ATTESTATION PAPER.

No. 703818

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

| QUESTIONS TO BE PUT | BEFORE ATTESTATION. (ANSWERS.) |
|--|---|
| 1. What is your surname? | Kirby |
| | William Patrick |
| 1b. What is your present address? | Nelson B.C. |
| | St. John Newfoundland |
| | Mrs Jno.Kirby |
| | 55 Braddel Sq.St. John Newfoundland |
| 4a. What is the relationship of your next-of-kin?. | Mother |
| | April 22nd 1877 |
| 6. What is your Trade or Calling? | Cooper. |
| | No |
| 8. Are you willing to be vaccinated or re- | |
| 8. Are you winning to be vaccinated or re- | Yes |
| | |
| | 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 |
| W I | (Signature of Recruit) C. Whyte (Signature of Witness) |
| DateDecember 250 1515 | (Signature of Withess) |
| | Y MAN ON ATTESTATION. |
| in duty bound honestly and faithfully delend fils h | the Fifth, His Heirs and Successors, and that I will as Majesty, His Heirs and Successors, in Person, Crown and obey all orders of His Majesty, His Heirs and Successors, to help me God. (Signature of Recruit) |
| Date December 2nd 1915 . | (Signature of Witness) |
| CERTIFICATE | OF MAGISTRATE. |
| questions he would be liable to be punished as prov The above questions were then read to the F I have taken care that he understands each duly entered as replied to, and the said Recruit h | Recruit in my presence. question, and that his answer to each question has been has made and signed the declaration and taken the oath |
| before me, at this this. | And of Assertice 1915. (Signature of Justice) |
| M. F. W. 23. 200 M.—11-15. | / Sm. |

| | arent Age38years8months. | Distinctive marks, and marks indicating congenital |
|----------------------------|--|--|
| | determined according to the instructions given in the Regu- ions for Army Medical Services.) | 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). |
| _ | 5 . 0. | A second of the second states of the second |
| Heig | ht 5 ft 9 ins. | Land to the state of the state |
| Chest measure- ment. | Girth when fully expanded. 42 ins. | The said of the Department of the said of the |
| nea n | Range of expansion 41/2 ins. | and the state of t |
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| | Other denominations (Denomination to be stated.) | of \$100 YEAR CONDITIONS AND |
| | CERTIFICATE OF MEI | DICAL EXAMINATION |
| o create projek | jection specified in the Regulations for Army Med He can see at the required distance with eith use of his joints and limbs, and he declares that | nd find that he does not present any of the caused dical Services. her eye; his heart and lungs are healthy; he has the he is not subject to fits of any description. |
| o create projek | I have examined the above-named Recruit a jection specified in the Regulations for Army Med He can see at the required distance with eith | nd find that he does not present any of the cause dical Services. her eye; his heart and lungs are healthy; he has the he is not subject to fits of any description. |
| ree | I have examined the above-named Recruit a jection specified in the Regulations for Army Med He can see at the required distance with eithuse of his joints and limbs, and he declares that | nd find that he does not present any of the caused dical Services. her eye; his heart and lungs are healthy; he has the he is not subject to fits of any description. |
| ree Date | I have examined the above-named Recruit a jection specified in the Regulations for Army Med He can see at the required distance with eithuse of his joints and limbs, and he declares that I consider him* Fit for the Car | nd find that he does not present any of the causes dical Services. her eye; his heart and lungs are healthy; he has the he is not subject to fits of any description. nadian Over-Seas Expeditionary Force. |
| ree Date | I have examined the above-named Recruit a jection specified in the Regulations for Army Mediate of his joints and limbs, and he declares that I consider him* Fit | nd find that he does not present any of the caused dical Services. Her eye; his heart and lungs are healthy; he has the he is not subject to fits of any description. Inadian Over-Seas Expeditionary Force. Medical Officer. |
| ree Date | I have examined the above-named Recruit a jection specified in the Regulations for Army Mediate of his joints and limbs, and he declares that I consider him* Fit | nd find that he does not present any of the causes dical Services. her eye; his heart and lungs are healthy; he has the he is not subject to fits of any description. nadian Over-Seas Expeditionary Force. |
| ree Date | I have examined the above-named Recruit a jection specified in the Regulations for Army Med. He can see at the required distance with eith use of his joints and limbs, and he declares that I consider him* Fit for the Ca. December 2nd 191 5 Nelson B.C. *Insert here "fit" or "unfit.' Note.—Should the Medical Officer consider the Recruit unfit, I ttested, and will briefly state below the cause of unfitness:— | nd find that he does not present any of the caused dical Services. Her eye; his heart and lungs are healthy; he has the he is not subject to fits of any description. Inadian Over-Seas Expeditionary Force. Medical Officer. |
| ree Date | I have examined the above-named Recruit a jection specified in the Regulations for Army Medical Company of the Carmy Medical Company of the Recruit unfit, and will briefly state below the cause of unfitness:— | nd find that he does not present any of the caused dical Services. her eye; his heart and lungs are healthy; he has the he is not subject to fits of any description. nadian Over-Seas Expeditionary Force. Medical Officer. he will fill in the foregoing Certificate only in the case of those who have |
| Place | I have examined the above-named Recruit a jection specified in the Regulations for Army Med. He can see at the required distance with eith use of his joints and limbs, and he declares that I consider him* Fit | nd find that he does not present any of the cause dical Services. her eye; his heart and lungs are healthy; he has the he is not subject to fits of any description. nadian Over-Seas Expeditionary Force. Medical Officer. he will fill in the foregoing Certificate only in the case of those who hav |
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| Place | I have examined the above-named Recruit a jection specified in the Regulations for Army Med. He can see at the required distance with eithuse of his joints and limbs, and he declares that I consider him* Fit for the Ca. | nd find that he does not present any of the cause dical Services. her eye; his heart and lungs are healthy; he has the is not subject to fits of any description. nadian Over-Seas Expeditionary Force. Medical Officer. he will fill in the foregoing Certificate only in the case of those who have the company of the case of those who have the company of the case of those who have the company of the cause o |

.....(Signature of Officer)

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No. 703818, RANK Pte.

NAME Kriby W. P.

T.O.S.1-2-16 (20.66-) UNIT 102 nd. Battalion 6, 8, F.

M. D. //.

| PAID | PAID | SIG. OR | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | | |
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| FROM | то | REC'T | PARTICULARS | AUTHORITY | |
| 1916 | 1916. | | | | |
| gen. / | Mar. 31. april 16 | U | | | |
| april 1 | april 16 | V | Dischad 16-4-16. Med. Un | lit b.o. H | |
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| | | | a/c closed by fayment | | |



MEDICAL HISTORY SHEET. ORIGINAL

| Surname K | irby | Chri | istian | Name | William Patrick |
|--------------------------------------|---------------------|----------------|----------|-----------------|---------------------------------|
| at | day of Des | 6 | Appr | | (v. E. Borden. |
| Birthplace County | n St John Newfor | undland | | | per JOH M.O |
| Apparent age | 38 ms. 83 | mos. | Date | Fit or Unfit | Examined for Re-engagement, |
| Trade or occupation | | | | | |
| Height | | | | | M.o. |
| Weight /75 | | | | - | M.O. |
| (Mi | | | | - | M.O. |
| Chest measurement { | ximum expansion | 4.2 inches. | | | м.о. |
| Physical development | good | | | | М.о. |
| Small-Pox Marks | voue | | Light ? | | M.O. |
| TT | m Right. | | Date | Result | VACCINATIONS. |
| (Nu | mber A | 0 | | | |
| When Vaccinated last | 1914. | | | | M.O. |
| (a) Marks indicating c | | es or previous | | - | M.O. |
| disease | ue | | | | |
| (I) Slight Joseph Lat | | | Date | Result | ANTI-TYPHOID INOCULATIONS, ETC. |
| (b) Slight defects but | | use rejection | - A | | M.O. |
| 70000 | <u> </u> | | 1.00 | | M.O. |
| | | | | | M.O. |
| m | X | 1 | | 5 | Of a |
| Enlisted on Z do | y of Secue | ehr | 191 | Sat / | alson. |
| | Corps. | REGT'L NUMBE | R. | HABITS. | DATE. |
| Joined on enlistment Transferred to | J. | | | | |
| EXAM | IINED OR DISC | CHARGED | BY A | MEDIC | CAL BOARD. |
| STATION. | DATE. | I | 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.

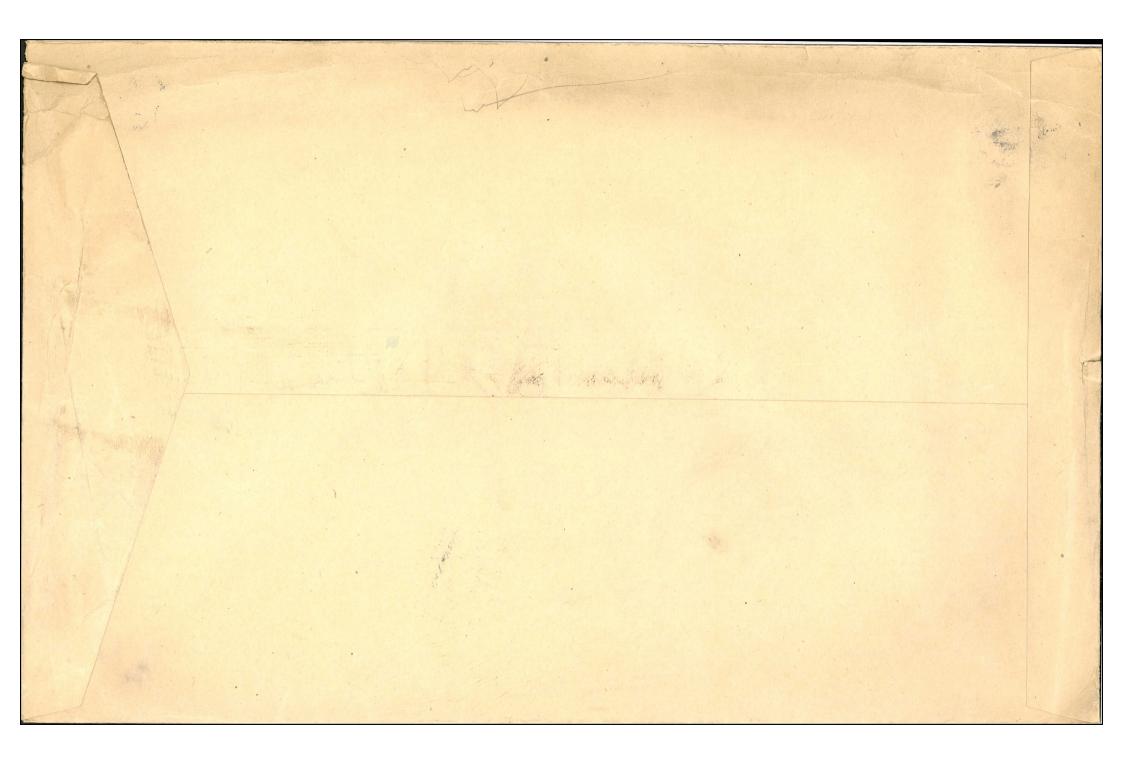
Surname Kirby Christian Name William Pahiek STATION Date of Arrival at the Station. Day Admission into Hospital. Month Year DATES OF Day Month Year Discharge from Hospital. Number of days in Hospital. Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In veneral 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. of Medical Officer. Signature

| State A | 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 |
| . 4 | 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 2 Sent to B. G.C. 11-3-18. |
| | Proceedings of Regt. Court Martial |
| | Copies of Convictions by Civil Power |
| | Company Conduct Sheet |
| | Clothing Transfer Certificate |
| | Inventory of Kit |
| | Last Pay Certificate |
| | 1/2 |

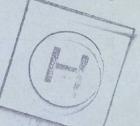
| DISCHARGE DOCUMENTS |
|-----------------------------|
| Name Kirby William, Potrice |
| Regt. No. 138/8 Rank Pt. |
| Corps / 12 nd Batt- |
| S. R. 40. 111 A. Par. 392 |
| |
| (0)7 |
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10628





Proceedings on Discharge.



(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

| No. 7038/8 | | | | |
|--|--|--|--|--|
| Rank Juvali | | | | |
| Name Nore—The name must agree strictly with the on enlistment unless changed subsequently by authority. | | | | |
| Corps (Squadron, Battery or Company) 102 nd Ballakin CE7 | | | | |
| Date of Discharge 16.4.16. | | | | |
| Place of Discharge & mmBe. | | | | |
| 1. DESCRIPTION AT THE TIME OF DISCHARGE. | | | | |
| Age J S years J Months. Height feet J inches. Complexion Awak. Eyes Awak grey. Hair A Juck. Trade Foresidence of residence (To be given as fully as practicable.) | | | | |
| 2. The above-named man is discharged in consequence of | | | | |
| K.R.& O. III A. Par 392 Not likely to become an efficient soldier. Recruit rejected by both Medical and Approving Officers., as being medically unfit. | | | | |
| N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted. | | | | |
| 3. Conduct and character while in the service have been, according to the records, etc. N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company: 4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) | | | | |
| To be in the handwrit will himself ma certificate and i contilicate and i | | | | |

M. F. B. 218.

25m.—11-15,
H. Q. 1772-39-113.

(OVER)

| 5. He is in possession of the following number of G. C. Badges: | |
|--|------------|
| | |
| | |
| Warden and G. C. Friedrich and G. Frie | |
| No reference to G. C. Badges is to be made on either the discharge or character certificate. | |
| 6. Medals and Decorations | |
| 7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadr or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations. | ron ith |
| (Place) Concorc: Bhorenof may | n |
| (Date) 16. April 1916. Commanding, 102nd (Comox-Atilin) Register. G. S. | |
| 8. Certificate to be signed by the Soldier on Discharge | |
| I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, to the present date, subject to the reservations of the claims noted on the third page. | up |
| (Place) WP KWW (Signature of Soldie | r.) |
| (Date) 15 / 1/2 Jakure of Witnes | |
| When a soldier is absent through illness or any other cause and it is not desirable to forward the proceedings to him for signature, a manuscript copy should be sent for the man to sign, and wh returned, should be attached here. | ien |
| 9. Additional Certificate in the case of a Soldier who takes his discharge on his own request. | |
| I hereby declare that I do of my own free will request to be discharged from His Majesty's Service | ce. |
| (Signature of Soldier | r.) |
| 10. Statement of Service, | |
| $Service\ toward\ Engagement\ to(the\ date\ to\ which\ the\ Record\ of\ Service\ is\ completed)yearsd$ $Totalyearsd$ | |
| 11. Confirmation of Discharge. | |
| The discharge of the shave named man is hereby confirmed | |
| (Place) Emax Be Common graph | |
| (Signature 9.6., 102nd (Comox-Atlin) Battn., U.S.F. | 2 |

Reservati

(To be signed by the soldier. When t

No 7038/8. Fle has returne issue made

| Badges: | Reservations referred to at Para. 8. |
|--|--|
| | (To be signed by the goldier. When there are none it is to be so stated, and signed by the goldier.) |
| | (To be signed by the soldier. When there are none, it is to be so stated and signed by the soldier.) No 7038/8. The William Fatruck hirly has returned to the store all issue made to him. |
| the discharge or character certificate. | ice made to him. |
| To be copied by the Command- ling Officer on to the parchment | JAHindle 6. The Base |
| Officer Commanding his Company. (Squadron atters brought before me in accordance with | |
| Bhornop major | |
| mmanding . 102nd (Comox-Atilin) Ratta G. S. F. | nations of the second s |
| Soldier on Discharge | |
| ances and Clothing, and all just demands, up he claims noted on the third page. | |
| (Signature of Soldier.) | |
| faluer (Signature of Witness.) | |
| cause and it is not desirable to forward these should be sent for the man to sign, and when | |
| oldier who takes his discharge quest. | |
| to be discharged from His Majesty's Service. | |
| (Signature of Soldier.) | |
| ervice, | |
| Record of Service is completed)yearsdays. | |
| Totalyearsdays. | |
| Discharge. | |
| ned. The property of the prop | |
| | (OVER) |

R.O. 14-7-16

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.

Squadron Battery Conduct Sheet, "B. 263a.

Copies of Convictions, by C. P. in MS.

Med. Hist. Sheet, Militia Form B. 313

Medical Report for Invalid* "B. 227.

Statement of Man's Account on Transfer and Last Pay Certificate, D. 877.

*Only if discharged "Medically unfit."

Attestation Paper, Militia Form B. 235.

Proceedings on Discharge

B. 218.

In the case of recruits who are rejected on final approval, the discharge documents will consist of

- (a) Proceedings on Discharge.
- (b) Attestation.
- (c) Medical History Sheet (in the event of such having been prepared.)

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.