29/3/16 73 Balt ATTESTATION PAPER. CANADIAN OVER-SEAS EXPEDITIONARY FORCE

No. 132092

Folio.

QUESTIONS TO BE PUT	I BEFORE ATTESTATION
QUESTIONS TO BE PU	(ANSWERS).
1. What is your name?	Chours Marris
2. In what Town, Township or Parish, and in	70 A 0 S
what Country were you born?	Moveymore, Derry lo. of
3. What is the name of your next-of-kin?	Geologa Starris (Fa
4. What is the address of your next-of-kin?	1 not known
5. What is the date of your birth?	Oct 30, 1889
6. What is your Trade or Calling?	
7. Are you married?	no
8. Are you willing to be vaccinated or re-	
vaccinated?	Cyps
9. Do you now belong to the Active Militia?	Mo
0. Have you ever served in any Military Force? If so, state particulars of former Service.	20
1. Do you understand the nature and terms of your engagement?	Yjas
2. Are you willing to be attested to serve in the	Juges
Canadian Over-Seas Expeditionary Force?	- 0//
	The Morris (Signature of Man
	NH Wash (Signature of Witness
nade by me to the above questions are true, and nade, and I hereby engage and agree to serve in to be attached to any arm of the service therein, for between Great Britain and Germany should that was the termination of that war provided His Maje discharged.	I that I am willing to fulfil the engagements by me not he Canadian Over-Seas Expeditionary Force, are the term of one year, or during the war now existing a last longer than one year, and for six months after sty should so long require my services, or until legal
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(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).
Freckles outside both
ICAL EXAMINATION. Ind that he does not present any of the causes all Services. Eye; his heart and lungs are healthy; he has the is not subject to fits of any description. In Over-Seas Expeditionary Force.
Medical Officer.
R COMMANDING UNIT. having been finally approved and attestation, and every prescribed particular having rectness of this Attestation.

NAME Harris of homas

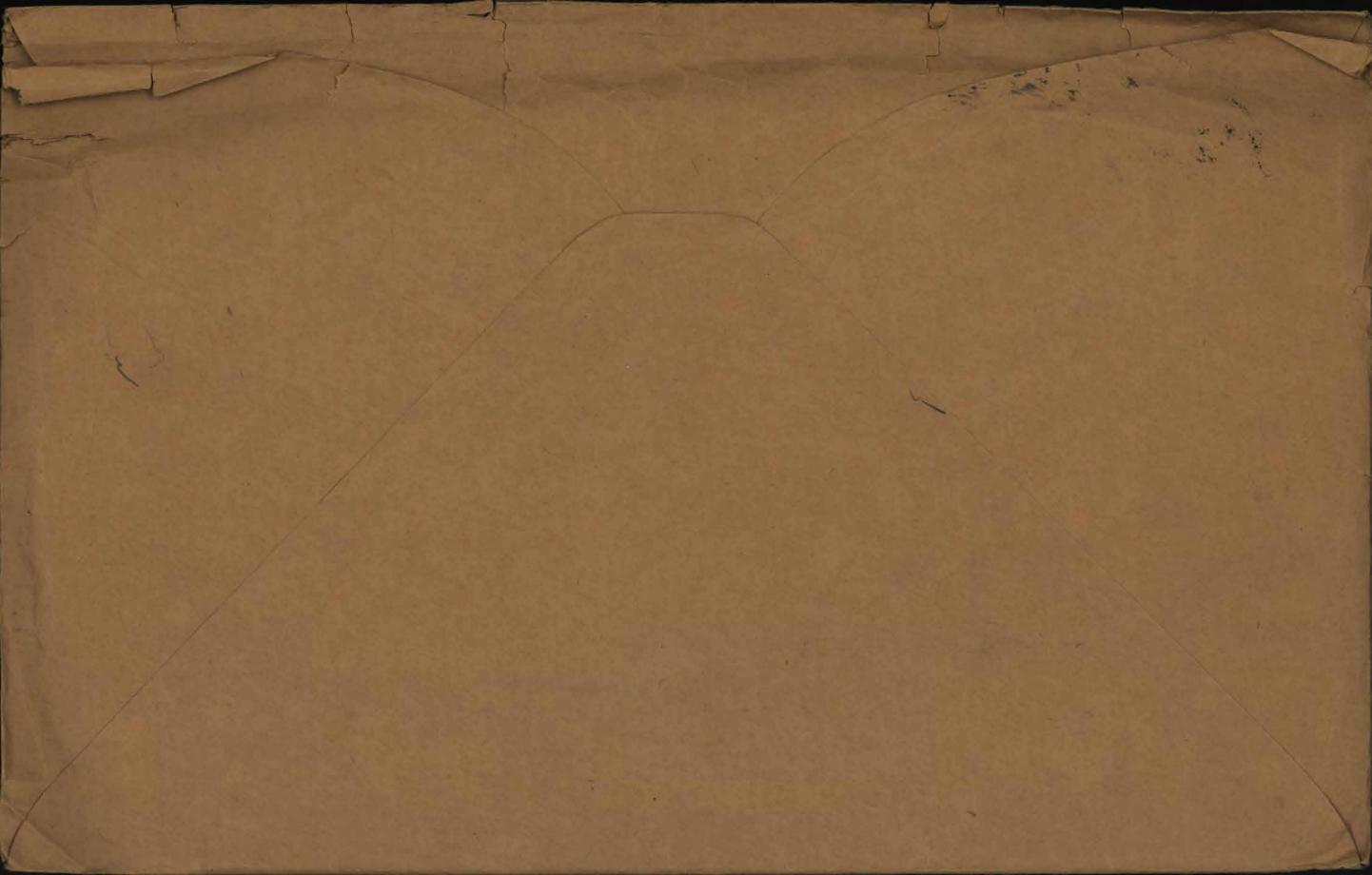
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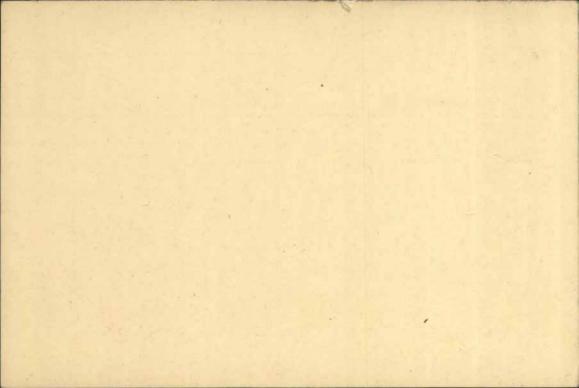
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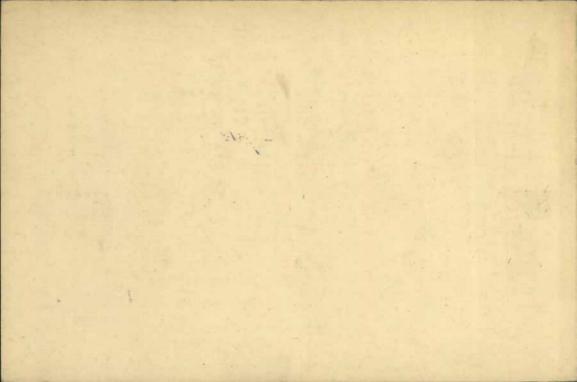


R. 149. Reg. No. 132092 Rank Name HARRIS Thomas Pte. Unit THIRTEENTH BATTN. CANADA Next of Kin List Notified Casualty Date Movement Place W.O. List No. N/KO. 19-9 4-9-16 KILLED IN ACTION A462 0984

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H. Q. 649-H-4547. HARRIS, Pte. Thomas, #132092, 13 # Dn (73rd Bn.) Med & D (Brother) Mr. Allen Harris. 2111 Poupart Sh 30 1/22 Carriere Road 30 1/22 459 Fabre Street. Montreal. Que. P & S (Brother) Ser. # 767250) Mr. Robert Harris. Address as above. Mem Cross (Nil) Rot Elig for 14-15 Stroll DespiN 1 2 10 kegn. No 2 473/2

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NAID HARRIS Thomas

REGT'L. NO. 13

RANK AND CORPS PLE 13 HBm. (form 43 Bm.)

CABLE

NO. DATE

NATURE OF CASUALTY (0 984 19-9-16) Killed in action Sept: 4th, 1916, 1916, 1825-19 21.9-16\$ at. B2090 a Rouen Sept. 16-1916 - Killed in action 4-9-16-M. F. W. 42-50m.-10-15. L. L. Job 86907- -M. & D. 16065. H. Q. 1772-39-893.

DATE OF LIST No. HOSPITAL REMARKS ADMISSION 4-9-16 Killed in action A462 Repfum Book

132092 Rank a/Cpl Surname HARRIS Christian Name Units 13 ton Can De Theatre of War France Date of Service 19-6-16 Remarks Latest Address Mr Allen A arris 200m.-2-21.M.

DESP JUL 15 1922

REGN. NOGA27315

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REGN. N. 1922

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EPITOME OF HOSPITAL TREATMENT.

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TLH. Rank

Unit

Name

HARRIS, Thomas.
If in perm. Corps, |
What Unit?

Reg'l No. 132092

Married or Single Single.

Place and Date of Enlistment

73rd. Battn.

Montreal, August 10th. 1915. Place of Birth

Moneymore, Derry Co. Ireland.

Name and Address, Next-of-Kin

George Harris,

c/o Allan Harris, 78, Masson Street, Montrea Relationship

Father.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

BEE	Rep	ort.	Record of promotions, reductions, transfers, casualties, etc., during active service.	Place.	Date.	REMARKS.
	Date.	From whom received.	The authority to be quoted in each case.			Taken from Official Documents.
auch	SRO 5'94	10.4.16	Arrived in England 8.0.8 on transfer to 13 th Br. App Setz books white conducting draft overseas.	1 0 APR 1916		S.S. adriation 22/6/16
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Fill in Only.-Unit, Number, Rank and Name.

Casualty Form-Active Service.

73rd (Overseas) En. Royal Highlanders of Canada, C.E.F. Unit, Regiment or Corps.

Canadian Pacology of House,

7. Millbank, 8.1.

		Re-er	ngaged		Qualification	(b) Dru	yea
	From whom received	casualties, etc., ported on Army A. 36, or in ot	notions, reductions, to during active service y Form B 213, Arm her official document to be quoted in each cr	e, as re- ny Form ts. The	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Embori Arrivo	ked at I	lalifax on verpool,	R.M.S. "A April 9th,	driatic	", March	31st, 19	16.
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Proc	eeded o	yorseas fo	or service	with[]	in Juno 18 1	Adit	73rd Bn. Canadian Internation.
				***		- Adjt	yal Highlanders of Canada
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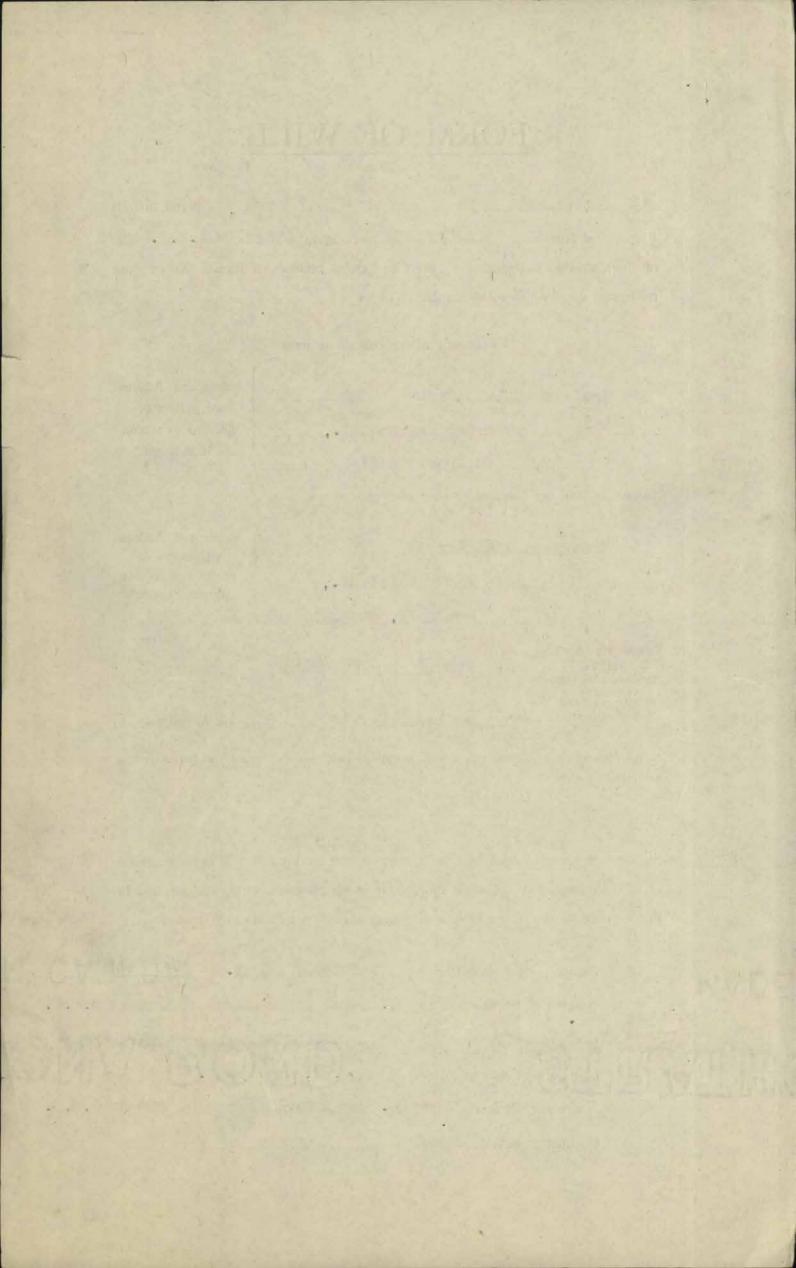
⁽a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) 6.9. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

113	Report	Record of promotions, reductions, transfers, casualties, etc., during active service, as re-	ALL DESCRIPTION OF THE PARTY OF		Remarks
Date	From whom received	ported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	taken from Army Form B. 213, Army Form A. 36, or other official documents.
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FORM OF WILL.

I,	Thomas Harris	(Name in full)
Regimen	ntal Number 132092 serving in 73r	A Bn C.E.F.
of the C	Canadian Expeditionary Force, do hereby revoke all	former Wills by me
made ar	nd declare this to be my last Will.	
	I bequeath all my real estate unto	
-	rother Allen Harris	Name and Address
		of person or
200000000000000000000000000000000000000	1720 Des Erables St.,	persons to whom it is to go.
· ·	Montreel Canada	
absolute	y, and my personal estate I bequeath to	
_ my 1	rother Allen Harris	Name and Address of person or
	1720 Des Erables St.	persons to receive
	Montreal, Canada	personal estate* (See note).
This must and D THE S HIM	this 9th day of June the Signed ated by OLDIER SELF. Thomas Harris Sign sonal estate includes pay, effects, money in bank, insurance po	
of us bot	and acknowledged by the Testator as and for his last the present at the same time, who in his presence, a nice of each other have hereunto subscribed our name	t his request, and in
	Signature of First Witness J. Thighen Sor	gt.
THE TWO	Address of Witness 73rd Bn. Royal Highla	nders of Canada C.E.F.
WITNESSES	Occupation of Witness	
MUST SIGN HERE	Signature of Second Witness R. W. Gol	Sergt.
	Address of Witness 73rd Bn. Royal Highlan	
	Occupation of Witness	



Vroughig 2 gen

FORM OF WILL.

3, Thomas harris	(Name in full)
Regimental Number 132092 serving in	73rd Bn C.E.F.
of the Canadian Expeditionary Force, do hereby	revoke all former Wills
by me made and declare this to be my last Wil	1.
I bequeath all my real estate	unto
my brother Allen Herris	Name & Address
1800 Des Cuchtes Of	of person or persons to whom
Montreel Canada	
absolutely, and my personal estate I bequeath to	
my brother Allon Herris	Name & Address of person or
1720 Des Erables St.	persons to receive
Montreel Cenada	The second contract and the second
In Witness whereof I have her	
	Signature.
* N.B.—Personal estate includes pay, effects, money in b 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	J T Highen Sorgt	
Address of Witness	73rd Bn. Royal Highlanders of Canada	. CEF.
2000000	R W Goo Hergt	
	73rd Bn. Royal Highlanders of Canada	O.R.F.
Occupation of Witne	PSS	

FORM OF WILLS

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ASSIGNED PAY

Sheet No. 2. Allan Harris. OVERSEAS CONTINGENTS

Name of Soldier Harris Thos.

PAYMENTS.

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SALES THE SECOND	Feb.						Complete to the second	
	March			F1-10				
	April							
	May		all the same of				THE STATE OF THE S	
	June						THE HALDEN	
	July		-	September 1				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier

	RHITE				PAYMENTS.	ALL THE RESIDENCE AND ADDRESS.
	Month.	Year.	Cheque No.	Amt.	Remarks.	
8	Aug.	1918				
	Sept.					
	Oct.					The state of the s
	Nov.					
	Dec.					Manager Park Spire
	Jan.	1919				
	Feb.	The same				
	March		J. to the			
	April					
	May					
	June	-37/7	*			
	July					
	Aug.	Constant				
	Sept.					
	Oct.					
	Nov.					
	Dec.	The state of				
	Jan.	1920				
	Feb.	1000				The second second second
	March					
	April					
	May					
	June	The state of the s				THE RESERVE OF THE PARTY OF THE
	July	The state of the s				ALCOHOLD THE STATE OF
	Aug.	Del I				
	Sept.	10000				TO STATE OF THE PARTY OF THE PA
	Oct.	P. Sale				
	Nov.					THE PARTY OF STREET, STREET, ST. P. L.
	1			No. of Street, or other Persons and Person		CONTRACTOR OF THE PARTY OF THE

10/8/15-

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Harris (Brother)

To Whom (1720 Des Address

78 Masson SI

Montral P.2.

Rate \$ 1500

APR 1 1916

By Whom Assigned Harris, Thos.

Regtl. No. /32092 "A"

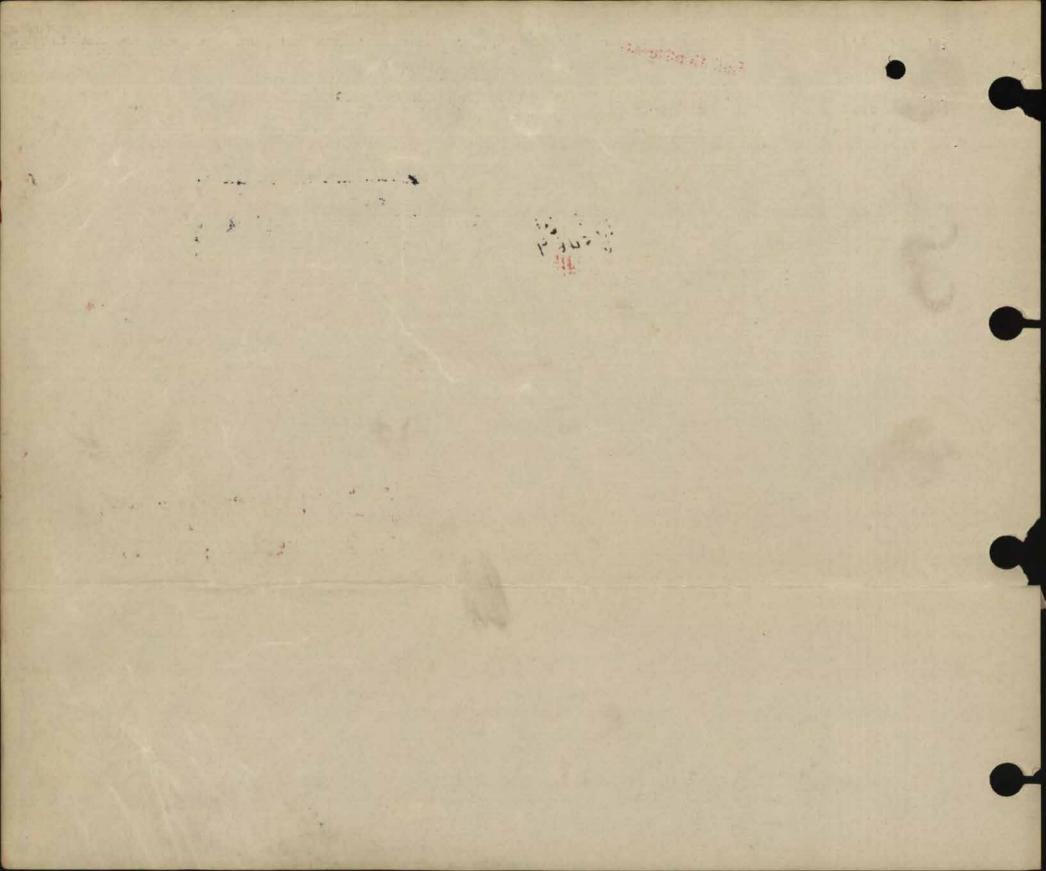
Rank Ple.

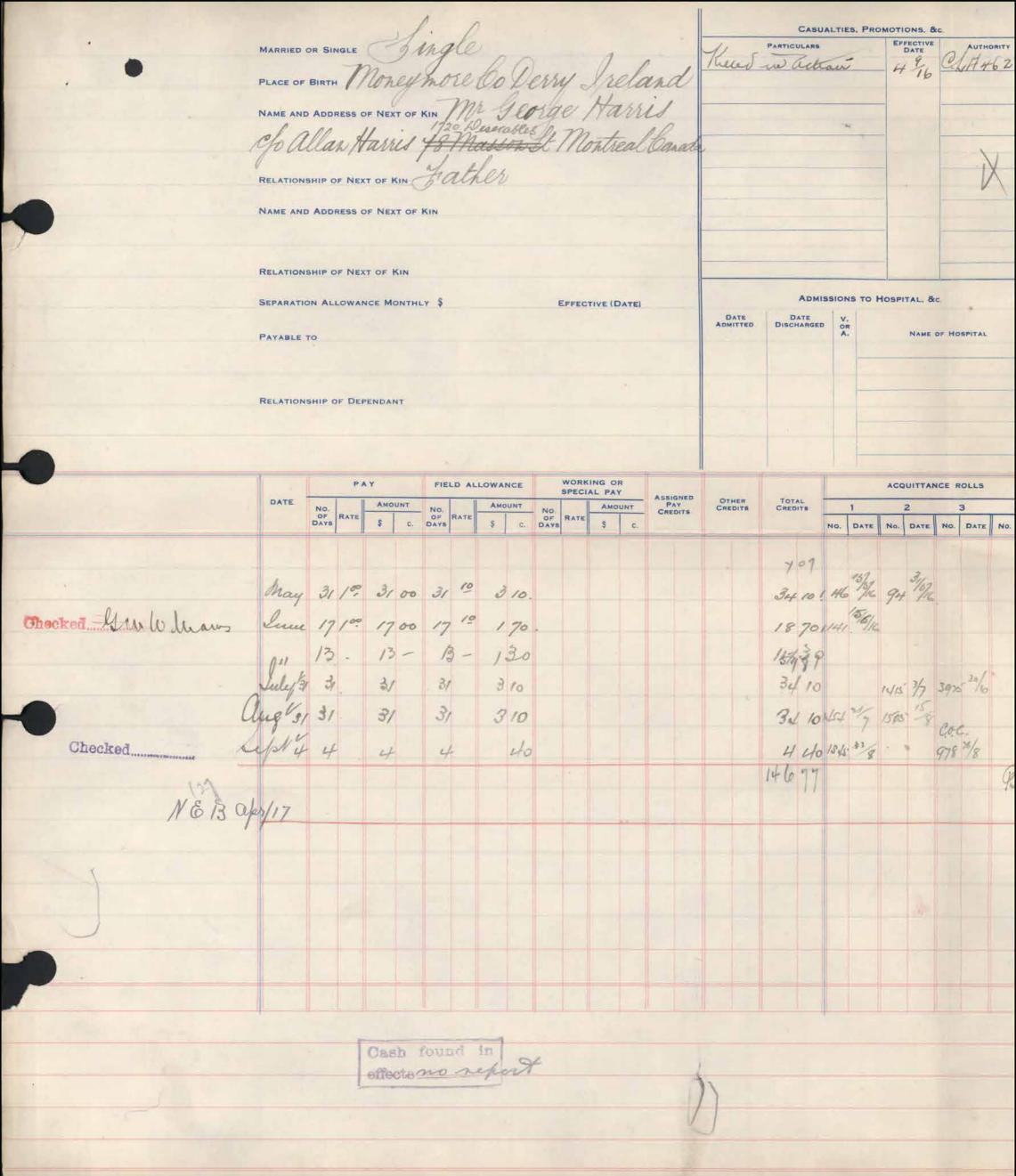
Corps 73 10 0/8 Bn. R.H.C.

M. F. W. 12. 20m.—11-15. H. Q. 1772-39-819.

PAYMENTS

IMIMIATO				
Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Casualties
Sept.				Casualties
Oct.				Q cool
Nov.				
Dec.				Killed intellem. Soft 4 /11 Ch 19 9/16 /
Jan.	1915			felled we celem. Soft 4 /11 Oh 19 1/6
Feb.		25.08		
Mard				
April				
May				
June				
July				
Aug. Sept.				
Oct.		13214		
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				
37300 011				





MOTIONS, &c. EFFECTIVE DATE H 16 HOSPITAL, &c. NAME OF HOSPITAL	REG'L. No. 132092 RANK S IF IN PERMIT. CORPS WHAT UNIT PERMANENT FORCE ALLOWANCES PLACE OF ATTESTATION MONTHLY DATE OF ATTESTATION MONTHLY \$ PAYABLE TO MONTHLY \$ PAYABLE TO STOP-PAYMENT FORM (ASSIGNED PAY) REN DISCHARGE DATE AND PLACE MULLUL ACCOUNT TRANSFERRED TO NON-EFFECTIVE ACCOUNT TRANSFERRED TO OFFICERS' PAY	DATE EFFECTIVE DATE EFFECTIVE DATE EFFECTIVE DERED IDATE: 70 9 THE ACTUAL E BRANCH IDATE: 5	TRANSFERRED TO TRANSFERRED TO Us, Manheal	DATE AUT DATE AUT RELATIONSHIP	THORITY THORITY THORITY
ACQUITTANCE ROLLS 2 3 4 No. Date No. Date No. Date	CASH PAYMENTS	Assigned Other Charges	TOTAL DEBIT DEBIT PA	R FOR REM	ARKS
94 3/2/2 NIS 3/3 39×30/6 1595 5 COC. 978 ×1/8	487. 730. 730. 200 5 11 201 202 201 5173 Itans 1 & Branch 3150	15°00.	707. 27 171 1400. 22 30/ 1040. 49 49 2470 2470 2473 3607 20 75 49 94 22 84 3150 / 115 27 3150 3150	Francis of Soften 1/10/	200000 4/2. 20000 16
				Statement of APR 10 1917 APR 10 1917 Aecount rendered	

