

DUPLICATE

ATTESTATION PAPER.

No. 233007

204th Battln.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... T E R Y B E R Y
- 1a. What are your Christian names?..... Henry.
- 1b. What is your present address?..... #639 St. Clarens Ave., Toronto.
2. In what Town, Township or Parish, and in what Country were you born?..... Hamilton, Ontario, Canada.
3. What is the name of your next-of kin?..... Jessie Terybery.
4. What is the address of your next-of-kin?..... #639 St. Clarens Ave., Toronto.
- 4a. What is the relationship of your next-of-kin?..... Mother.
5. What is the date of your birth?..... March 9th, 1890.
6. What is your Trade or Calling?..... Steamfitter.
7. Are you married?..... Single.
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?..... 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 }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }..... Yes.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Henry Terybery, 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.

Henry Terybery (Signature of Recruit)
Date June 19th, 1916. W. H. Moore (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Henry Terybery, 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.

Henry Terybery (Signature of Recruit)
Date June 19th, 1916. W. H. Moore (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 Toronto, Canada this 19th day of June, 1916. 6.

W. H. Moore (Signature of Justice)

Description of Henry Terybery on Enlistment.

Apparent Age.....26.....years.....3.....months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height.....5.....ft.....41.....ins.

Chest measurement { Girth when fully expanded.....36.....ins.
 Range of expansion.....3.....ins.

Complexion.....Fresh.....

Eyes.....Blue.....

Hair.....Dk. Brown.....

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

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).

Nil.

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*.....for the Canadian Overseas Expeditionary Force.

Date.....June 19/16.....191.....

Place.....Toronto, Canada.....

*Insert here "fit" or "unfit."

Medical Officer.

Toronto Recruiting Depot.

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.

.....Henry Terybery.....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.

E. J. [Signature]

MAJOR (Signature of Officer)

204th O. S. BATT'N, C. E. F.
 "Beavers"

Date.....June 21.....1916.....

DUPLICATE

1st. M. D. 1st. Depot Battalion 2nd. /G.O.R. Regiment
Regtl. No. 3108880

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class ON.)

1. Surname Terryberry
2. Christian name Harry
3. Present address Ancaster Ont.
4. Military Service Act letter and number 53307
5. Date of birth March 9th 1890
6. Place of birth Hamilton, ont
(town, township or county and country)
7. Married, widower or single Single
8. Religion Single Pres.
9. Trade or calling Steam Fitter
10. Name of next-of-kin Jessie Terryberry
11. Relationship of next-of-kin Mother
12. Address of next-of-kin King St. West, near Macklin St. Hamilton, Ont. J.B.W.
13. Whether at present a member of the Active Militia No
14. Particulars of previous military or naval service, if any None.
15. Medical Examination under Military Service Act:—
(a) Place Hamilton Ont. (b) Date 9th Nov. (c) Category A-2

DECLARATION OF RECRUIT

I, Harry Terryberry, do solemnly declare that the above particulars refer to me, and are true.

Harry Terryberry

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 28 yrs. mths.
Height 5 ft. 5 ins.
Chest measurement } fully expanded 35 1/2 ins.
range of expansion 1 1/2 ins.
Complexion dark
Eyes brown
Hair black.

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

Vaccs. Infancy. 1 Left.

History of rheumatism, no evidence. Vision

R.D. 80 L.D. 30.

Hearing normal.

1st DEPTOT BN., 2nd G.O.R.
for O.C. Depot Bn.
Regt.

Place Hamilton Ont. Date 1st. May 1918.

REGIMENTAL DOCUMENTS

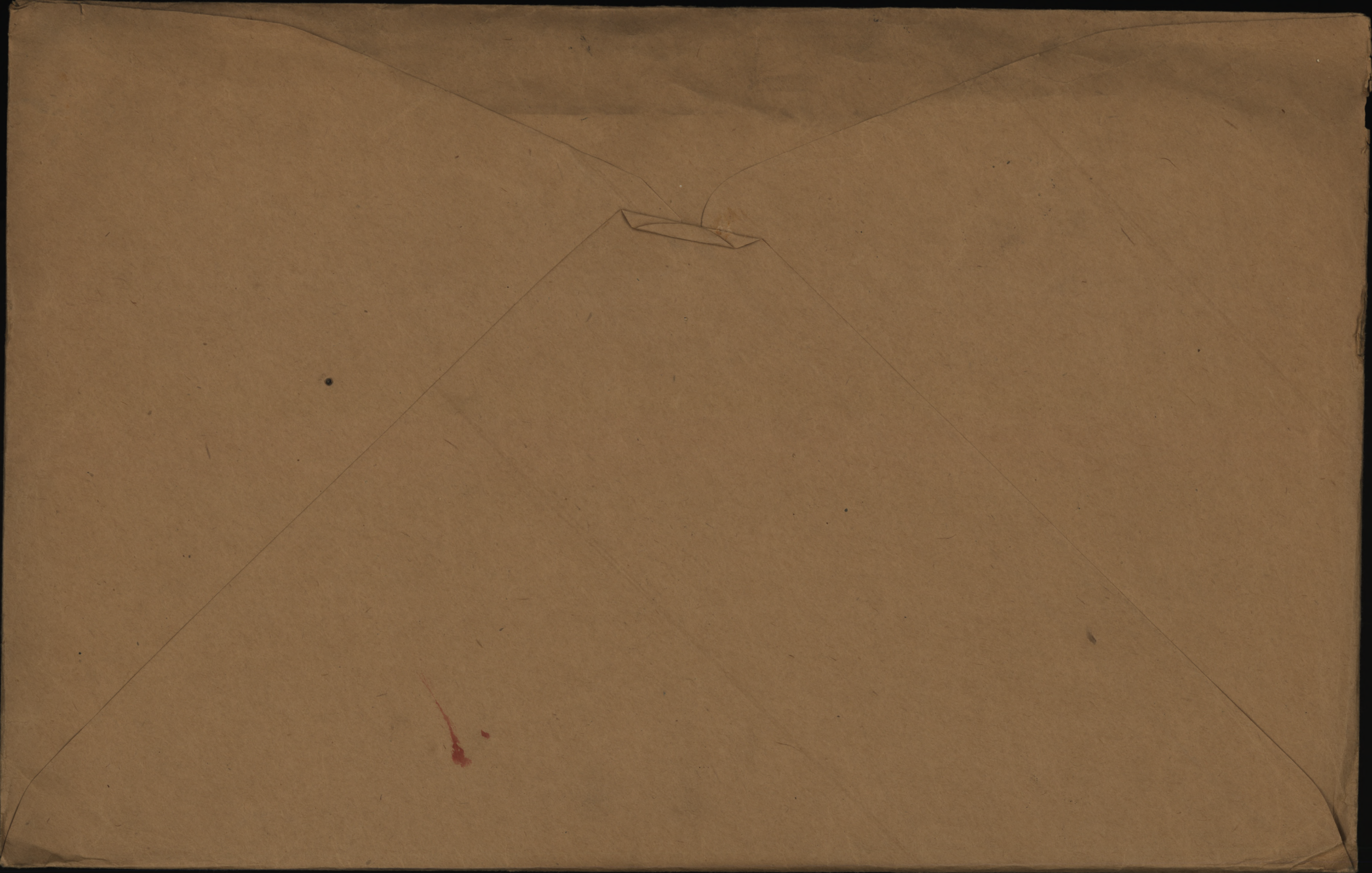
NAME **TERRY BERRY** *Harry*

REGT. NO. **3108880**
(1) 238007

UNIT **42nd Wing** *1st Bn* H. Q. FILE NO. **204** *1st Bn*

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)	3	<i>R 29/1/20</i>			DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)	1	<i>Ret 29-1-20</i>			Category
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)		<i>DDC</i>	<i>20/4/20</i>	<i>Spec - 5070</i>	
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)	1				
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)	7				
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)	2				DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)				(2)	<i>Demol</i>
MEDICAL EXAMINATION (M.F.W. 129)				(1)	
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 263)					
PARTICULARS OF CHARACTER (A.F.W. 3226)				05323	
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
<i>CADE 1009</i>	<i>1 Pay Card</i>				
<i>more</i>					
<i>in 2 B. 313</i>					
<i>R-122</i>					





No. 238007

RANK

Plc-

NAME

Leryberg Henry

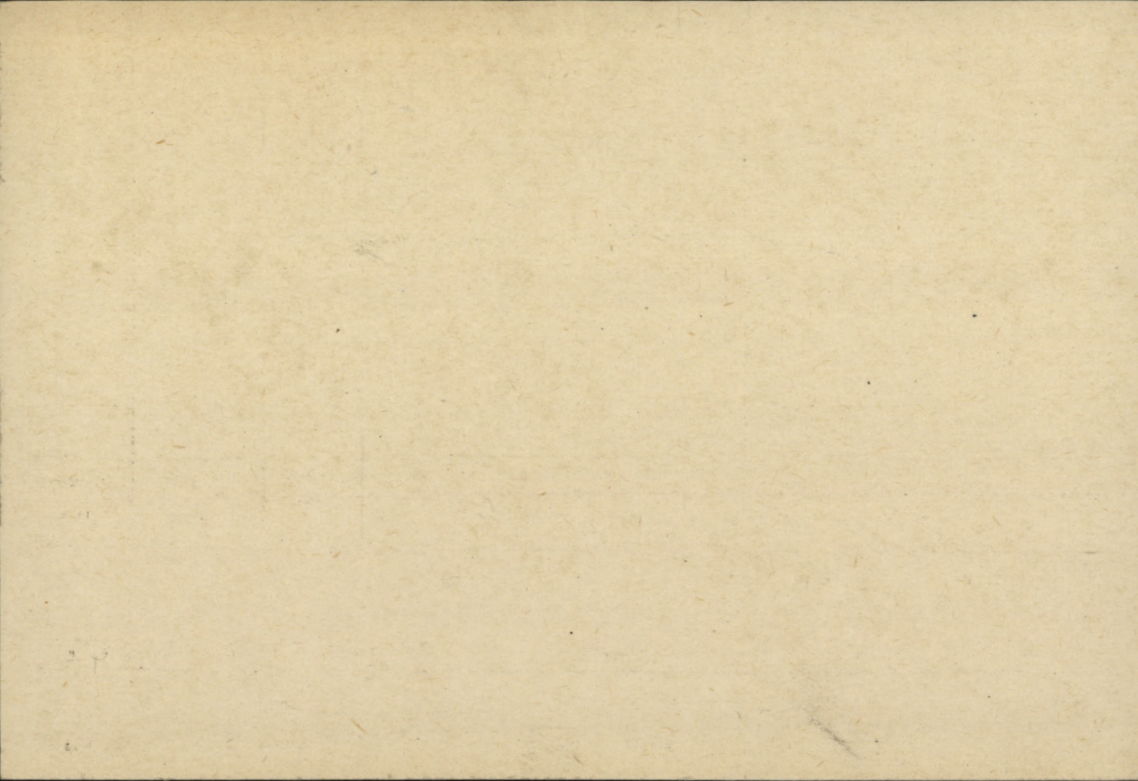
T.O.S. 19-6-16

UNIT 204th Battalion 68 F.

(2048 of 20-6-16)

M. D. 2.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
June 19	June 30	n		
July		n		
Aug		n		
Sept		n		
Oct 1	Oct 20	n	S.O.S. (Deserter) 3-7-16 multi 110 days pay	20108 of 26-10-16
			a/c carried forward n	



NAME

Terryberry, Harry

RANK.

Pte.

92.

REC. FILE

X 156 00 14-7-18
Part II: 90 of 17-7-18
42 D. 1918.

No.

3108881

T.

O. S.

May 1: 1918.

CORPS.

1st Dpt. Bn.

73rd
9/4th

H. Q. FILE

Part II No. 22

ENLISTMENT, PLACE

Hamilton, Ont.

DATE

May, 1st, 1918

FOLLOWS.

BIRTH

DISCHARGE, PLACE

Canada, Hamilton, Ont.

DATE

Mar. 9th 1920

NO.

REASON.

S.O.S. 26/11/19 Desist.

S.O. 241 of 29/8/19 9205

FOLLOWS.

ADDRESS ON DISCHARGE

Ex from X to No 6
6-1-18.
Auth. Part II 133
13-5-18.

DOCUMENTS.

NEXT OF KIN

Terryberry, Mrs Jessie

RELATION

Mother

ADDRESS

King St. W. Mr. Macklin St. Hamilton, Ont.
% Mr. Henry Dorr. Kings St. W. Hamilton S.A.A.P. 20/1/19.

Op. 3/8/19 1328

M.C. 23/8/19 395-34. Pl. J.

CHARGED OUT

RETURNED

CHARGED OUT

RETURNED

TO	DATE	BY	RECEIVED BY	DATE
----	------	----	----------------	------

TO	DATE	BY	RECEIVED BY	DATE
----	------	----	----------------	------

And
PA
Number

3108880

Rank

PTA

Surname

TERRYBERRY

Christian Name

Harriet

P
Units

C.O.R.

Theatre of War

England

Date of Service

15-8-18

Remarks

Latest Address

Sub P.O. # 5-

Hamilton

Roll No.

a Page 2174

Jan

200m.-2-21.M.



CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 3108880 (Rank) Pte.

Name (in full) Herrberry, Harry enlisted in
the I.C.A.R.

CANADIAN EXPEDITIONARY FORCE at Hamilton on the 1
day of May 19 18

HE served in 8th Res. Bn. (Eng.)

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 29

Height 5'5"

Complexion Dark

Eyes Brown

Hair Black

Signature of Soldier.

Date of Discharge

AUG 26 1919

TORONTO

Marks or Scars

Face. 1 left.

Issuing Officer.

For O.C. No. 2 District Depot.

Rank

Date AUG 26 1919 19

NB.- 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.

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Leryberg Christian Name HenryExamined { on 19th day of June, 1916
at Toronto, OntBirthplace { City or Town Hamilton, Ont
County CanadaApparent age 26 yrs 3 mosTrade or occupation SteamfitterHeight 5 Feet 4½ Inches.Weight 134 Lbs.Chest measurement { Minimum 33 inches.
Maximum expansion 36 inches.Physical development GoodSmall-Pox Marks nilVaccination Marks { Arm Right Left
Number 1When Vaccinated last Childhood(a) Marks indicating congenital peculiarities or
previous disease nil(b) Slight defects but not sufficient to cause rejection
nil

Approved by

Rank Recruiting Depot M.O.

Date.	Fit or Unft.	EXAMINED FOR RE-ENGAGEMENT.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	VACCINATIONS.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.
		M.O.
		M.O.

Enlisted on 19th day of June, 1916 1916 at Toronto

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>204th Batt'n</u>	<u>233007</u>		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

Surname.

Frequency

Christian Name..

Henry

[illegible]

Surname.

[illegible]

unofficial

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Lebering Christian name H.
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....
3. Consecutive number on schedule of men reporting for service (if he appears on it)
4. Address (including street and number, if any).....

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the.....day of.....1917, by the undersigned medical board sitting at.....

5. Age as stated 30 Years.....Months.....
6. Apparent age.....Years.....Months.....
7. Height.....Feet.....Inches.....
8. Weight.....Pounds.....
9. Chest measurement { Minimum.....Ins. Maximum.....Ins.
10. Complexion.....{ Eyes.....Hair.....
11. Physical development.....{ Good Fair Poor
12. Smallpox marks.....
13. Number of vaccination marks { Right arm.....Left arm.....
14. When vaccinated last.....
15. Distinctive marks and marks indicating congenital peculiarities or previous disease.....

16. Slight defects but not sufficient to cause rejection.....
- The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis (Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category

17. (a) Vision R.....L.....(b) Hearing. R.....L.....

.....President.

Member.			Member.		
Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined.....day of.....191.....at.....

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>Dep't Bn 2. C. & Regt.</u>			
Transferred to.....	<u>3105880</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

N. B.—This sheet is 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.

Signature of Man

Surname..

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 Hosp.											
Montreal		13	7	18	17	7	18	Suspected contact meningitis	4	To Unit 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100	J. A. D. P. H. L. G. P.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

TERRYBERRY H.

REGIMENT

0 Wing CCC

RANK

Pte.

No.

3108880

Date of Examination in England

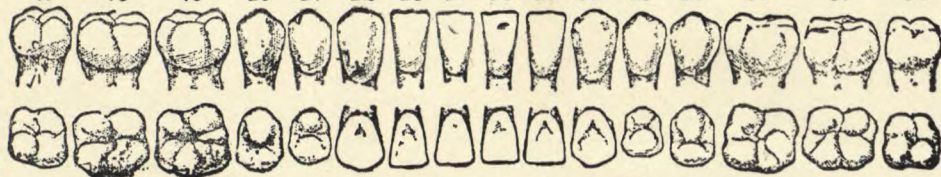
6/7/19

Date of Examination in France

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16



17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32



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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS

8. 10. 13.

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

Signature of Dental Officer

[Handwritten Signature]

CASE HISTORY SHEET.

Isolation Hospital. Spokane Station.
No. 3108880 Rank. Pvt. Name. Deberry, W. Age. 30
Unit. Ind Corp Completed years of service 24 } Where and how long }
Date of admission. 13/12/18 Date of discharge. 12/2/18
Diagnosis. Suspected Contact Place of origin. En Route to Spokane
Transmitted

CONDITION ON ADMISSION AND PROGRESS OF CASE

h. a. d.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

neg

TREATMENT

(Especially any specific or special form.)

nil

CONDITION ON DISCHARGE

(and disposal made of case.)

fit to rejoin

Date. 12/2/18

[Signature]
Medical Officer /c case.

CASE HISTORY SHEET

LAST NAME

INITIAL

DATE OF BIRTH

DATE

NAME

ROOM

EYE EAR NOSE AND THROAT CLINIC.



Witley Camp. Surrey.....1919

Reg't No. 3108880 Rank Pt Name Surryberry
Unit P.C. Wing

WITHOUT GLASSES

WITH GLASSES (as per prescription below)

SPE

CYL

AXIS

Visual Acuity Rt 6/18 with

Visual Acuity Lt 6/16 with

Category Recommended is; - A.

Glasses not ordered

Original Disease or Injury Myopia

Date of Origin Adolescence

Place of Origin

Cause

Present Disability Defective Vision

Remarks.

Condition was present previous to enlistment and has not been caused by service. Has not been aggravated by service.

FOR LONG BOARD

FOR SHORT BOARD.

J.P. Brammer

Capt. C.A.M.C.
Eye and Ear Specialist
Witley Camp. Surrey.

Handwritten notes at the top of the page, including the number 110 and some illegible text.

6/10

11/10

Handwritten notes in the middle section, including the letter A and some illegible text.

Handwritten notes in the lower middle section, including the word "Hypocrite" and some illegible text.

other

Handwritten notes at the bottom of the page, including the word "Hypocrite" and some illegible text.

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

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

500M.—9.

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps.

1st DEPOT BN., 2nd C. O. R.

Regimental No.

Rank.

Name.

Enlisted (a)

Terms of Service (a)

Service reckons from (a)

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)

Steam-fitter.

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				
18.7.18, D, O. 2.		Transferred to From 1st Depot Batt'n, 2nd C. O. R.	Niagara/Lake	JUL 12 1918	
		EmBarked Montreal		JUL 13 1918	
		Disembarked		JUL 18 1918	
		Pr EmBarked HALIFAX		AUG 3 - 1918	
		Disembarked	Liverpool	16/8/18.	"Barnarvonshis"
16-9-18	8th Res. Bn.	Taken on Strength 8th Res. Bn.	Witley	16.8.18	D. O., Pt. 2# 259
31-3-19	8th Res. B. O. S.	to 2nd C. O. R. D.	Witley	31-3-19	D. O. #90.
1-4-19	"C" Wing	Attached from 2nd Regt. Depot	Witley	1-4-19	D. O. #1.

(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.

I.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				
19.4.19	O Wing	Ceases to be attached from 2nd Regt Depot on being T O S	Witley	16.4.19	DO#11
	"O" WING	S.O.S., O.M.F.C. ON PROCEEDING TO CANADA	WITLEY		D.O. PT. 2 No.
					<i>Alley</i> Lieut., OFFICER, I/c RECORDS, "O" Wing C.C.C.
AUG 13 1919	O.S.	T.O.S. No. 2 DISTRICT DEPOT, TORONTO	1919	PART II D.	241
AUG 26 1919	S.O.S.	(DISCHARGED FROM H.M.S.) No. 2 DIS. DEPOT, PART II D.			241
					<i>W.C. Roberts</i> Lieut. For O. C. No. 2 District Depot

Rank **78th Det 1st Bn 2nd Coy** Name **Terryberry Harry** Reg'l No. **3108880**
 Unit **78th Det 1st Bn 2nd Coy** If in perm Corps, }
 What Unit? } **Married or Single** **Single**
 Place and Date of Enlistment **Hamilton, Ont May 1st 1918** Place of Birth **Hamilton, Ont, Canada**
 Name and Address, Next-of-Kin **Jessie Terryberry**
King St. West, near Marklin St. Hamilton, Ont Canada Relationship **Mother**
 Assigned Pay Monthly \$ Payable to

Relationship
 Separation Allowance \$ Payable to
 Relationship

174
 H/E. R.B. No. **178**
 File R.L.
 Category **O. B. Can**

Discharge, Date and Place Reason Character
 H. W. & V., Ltd.—9546-16.

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.				
2ND CEN. ONT. REGT					
16.9.18	8 Res Bn	Arrived in England. Taken on strength	Witley.	16.8.18	DO 259.
25.4.19	2 BORD.	LOS from 8 Res + On Comd.	Pipon Pl	31.3.19	DO 93
19.4.19	O Wing	to "O" Wing. Ceases to be attached on being LOS from 2nd BORD	Witley Pl	16.4.19	DO 11
13.8.19	O Wing.	S.O.S to C.F.E. Canada SL 106 106-5-29 Sailing	" "	13.8.19	DO 101 13-8-19

Strike out whichever inapplicable.

ASSIGNED PAY.						ENGLAND OR CANADA.											
EFFECTIVE DATE:-						SEPARATION ALLOWANCE.											
AMOUNT:-																	
NAME, ADDRESS, RELATIONSHIP & AUTHORITY						PARTICULARS OF RANK OR APPOINTMENT											
<p>Mrs Jessie Terryberry (Mother)</p> <p>King St W. near MacKlin St.</p> <p>Hamilton Ont.</p> <p>Miss Jessie Terryberry (Sister)</p> <p>138 Amelia Street</p> <p>A2M Toronto Ont.</p> <p>Stopped Eff. 1-8-19.</p>						AUTHORITY			DATE EFFECTIVE			RANK OR APPOINTMENT					
						L.P.C. from Canada			1-8-18.			Pte.					
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS						UNIT AND TRANSFERS											
						ORIGINAL UNIT - Draft No. 78 1/2 C.O.R.											
						DATE ACCOUNT FIRST OPENED:- 1-8-18.											
						AUTHORITY			DATE EFFECTIVE			DATE LEDGER SHEET T.S.F.D.			UNIT TRANSFERRED TO		
															H.E. Cochrane.		
DAILY RATES OF PAY AND ALLOWANCES																	
AUTHORITY			PAY			P.A.			SUB'SCE ALL'CE								
L.P.C. from Canada			1-			10											
						LPB Bal. Lt. \$7.11											
PARTICULARS OF RENDERING NON-EFFECTIVE:- Trans. to Canada 1/8/19. N.R. 11303. 1/7/19. Owing Witley MD 2																	
MONTH						CR. 1 CR. 2		PARTICULARS		DR. 1 DR. 2		DR. 3 DR. 4		BALANCE DEFERRED SEPARATION			
July 31 Bal. from Canada														36.53			
Sept Pte Pay Aug 34.10						34.10		A Pay				20					
Sept " Sept 33.00						33.00		✓ AR 3956 22/8 Frensham		487							
								✓ L746 31/8 Sles		487							
								✓ 4955 26/8 ✓		487				49.02	(Acct agreed 14/11)		
						67.10				14.61		10					
Oct						34.10		al				20		63.12			
								✓ 5290 10.10.18 ✓		487				58.25			
								✓ 5933 28/10 ✓		487				53.38			
						34.10				9.74		20					
Nov						33		al				20		94.58			
								✓ 6320 14/11 ✓		487							
								GRHOOS 599. 28/10 ✓		117							
								AR 668 27/11 ✓		38.93							
Dec						34.10		al		40.51		20					
								✓ 7072 20/12 ✓		14.60							
Jan 19						34.10		al		59.57		20		35.01			
						101.20				59.57		60					
Feb Pte P						30.80		7484 10/1 ✓		7.30							
								AT P				20					
								7802 28/1 ✓		7.30							
								8057 12/2 ✓		4.87							
Mar PP						34.10		AT P				20					
								8241 26/2 ✓		4.87							
								8566 12/3/19 "		7.30				28.27			
						64.90				31.64		40					

32070
5070
BAC 165612
M
SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

Dispersal Area

Occupational Group

J2

1. No. 3108880

2. Rank. Pte

3. Name. Terryberry, Harry

4. Unit. "O" Wing, C.C.C.

5. Date of Discharge

AUG 26 1919

Place

TORONTO

6. Reason for Discharge Demobilization

7. Authority. No. 2 District Depot, Part II, D.O. No. 249

8. Proposed Residence after Discharge

Sub. P.O. # 54

Hamilton Ont

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. ?

Signature of Soldier.

Harry Terryberry

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

No. 2 DISTRICT DEPOT

Date

AUG 26 1919

TORONTO

Signature

(O. C. Discharging Unit.)

Harry Terryberry

LIST OF DISCHARGE DOCUMENTS

Attestation Paper, Triplicate	Medical Form W. 52
or Particulars of Record	Medical Form Y. 122
Field Conduct Sheet	Medical Form W. 122 or A.R.B. 122
Company Form	Medical Form W. 64 or A.R.B. 64
Final Pay Certificate	Medical Form W. 41
Certificate that existing documents are undestroyed	
Medical History Sheet	Medical Form H. 212 or A.R.B. 212
Proceedings of Medical Board	M.E.B. 232, A.R.B. 232 or A.R.B. 42
Final History Sheet	Medical Form H. 232
Medical Report	M.T. W. 122 or M.T. 122
Residential Conduct Sheet	Medical Form H. 242
Company Conduct Sheet	Medical Form H. 242

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), of
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 (M.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 } Statement Q.M.G. Form (D.O.S. 2),
and Clothing }
12. Last Pay Certificate (P. 351).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group

B

W. E. R.

12 AUG 1919

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. 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 Witley Camp DATE 4/7/18

1. 1 (a) Unit O wing Coe (b) Regimental No. 310555 (c) Rank 1st Lt.
(d) Surname TERRYBERRY (e) Christian name HARRY
(f) Home address King St. West Hamilton Ont.
(g) Next of Kin Mr. J. Terryberry (h) Relationship mother
(i) Address of Next of Kin same as above King St. W. Hamilton Ont.

2. Age last birthday 28 Date of birth Aug. 1890

3. Enlistment, or Appointment (if an Officer) (a) Place Witley (b) Date May 1/18

4. Personal description: end

(a) Height 5 ft. 5 in. (b) Weight 159 (c) Complexion dark
(stripped)

(d) Colour of hair black (e) Colour of eyes brown (f) Identification marks, Scars, etc.

one vaccination mark left forearm

5. Former trade or occupation Steam-fitter

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).

	PERIODS	
	From	To
Canada	<u>1 May 1918</u>	<u>13 July 1918</u>
England	<u>13 July 1918</u>	<u>5 Oct 1918</u>
France or other theatres of War		

7. Original disease, or injury

MYOPIA

(a) Date of origin adulthood (b) Place of origin unknown

(c) Cause unknown

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.)

Defective vision

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.)

Objective:— Special report - 3-7-19

V.R. = 6/12 with glasses 6/6. V.L. = 6/6

Col. A. myopia from adolescence J.P. Brennan Capt GP

~~R.D. 80 L.D. 30 M.H.S. = 9-11-17~~
a.o.

Subjective:—

rare affarant

(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..... Cardio-Vascular System..... Genito-Urinary System.....
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses..... Respiratory System..... Integumentary System.....

Disturbances of Mentality..... Digestive System..... Muscular System.....

Osseous and Joint Systems..... Any other general condition.....

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

Had defective eyesight from childhood.

M.H.S. states:— Visual Acuity R.D. 80 L.D. 30 on instatement

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

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

11.—(a) Did the disabling condition have its origin before enlistment? yes

(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.)

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (a) no (b) 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? permanent

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

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
(If not, briefly state why)

17. Recommendations.

J. E. P. Gocher, Capt. Can.
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, H. Terryberry 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.

aa

H. Terryberry Canadian Reserve Bank. Bt
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.

yes we concur.

19. Is the invalid fit for

- (a) General service,
- (b) Service abroad, not general service,
- (c) Home service (Canada only),
- (d) Temporarily unfit.
- (e) Unfit for service in Categories A, B and C

- (Category A) (Yes or No.)
- (" B) (Yes or No.)
- (" C) (Yes or No.)
- (" D) (Yes or No.)
- (" E) (Yes or No.)

yes cat. A.

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.)

A.T.C. Auth. Ag. Tel. 9083 11-11-18.

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.

PLACE Witley Camp

DATE 4-7-19

[Signature]
A. Richmond Capt.

President.

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.

PLACE.....

DATE.....

President.

Members

APPROVED BY

[Signature]
Assistant Director of Medical Services

DATE 4-7-19

APPROVED BY

HEADQUARTERS
CANADIAN CORPS CAN
4 JUL 1919
WITLEY SECT

Director-General of Medical Services.

Date of Enlistment

23-5-18

MILITIA AND DEFENCE

T 70 96

Date of Assignment

1 Aug 1918

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

20.00			
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PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank

Promoted

Reverted

Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

JESSIE TERRYBERRY, *Go Mr Henry Dorr*
 KING ST. WEST ~~HEAR~~ WACKLIN ST.,
 HAMILTON, ONT. 20 20.00
 % D3108880 PTE HARRY TERRYBERRY
 TWENTY DOLLARS

Date

Cheque
No.Amount
S/AAmount
A/P

Total

17885-71-4

REMARKS

1918
 Aug 4 39585 — 20 20
 Sept 4 42850 — 20 20
 Oct 4 48581 — 20 20
 Nov 4 57815 — 20 20

Jan 0 3752 100 100
 Jan 7 71965 20 20
 Feb 7 75864 20 20
 Mar 13 7680 20 20
 Apr 13 4606 20 20
 May 13 5632 20 20
 June 13 11213 20 20
 July 13 12720 20 20
 Aug 13 13658 20 20

Remailed 2/10/18 have 7000
 Y 39585 came 17/10/18 per traen 7436
 P 42850 came 24-10-18 c.o. 5882 und 17-10-18
 Suspend finding better address
 M. R.O. 19110 L. Susp. Rend 8-11-18 JST
 Ch 57815 came 13-11-18 per 2P 5854 noted & came 14/18
 acco 12218 Ch 0.3752 100 to adj ap from
 1-8-18 6-31-12-18 Mailed Jan 11/19
 M. R. 035376 alt & Re-int Rend 9-1-19 2

31-8-19 A/c Closed

Ret'd per

Date

Clerk

AUDITED

AUTHORITY
 FOR
 NEW ACCT.

N.R. M D 2.B.10
 29 Aug 1918
 D. P. Keelbois

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

--	--	--	--

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-617-1772 89-1141
L. L. 2320-M. & D. 7983

