

Case
773/16
H/12/16

ATTESTATION PAPER.

No. 427 620

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... Harrison Murphy
2. In what Town, Township or Parish, and in what Country were you born?..... Hythe Street England
3. What is the name of your next-of-kin?..... M. Murphy Father
4. What is the address of your next-of-kin?..... Godrea Cooks Town Tyrone
5. What is the date of your birth?..... 20th May 1886
6. What is your Trade or Calling?..... Farmer Ireland
7. Are you married?..... No
8. Are you willing to be vaccinated or re-vaccinated?..... Yes
9. Do you now belong to the Active Militia?..... No
10. Have you ever served in any Military Force?.. 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

H. Murphy.....(Signature of Man).
C. P. Grant Suttie.....(Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Harrison Murphy, 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.

..... H. Murphy.....(Signature of Recruit)
 Date 22nd August 1915 C. P. Grant Suttie.....(Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Harrison Murphy, 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.

..... H. Murphy.....(Signature of Recruit)
 Date 22nd August 1915 C. P. Grant Suttie.....(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 Halifax this 22 day of August 1915.

..... J. P. [Signature].....(Signature of Justice)
 J. P. for City and County of Halifax

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

.....(Approving Officer)

22

Description of Harrison Murphy on Enlistment.

Apparent Age.....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. 7 1/2 ins.

Mole on back of right arm.

Chest measurement { Girth when fully expanded.....36 1/2 ins.
 Range of expansion.....2 1/2 ins.

Complexion.....Fair

Eyes.....Blue

Hair.....Brown

Religious denominations. { Church of England.....Yes
 Presbyterian.....
 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.

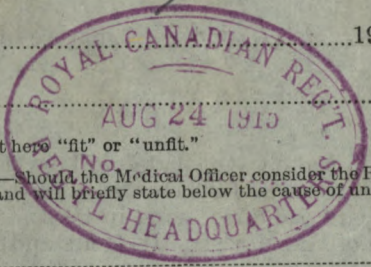
Date.....191 .

Place.....

[Signature]
 Capt. Paruc
 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.

Harrison Murphy 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.

[Signature]
 (Signature of Officer)

Date.....191 .



Wm. R. C. R.



- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

DISCHARGE DOCUMENTS



Name MURPHY HARRISON
 Regt. No. 477620 Rank Ple
 Corps P. S. R.
Killed in Action 16/9/16

R. O. No.....
 H. Q. No.....



*Cards - 1 Index Removed 12/1/18
 1 Casualty*

Doc 2 ~~11/11/18~~ 39945



*2
 48-1
 16-1
 12-2*

*Resday
 1 copy of will
 RR 149-1
 13 122-1*

*MX
 27.7.20*

MR.

Number. 477620 Rank. Pte ~~X~~

Surname. MURPHY

Christian Names. Harrison ~~X~~

Unit. R.C.R. Theatre of War. France

Dates of Service. ~~D~~

Remarks.

Latest Address. To. Mrs. E. Murphy (m)

of Miss L. Murphy

17. Kildare Terrace,
Baywater, London. W2

Page 147
Roll No. B

G. 2329 Deep

MAR 2 - 1921

G 27489 Deep 247/21

649-M-8250

W.A.C.

MURPHY, Harrison, Pte. 47620, Pte. R.C.R.
Eligible for 14-15 Star, Pte. 19 C.R.
(Mother) Mrs. E. Murphy, c/o Miss L. Murphy,
17. Kildare Lane, Darwen, Lancs.

Bayerwater, London N. 2.
England.

P & S. (Mother) Mrs. E. Murphy

Address as above.

See #799702.

Memorial Cross (Mother) Mrs. E. Murphy,

Address as above.

X 98 28
DESPATCHED
Small Dept. 1. 1922 Regn. No. 2. 33981

1922 Regn. No. 2. 33981
16705

Deep
AUG 9 1922
Regn. No. 2. 33981

84 S. 21

Qm. x Retd 1-9-20 Game, no address

214

Name **Murphy, Harrison** Rank

Pte

Reg. No. **77620**Unit **R.C.R.****M. Murphey.****R 25-M-2546**

Next of Kin

Gortria, Cookstown.**Tyrone Ireland.**Date **1916.**

Movement

Place

Casualty

List
No.Notified
N/K O.

W.O. List

16-9. Reported from Base:-**A. 204. 27-9. 01575.****27-9.****KILLED IN ACTION.**

SURNAME.

Murphy

649-M-8250

CARD NO.

D

CHRISTIAN NAMES

Harrison

FOLL.

REGL. No.

477620

RANK

Pte.

UNIT

R. C. R.

FORMER CORPS

Nil.

NEXT OF KIN.

NAMES IN FULL

Murphy, M.

RELATIONSHIP TO SOLDIER

Father

ADDRESS

Borbrea, Cookstown, Tyrone, Ire.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

England, Hythe, Kent.

DATE

May 20th 1886

PLACE OF ATTESTATION

Halifax, N. S.

DATE

Aug. 22nd 1915

*0/5. 26-8-15 204
9*

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

Not stated.

YEARS

MONTHS

HEIGHT

5

FEET

7 1/2

INCHES

CHEST MEASUREMENT

36 1/2

INCHES

EXPANSION

2 1/2

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Brown

DISTINGUISHING MARKS

mole on back R. arm.

MEDICAL EXAMINATION.

PLACE

Not stated.

DATE

Aug. 24th 1915.

Present address, not stated.

H. Q. FILE No. 649-

NAME *Murphy, Harrison*

REG'T'L. No. *477620*

RANK AND CORPS

Pte.

Royal Can. Regt.

CABLE

NO.

DATE

NATURE OF CASUALTY

NO.	DATE	NATURE OF CASUALTY
<i>D1575</i>	<i>27-9-16</i>	<i>Killed in Action Sept. 16th 1916</i>
<i>A. F. B2090A</i>	<i>Rouen</i>	<i>23-9-16 Killed in action 16-9-16.</i>

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A 204 Reported from Base 16-9-16 Killed in action

Surname

Christian Name or Names

Reg. No.

Murphy

H.

477620

Rank

Unit

Co.

Troop

Batty

Pte.

Royal. Can. Regt.

Hospital

Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Killed in Action 16.9.16.

DISPOSITION

Date

L.I. 27.9.16. # A. 104.

REMARKS

Rep from base.

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Rank *Pr* Name MURPHY, Harrison.

Reg'l No. 477620.

Unit Royal Can. Regt. If in perm. Corps, }
What Unit? }

Married or Single **Single.**

Place and Date of Enlistment Aug 22nd, 1915.

Place of Birth Hythe, Kent, Eng.

Name and Address, Next-of-Kin M. Murphy.

Gortria, Cookstown, Tyrone, Ireland.

Relationship **Father.**

Assigned Pay Monthly \$

Payable to

Relationship

N. E. R. B. 7

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

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				
2 NOV 1915	<i>l</i>	<i>Embarked for France.</i>			
<i>14-5-16</i>	<i>R.C.R.</i>	<i>Granted 9 day leave</i>	<i>In the Field</i>	<i>13-2-16</i>	<i>Pb # 20</i>
<i>23.9.16</i>	<i>R.C.R.</i>	<i>Killed in Action</i>		<i>16.9.16</i>	<i>At II 045.</i>
<i>27.9.16</i>	<i>---</i>	<i>---</i>		<i>16.9.16</i>	<i>C & R 204 ✓</i>

Rank *Pte.* Name **MURPHY, Harrison.**

Reg'l No. **477620**

Unit **Royal Can. Regt.**

If in perm. Corps,
What Unit?

Married or Single **Single**

Place and Date of Enlistment **Aug 22nd, 1915.**

Place of Birth **Hythe, Kent, Eng.**

Name and Address, Next-of-Kin **M. Murphy.**

Gertris, Cookstown, Tyrone, Ireland.

Relationship **Father.**

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place **16-9-16**

Reason **Rd in Actn**

Character **CLa204
27-9-16**



Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
1915																	
1 Sep.	30 Sep.	30	1 ⁰⁰	30 00	30	1 ⁰⁰	30 00		33 00			33 00			33 00		
1 Oct.	31 Oct.	31	"	31 00	31	"	31 00		34 10							34 10	
1 Nov.	30 Nov.	30	"	30 00	30	"	30 00		33 00	36		8 93			8 93	58 17	
1 Dec.	31 Dec.	31	"	31 00	31	"	31 00		34 10	100 10 85 1769		2 68 8 22 5 23			41 93 16 63	75 64	
1 Jan.	31 Jan.	31	"	31 00	31	"	31 00		34 10	225 269		2 62 2 62			5 24	104 50	
1 Feb.	29 Feb.	29	"	29 00	29	"	29 00		31 90	315 405		3 49 2 62			3 49	132 91	
1 Mar.	31 Mar.	31	"	31 00	31	"	31 00		34 10	449 1ek31		2 62 8 2 73			8 79 7	79 04	
				213 00			213 00		234 30			155 26			155 26	79 04	

Cash found in effects *hr*

CANADIAN ASSIGNED PAY AUDITED
Jill
Bud Rogers
AUDIT CLERK
DATE *19. 9. 16*

TRANSFERRED TO NEW LEDGER.

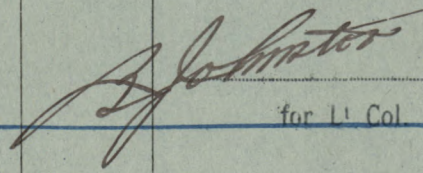
Statement of
MAR 21 1917
Account rendered

Pl Jackson
Settled

Casualty Form—Active Service.

Regiment or Corps Royal Canadian Regiment.Regimental No. 477620. Rank Pte. Name MURPHY, Harrison.Enlisted (a) 22/8/15. Terms of Service (a) For 1 year or duration of War Service reckons from (a) 22/8/15.Date of promotion } _____ Date of appointment } _____ Numerical position on } _____
to present rank } _____ to lance rank } _____ roll of N.C.Os. }

Extended _____ Re-engaged _____ Qualification (b) _____

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				
1/11/15.	O.C. Unit.	DISEMBARKED BOULOC NE 1 11 15			Nominal Roll.
29.9.16	OC. Unit.	KILLED in action.	Field	16.9.16	K.I. 137/1256, DCS. 127 and Pt. 2 Ord 45, d/23.9.16.
					 _____ Lieutenant for Lt Col. A. A. G.

(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, Shoemaking Smith, etc., etc., also special qualifications in technical Corps duties.

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				

1. I. I. I
 . I. I. I

. I. I
 I. I

Original
MEDICAL HISTORY OF *No Card* 117 E

Surname *Murphy* Christian Name *Harrison*

Examined { on *1* day of *Dec.* 191*3*
 at *Toronto*
 Birthplace { City or Town *Hythe*
 County *Kent*
 Apparent age *27*
 Trade or occupation *Farmer*
 Height *5* Feet *7 1/2* Inches
 Weight *157* Lbs.
 Chest measurement { Minimum *34* inches.
 Maximum expansion *36 1/2* inches.
 Physical Development *fair*
 Small-Pox Marks *None*
 Vaccination Marks { Arm Right Left
 Number *3* *0*
 When Vaccinated last *infancy*

Approved by
Wallace. Swift Major
Medical Officer i/c Stanley Bks.
 (Rank) _____ Medical Officer.

No 12230. Murphy. H. P. Engagement

(a) Marks indicating congenital peculiarities or previous disease _____
 (b) Slight defects but not sufficient to cause rejection _____

_____ day of _____ 191____
 *Considered _____
 (Signature) _____ Medical Officer.
 *If unfit, state disability.

Re-vaccinated on *11th* day of *December* 191*3*
 Arm *Left* Number *One*
 Result *Modified*
 (Signature) *R. Swift* Medical Officer.

Enlisted on *1st* day of *December* 191*2* at *Toronto.*

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment.	<i>X.C.K.</i>	<i>12230</i> <i>4214620</i>	<i>—</i>	<i>1-12-13.</i>
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.

Harrison

Christian Name

Murphy

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.				
Toronto, Ont.	1.12.13.						No Admission.			<i>Walter A. Surt</i> Major, A.M. Corps.	
<i>Halifax, N.S.</i>		16	3	14	16	4	14	mumps	32	Recovered.	<i>W. A. Surt</i> Major, P.A.M.C.
Bermuda	14-9-14 7-7-15							Examined and found		Fit for Field Service.	<i>W. A. Surt</i> Major, P.A.M.C.

MARRIED OR SINGLE *Single*
 PLACE OF BIRTH *Hythe, Kent, England.*
 NAME AND ADDRESS OF NEXT OF KIN *Mr. M. Murphy*
Lyrtoria, Cookstown, Tyrone, Ireland
 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>Killed in action</i>	<i>16/9/16</i>	<i>C.R. 204. 27/9/16</i>

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

REG'L No. *477620* RANK *Pte* NAME *Murphy, Harrison*

IF IN PERM. CORPS WHAT UNIT UNIT *ROYAL CAN. REGT.* TRANSFERRED TO *N.E.* DATE *17/9/16* AUTHORITY *Ch 204*

PERMANENT FORCE ALLOWANCES TRANSFERRED TO

PLACE OF ATTESTATION *Halifax N.S.* TRANSFERRED TO

DATE OF ATTESTATION *22 August 1915* TRANSFERRED TO

ASSIGNED PAY MONTHLY \$ *15.00* DATE EFFECTIVE *1-10-16* *2 M. Forms rendered 14-9-16.*

PAYABLE TO *Mrs. M. Murphy, Cookstown, Co. Tyrone, Ireland.* RELATIONSHIP *(Mother).*

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *29/9/16* EFFECTIVE *1/10/16* REASON *Killed in action* *16/9/16*

DISCHARGE DATE AND PLACE REASON AND AUTHORITY *C.R. List a 204 d/27/9/16*

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *17-9-16.*

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)



DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS												
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT															
			\$	C.			\$	C.			\$	C.																				No.	DATE	No.	DATE	No.	DATE	No.	DATE				
															234 30																												
<i>April</i>																																											
<i>1-30</i>	<i>30</i>	<i>1.00</i>	<i>30.00</i>	<i>30</i>	<i>1.0</i>	<i>3.00</i>	<i>00</i>								<i>33.00</i>	<i>46</i>												<i>5.23</i>							<i>5.23</i>	<i>106.81</i>							
<i>13/15/16</i>	<i>31</i>	<i>1.00</i>	<i>31.00</i>	<i>31</i>	<i>1.0</i>	<i>3.00</i>	<i>00</i>								<i>34.10</i>	<i>548</i>	<i>175</i>	<i>593</i>	<i>29/5</i>									<i>2.56</i>	<i>2.56</i>							<i>5.12</i>	<i>135.79</i>						
<i>1/30/16</i>	<i>30</i>	<i>1.00</i>	<i>30.00</i>	<i>30</i>	<i>1.0</i>	<i>3.00</i>	<i>00</i>								<i>33.00</i>																												
<i>1/31/16</i>	<i>31</i>	<i>1.00</i>	<i>31.00</i>	<i>31</i>	<i>1.0</i>	<i>3.10</i>	<i>00</i>								<i>34.10</i>	<i>644</i>	<i>16/6</i>	<i>694</i>	<i>3/7</i>									<i>2.56</i>	<i>2.61</i>														
<i>Aug 1-31</i>	<i>31</i>	<i>1.00</i>	<i>31.00</i>	<i>31</i>	<i>1.0</i>	<i>3.10</i>	<i>00</i>								<i>34.10</i>	<i>743</i>	<i>30/4</i>											<i>2.61</i>															
<i>Sept 1-30</i>	<i>30</i>	<i>1.00</i>	<i>30.00</i>	<i>30</i>	<i>1.0</i>	<i>3.00</i>	<i>00</i>								<i>17.60</i>	<i>798</i>	<i>30/4</i>											<i>2.61</i>															
<i>Oct</i>	<i>—</i>			<i>—</i>											<i>—</i>	<i>848</i>	<i>2/8</i>	<i>862</i>	<i>2/9</i>									<i>2.62</i>	<i>2.62</i>														

Checked *M. Jackson*

N.E. Branch

Bal on left to N.E. Branch

Cash found in effects *PK*

Statement of
MAR 21 1917
Account rendered

CANADIAN ASSIGNED PAY AUDITED
 OK
 53
 AUDIT CLERK
 DATE *19-5-19*

238.96 = 666456 - full 20/6/17.

Killed in action 16/9/16 Ch 204. 27/9/16. Stop payment head. 29/9/16. Eff. 1/10/16. To N.E. Branch 17/9/16.

FORM OF WILL.

I, Harrison Murphy (Name in full)
Regimental Number 77620 serving in Royal Canadian Reg
of the Canadian Expeditionary Force, do hereby revoke all former Will
by me made and declare this to be my last Will.

I bequeath all my real estate unto

Moore Murphy } Name & Address
Cookstown } of person or
Ireland } persons to whom
it is to go.

absolutely, and my personal estate I bequeath to

Moore Murphy } Name & Address
Cookstown } of person or
Ireland } persons to receive
personal estate*
(see note).

In Witness whereof I have hereunto set my hand
this 14th day of October A.D. 1915.

Harrison Murphy Pte R.C.R. 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 William George Gibson

Address of Witness D. Coy R.C.R.

Occupation of Witness Soldier

Name of Witness Cpl B. Thompson

Address of Witness R.C.R.

Occupation of Witness Soldier

49

5858

**MILITIA AND DEFENCE
ASSIGNED PAY.**

Ref. No. 27592

To whom Mrs. M. Murphy, (Mother)

By whom assigned Murphy, Harrison.

Address Cookstown, Co. Tyrone,
Ireland.

Regtl. No. 477620

Rank Pte.

Corps, &c. R.C.R.

Rate \$15.00

Date to Commence 1st October 1916

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Pay Sheet Deduction.	REMARKS.
Jan.	1916				
Feb.					
Mar.					
April					
May					
June					
July					
Aug.					
Sept					
Oct.					
Nov.					
Dec.					
Jan.	1917				
Feb.					
Mar.					
April					
May					
June					
July					
Aug.					

nilPayment Stopped
A. & M. Form.*30/9/16**killed in
action***FILE**

ASSIGNED PAY.

By whom assigned

Regtl. No.

Month.	Year.	Cheque No.	Amount.	Pay Sheet.	REMARKS.
Sept.	1917				
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
Maroh					
Aprll					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1919				
Feb.					
March					