 10 1919

19



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.

APR 19 1961
U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

-
- (1) Name of Overseas Unit which Soldier joins..... 193rd BAT.
C E F.
- (2) Regimental Number..... 902000
- (3) Full Name of Soldier..... Hardy, Irving
- (4) Place of Birth..... Lakeville, Antigua
Novascotia
- (5) Are you married, or not? no
- (6) If married, state,
(a) Full name of your wife.....
- (b) Present Postal Address.....
- (7) Are you a widower?
- (8) Have you any children?
- If so, give number of boys and girls.....
- Also their names and ages.....
-
-
-
-

(9) Is your Father alive?.....

If so, state name and address.....

(10) Is your Mother alive?.....

If so, state name and address.....

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

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

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

(15) Are you insured?.....

If so, in what Company?.....

Have you made arrangements for payment of your Insurance premium.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

R. P. J. Stanfield
Lieut. Col.

Comd'g. 193rd *Officer Commanding. F.*

Date..... *AUG 19 1916*

ORIGINAL.

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Hardy Christian Name Irving

Examined { on 21st day of March 1916 Approved by Lt Col Pherson
 at Antigonish Edmachean
 Birthplace { City or Town Antigonish Rank Capt. M.O.
 County _____

Apparent age 18
 Trade or occupation Farm
 Height 5 Feet 10 Inches. M.O.
 Weight 150 Lbs. M.O.
 Chest measurement { Minimum 31 inches. M.O.
 Maximum expansion 34 inches. M.O.
 Physical development good M.O.
 Small-Pox Marks none M.O.

Vaccination Marks { Arm Right. Left.
 Number 80
 When Vaccinated last never 13/7/16 Edmachean M.O.
 (a) Marks indicating congenital peculiarities or M.O.
 previous disease none M.O.

(b) Slight defects but not sufficient to cause rejection
none 29/6/16 } M.O.
g.a.m. 17/11 } Edmachean M.O.
2/9/17 sub 18/11 } Edmachean M.O.

Enlisted on 21st day of March 1916 at Antigonish

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>193 Bu CEF</u>	<u>902000</u>		<u>March 21/16</u>
Transferred to	<u>185th Bn</u> <u>RGR 88</u>			<u>Dec 29, 1916.</u> <u>1/3/18.</u>

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.

Christian Name *Johnny*

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				
Isolation Hq } Aldershot }		24	6	16	5	7	16	Syphilis	12	Not completely recovered, recommended for light duty	W. E. Hill
		20	1	17	10	2	17	Pharyngitis	21	Revised	Rough

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

HARDY, I.

REGIMENT

R.C.R.

RANK

Pte

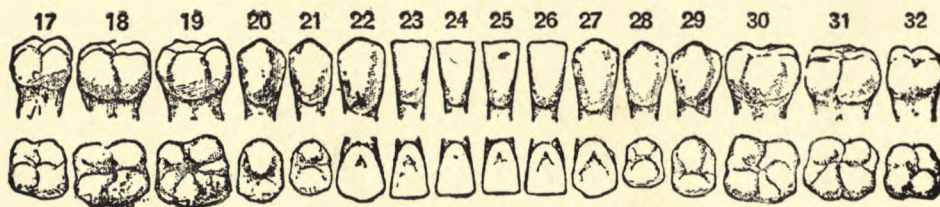
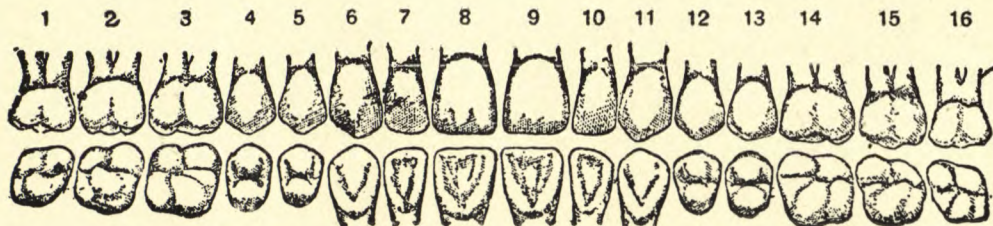
No.

902000

Date of Examination in England

8-2-19

Date of Examination in France



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

4, 9, 19, 20, 28

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

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

(a) In Canada

(b) In England

(c) In France

DIRECTIONS TO
DENTAL OFFICERS

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

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

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

BRAMSHOTT CAMP
HANTS.

Signature of Dental Officer

R.H. Aljoe
Capt

W.C. R. 18. 10. 41

W.C. R. 18. 10. 41

W.C. R. 18. 10. 41

W.C. R. 18. 10. 41

W.C. R. 18. 10. 41

W.C. R. 18. 10. 41

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 902000 Rank Rte. Surname HARDY
(Given name in full)
IRVING
Unit or Corps R.C.R. Birthplace Antigonish N.S.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique Good Weight 160 lbs. Height 5-8 ft. Colour of Eyes Blue
Nutrition Good
Pulse 72 - Regular
Condition of arteries Soft
Vision Rt. 12 Left 12
Hearing (conversational voice) Rt. 20 ft. Left 20 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)

2. 1st - Scar. marks
by
accident 3rd 1-
leg. from 10
mus.

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no
Special Senses no Integumentary System no Respiratory System no
Disturbance of mentality no Muscular System no Digestive System no
Osseous and Joint System yes Any other general condition yes

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

21-1-17 - Mumps. Good recovery.
24-6-16 - Sprained ankle.
no disability

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Braintree (Overseas)

Date 2/27/19 Signed [Signature] M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature [Signature]

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at..... (Canada)

Date Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[Signature]

[OVER]

RELATIONSHIP OF DEPENDANT

[illegible]

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

REASON AND AUTHORITY

902000 Pte Hardy. Irving A P^s 20⁰⁰

[illegible]

ASSIGNED
PAY

ENGLAND OR
CANADA.

SEPARATION
ALLOWANCE.

ENGLAND OR
CANADA.

NAME: **HARDY - Irving.**

NUMBER: **902000**

EFFECTIVE
DATE: **October 1st 1916.**

EFFECTIVE
DATE: -

AMOUNT: **\$20.00**

AMOUNT: -

NAME, ADDRESS, RELATIONSHIP & AUTHORITY

WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE
WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

**Alex McEachern (Guardian)
Ballentynes Cove N.S.**

AUTHORITY

DATE
EFFECTIVE

RANK OR APPOINTMENT

Private.

Stopped Effect 1/3/19

UNIT AND TRANSFERS

ORIGINAL UNIT: **193rd Bn.**

DATE ACCOUNT FIRST OPENED: **Nov. 1st 1916.**

AUTHORITY

DATE
EFFECTIVE

DATE LEDGER
SHEET T'S F D

UNIT TRANSFERRED TO

N.R.

1.4.18

3.1.3.18

R.G.R.

185th BATTN CA

22/3/19 Can Sect.

84

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

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

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
9/12	3781	13th Shott	11.42				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY

PAY

F.A.

P.F.A.

SUBS. CE
ALLICE

1 = 10

PARTICULARS OF RENDERING NON-EFFECTIVE: -

**His to Can 1/3/19 6.2591
13th Shott 9/2/19 13th Shott M.N.C.**

**Ledger put in 10.15
206. 1418**

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Mar.	Balance Forward.								30 48		
April	Pte Pay	33		A.P. Can				20			
				AR 23 11 7/8 RER	535						
				AR 90 24 7/8 RER	535				32 78		
		33			1070			20			
May	Pte Pay	3410		AR 127 11 7/8 RER	446						
				A.P. Can				20			
				AR 172 25 7/8 RER	357				38 85		
		3410			803			20			
June	Pte Pay	33		A.P. Can				20			
				AR 30 12 7/8 RER	357				48 28		
		33			357			20			
July	Pte Pay	3410		AR 386 8 7/8 709B	446						
				A.P. Can				20			
				AR 607 27 7/8 709B	446				54 35		
		3410			357			20			
Aug	Pte Pay	3410		A.P.				20			
				AR 740 5 7/8 709B	446						
				AR 1016 18 7/8	357				60 42		
		3410			803			20			
Sept.	-	33		A.P.				20			
				AR 220 3/9	803						
				✓ 1313 14/9	357				61 82		aford
		33			1160			20			
Oct		3410		AR 1614 2/10 752B	373						
				C.A.P.				20	7219		
		3410			373			20			

NUMBER 902000 RANK Pte NAME HARDY, I.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Nov	Ford								7219		
	P.P.	33		MR 2709 1/11 762B	746						
				E.A.P.				20			
				MR 3145 14/11 762B	1306						
				MR 3839 30/11	2373						
Dec		3410		E.A.P.	2425			20			
				MR 4808 18/10 762B	373						
Jan/19		3410		E.A.P.				20	8541		
		11120			2798			60	11621		
July	P.P.	3080		E.A.P.				20			
				MR 5406 3/11 762B	373						
				✓ 5806 6/11	933						
				✓ 16763 6/11	6813						
				CP 10150 19/11 Lou	487				1015		
				MR 3781 9/12 666	2433				1418		
		3080			11039			20			
				See Jan 1/3/19							
				1/16/25 RCR							

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

War Service Badge
Class "A" No.

233292

RSB

1. No. 902000

2. Rank. PTE

3. Name. HARDY IRVING

4. Unit. R. C. R.

5. Date of Discharge 15/3/19 Place Antigoniush N.S.

6. Reason for Discharge Demobilization

7. Authority.

8. Proposed Residence after Discharge Antigoniush N.S.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate
M. F. W.?

J Hardy
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Helip 70

Date 10-3-19

Signature

Major
Dispersal Station "B"
(O. C. Discharging Unit.)

PROCEEDINGS ON DISCHARGE

1. Name of Soldier

2. Rank

3. Regiment

4. Date

5. Place of Discharge

6. Reason for Discharge

7. Remarks

8. Discharge Certificate

CERTIFICATE TO BE SIGNED BY SOLDIER

I hereby acknowledge that at the instant place and date I received my discharge certificate

9. Signature of Soldier

Signature of Soldier

CONFIRMATION

The discharge of the above named man is hereby confirmed

10. Signature of Officer

11. Signature of Captain

12. Signature of Major

13. Signature of Colonel

14. Signature of General

15. Signature of Adjutant

16. Signature of Quartermaster

LIST OF DISCHARGE DOCUMENTS

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

LIST OF DISCHARGE DOCUMENTS.

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

1. Triplicate Attestation Paper (M.F.W. 23), or
Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (A.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing | Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851). *and duplicate*
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2525),
Form M.F.W. 2525
15. Sundry Documents.

Group..... *ACB*

Checked by No. *ACB*

Date *28-2-19*

Group.....

Chk.....

Date.....

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

H

2449

Oct. 1. 16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

20			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 902000

Rank *Etc* Promoted

Reverted

Discharge

Soldier's Name

Irving Hardup

Battalion

193rd Battrn.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Alex L. M. Cacheron

Address

Ballentynes Cove. Antig. Co. N. S.

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					<i>7985-21</i>
<i>Dec 31</i>			<i>300</i>	<i>300</i>	
<i>Jan 18</i>	<i>R 67423</i>		<i>20</i>	<i>20</i>	<i>Dr.</i>
<i>Feb</i>	<i>E 64884</i>		<i>20</i>	<i>20</i>	
<i>Mar</i>	<i>H. 97873</i>		<i>20</i>	<i>20</i>	
<i>Apr</i>	<i>I 9125</i>		<i>20</i>	<i>20</i>	
<i>May</i>	<i>B. 12322</i>		<i>20</i>	<i>20</i>	
<i>June</i>	<i>A 15149</i>		<i>20</i>	<i>20</i>	
<i>July</i>	<i>W. 30079</i>		<i>20</i>	<i>20</i>	
<i>Aug</i>	<i>D 29650</i>		<i>20</i>	<i>20</i>	
<i>Sep</i>	<i>C 37080</i>		<i>20</i>	<i>20</i>	
<i>Oct</i>	<i>E 43941</i>		<i>20</i>	<i>20</i>	
<i>Nov</i>	<i>C 52026</i>		<i>20</i>	<i>20</i>	
<i>Dec</i>	<i>E 63817</i>		<i>20</i>	<i>20</i>	
<i>1919 Jan</i>	<i>C 71414</i>		<i>20</i>	<i>20</i>	
<i>Feb</i>	<i>B 78367</i>		<i>20</i>	<i>20</i>	<i>A</i>
<i>Mar</i>	<i>E 84003</i>		<i>20</i>	<i>20</i>	<i>A</i>
			<i>600</i>	<i>600</i>	<i>A</i>

A/c Closed

Ret'd per

Date

Clerk

*31/3/19.**R. K. M. R. M. R. M.**8/3/19. 13/3/19.**C. L. M. R. M.**N/R.O. No. 70152. to Dest. recd 13/3/19. O.R.L.*M. F. W. 128
400M.-6-17-1772-39-141
L. L. 22320-M. & D. 7593.

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-637-1772-89-141
L. L. 22320-M. & D. 7193.

