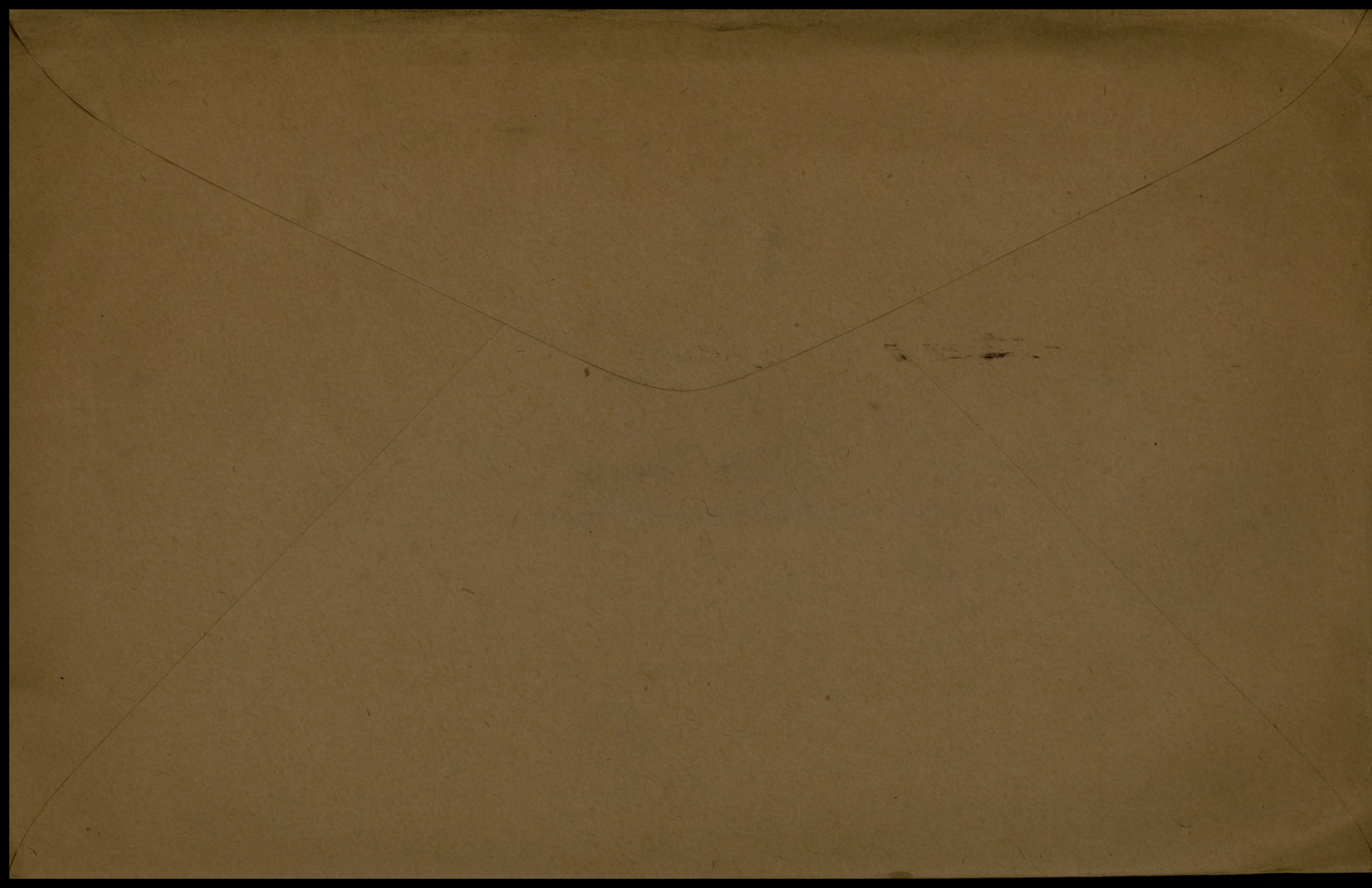






232nd BATTALION C.E.F.
ORDERLY ROOM
ATTESTATION PAPER.

11 JUL 1916
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Original
No. 1018579

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

1. What is your surname? Ashdown
- 1a. What are your Christian names? Arthur Allen
- 1b. What is your present address? Asquith, Sask.
2. In what Town, Township or Parish, and in what Country were you born? Burk's Falls, Ont.
3. What is the name of your next-of-kin? William George Ashdown
4. What is the address of your next-of-kin? Asquith, Sask.
- 4a. What is the relationship of your next-of-kin? Father
5. What is the date of your birth? 1st. March, 1898.
6. What is your Trade or Calling? Farm Laborer
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? 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, Arthur Allen Ashdown, 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.

Arthur A Ashdown (Signature of Recruit)
Date 7th. July 191 6 C. S. Wayson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Arthur Allen Ashdown, 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.

Arthur A Ashdown (Signature of Recruit)
Date 7th. July 191 6 C. S. Wayson (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 Saskatoon, Sask. this 7th. day of July. 191 6
J. S. Jones (Signature of Justice)

Description of Arthur Allen Ashdown on Enlistment.

Apparent Age.....18.....years.....4.....months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height.....5.....ft.....11½.....ins.

Chest measurement. { Girth when fully expanded.....38½.....ins.
Range of expansion.....3½.....ins.

Complexion.....Fair.....

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

Hair.....Fair.....

Religious denominations { Church of England.....
Presbyterian.....
Methodist.....
Baptist or Congregationalist.....Baptist.....
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).

Left thumb off;
Scar below right knee

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.....7th. July,.....1916.....

Place.....Saskatoon, Sask......

J. R. Chapman
Lieut. Col.
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.

Arthur Allen Ashdown.....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.

R. H. Hume.....(Signature of Officer)
Date.....7th July.....1916.....

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Article 71, Financial Instructions C.E.F., 1914).

Regimental No. 1018579 Rank Private Name A.A. Ashdown
Corps 232nd O/S Battn who was * Discharegd
On Jany 12th 1917 1915, to

* Insert "discharged" or "transferred."

The following is a statement of the account of the above-named to date of transfer or discharge inclusive :—

DR.			CR.		
	\$	c.		\$	c.
Bal. Dr. from previous month.....			Regimental pay 12 days at \$1.....	12	
Total payments during period			Field allowance " \$.....	1	20
from Jan 1-12.....	10		Other allowances.....		
Assigned Pay			Other Credits (give particulars).....		
Other Charges (give particulars).....			Uniform deduction.....	10	
Kit shortage.....	3	84	Civilian Clothing allce.....	13	
Bal. Cr. on discharge or transfer.....	22	46	Bal. Dr. on discharge or transfer.....		
TOTAL.....	36	20	TOTAL.....	36	20

The amount shewn as Balance Cr. due on discharge or transfer has † been paid.

Monthly stoppage on account of assignment of pay is nil, and has been charged in Pay-list for month of

† Insert "been" or "not been" as case may be.

REMARKS:—

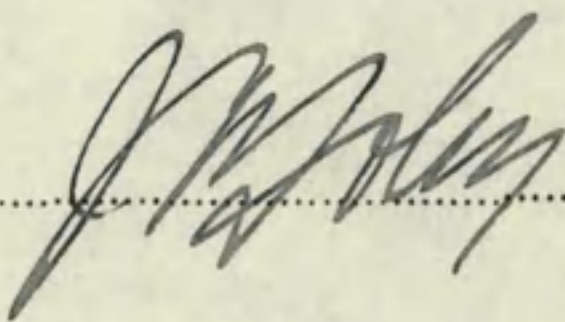
State (1) date of enlistment 7-7-17
(2) if married and if a Separation Allowance Card has been submitted
(3) cause of discharge and authority

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

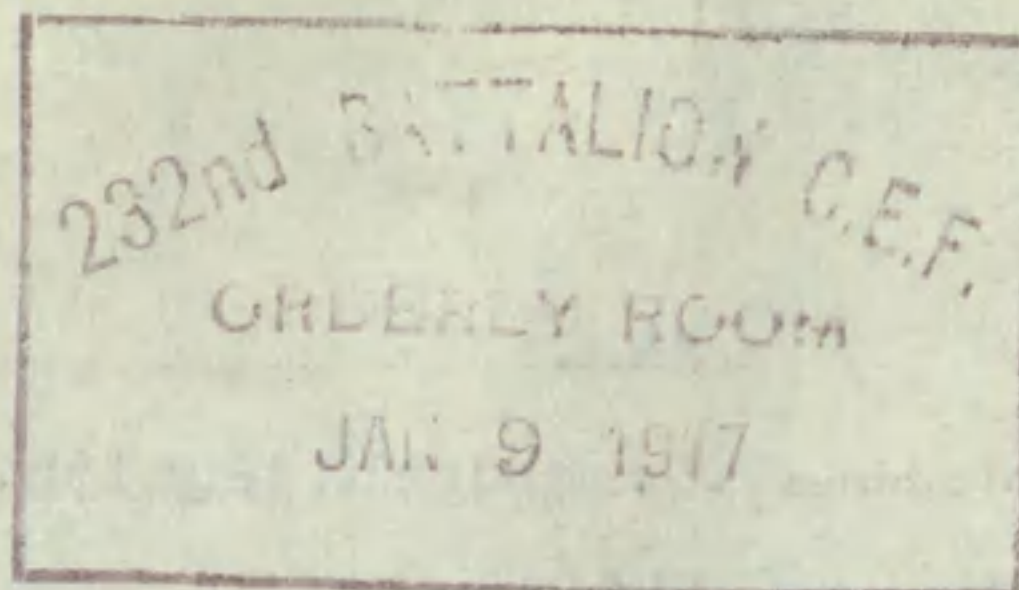
Date Jany 15th 1917

Place North Battleford, Sask.



Paymaster.

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..... **232nd Overseas Battalion.**

(2) Regimental Number..... **1018579.**

(3) Full Name of Soldier..... **Arthur Allan Ashdown.**

(4) Place of Birth..... **Burks Falls.**

..... **Ontario, Canada.**

(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?.....Yes......

If so, state name and address W.G. Ashdown. Asquith. Sask. Canada.

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

If so, state name and address Emma. Ashdown

Asquith. Sask.

(11) If your Mother is a widow.....no......

Are you her sole support, or not?.....no......

(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?.....no......

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. Laurie Lt. Col.
Officer Commanding.

Date July 7th 1916.

Number of sheets }
(in words) }

Signature of C. O. }
or Adjutant }

232nd Regiment of 78 Bn

232nd 95 *Ber* Regiment.

Joined July 9th 1916

[illegible]

Squadron, Battery and Company Conduct Sheet.

No. of Sheet 1

Regiment of 232nd Battalion Signature of O. C.
6. Company

{ Squadron
{ Battery
{ Company

Walter Leslie
Captain

REGIMENTAL NUMBER AND NAME.		ENLISTMENT.		Trade	FORMER SERVICE.	Good Conduct Badges.
No. 018579	Name. Ashdown A.A.	Age 28	years months.	Farmer		
Joined, Date	July 7 th 1916			Religion		
Re-engaged, Date						
Re-engaged, Date						
Left, Date				Baptist		
		Period of { War.				

PLACE	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
Utterford sack.				"No entry" January 13 th 1917	Walter Reschi Major	O.C. "C" Company		232 nd Overseas Battalion	
To be carried over.									

Brought forward

Original
1018579

Christian Name Arthur Allen

Approved by

Rank *First Lt M.* M.O.

M.O.

M.O.

M.O.

M.O.

M.O.

M.O.

M.O.

Date	Result	VACCINATIONS
------	--------	--------------

M.O.

M.O.

M.O.

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

M.O.

M.O.

M.O.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	232 ⁷⁵ Bn	1018579		July 7 th 1916
Transferred to.....				

STATION	DATE	DISEASE	RESULT
North Battleford	28/12/16		len pit.

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Ashdown

Christian Name Arthur Allen.

Signature of
Medical Officer

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. *232nd 9th Bn.*

Regimental No. *1018579* Rank *Private* Name *Arthur Allen Ashdown*
C. E. F.

Enlisted (a) *7/7/16* Terms of Service (a) *6. 6. F.* Service reckons from (a) *7/7/16*

Date of promotion to } Date of appointment } Numerical position on }
present rank } to lance rank } roll of N. C. Os. }

Extended. Re-engaged. Qualification (b) *From Labour*

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				
		<i>Discharged med. unfit. 12/1/17</i>			

(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.

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				

SURNAME.

CHRISTIAN NAMES

REGL. No.

UNIT

FORMER CORPS

CARD NO.

FOLL.

RANK

NEXT OF KIN.

NAMES IN FULL

RELATIONSHIP TO SOLDIER

ADDRESS

CHANGE OF ADDRESS

COUNTRY OF BIRTH

PLACE OF ATTESTATION

DATE

DATE

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Farm Labourer

RELIGION

yes
Baptist

DESCRIPTION.

APPARENT AGE

18

YEARS

4

MONTHS

HEIGHT

5.

FEET

11 1/2

INCHES

CHEST MEASUREMENT

38 1/2

INCHES

EXPANSION

3 1/2

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Fair

DISTINGUISHING MARKS

Left thumb off.

Scar

below right knee.

MEDICAL EXAMINATION.

PLACE

Saskatoon, Sask

DATE

July 7th 1916

Present address.

Asquith, Sask

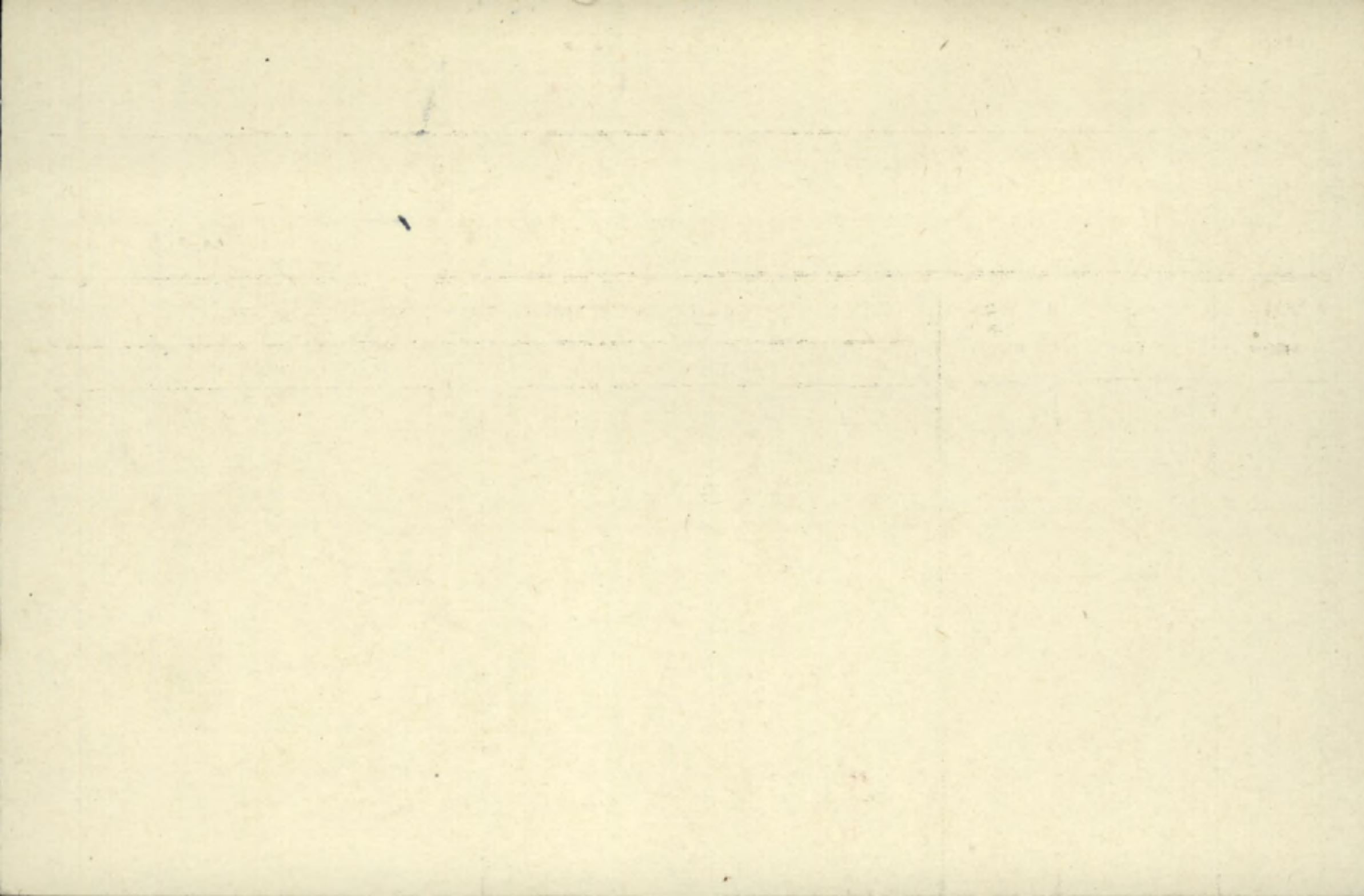
No. 1018579 RANK *Pl*

NAME *Ashdown. A. A*

T. O. S. *7-7-16* UNIT *232nd Battalion*
D.O. 93 of 10-7-16

M. D. *10*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916</i>			
<i>July 7</i>	<i>July 31</i>	<i>✓</i>		
<i>Aug.</i>		<i>N</i>		
<i>Sep.</i>		<i>N</i>		
<i>Oct.</i>		<i>✓</i>		
<i>Nov.</i>		<i>✓</i>		
<i>Dec.</i>		<i>✓</i>		
<i>1917</i>				
<i>Jan.</i>		<i>✓</i>		
			<i>Dischd. M. 4.12-1-17</i>	<i>D.O. 12 of 13-1-17</i>
			<i>acc closed by payment's</i>	



List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	
Med. Hist. Sheet, Militia Form B. 313	In the case of recruits who are rejected on final approval, the discharge documents will consist of
Medical Report for Invalid* " B. 227.	(a) Proceedings on Discharge.
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	(b) Attestation.
	(c) Medical History Sheet (in the event of such having been prepared.)

*Only if discharged "Medically unfit."

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.

This space to be for numbers.

Proceedings on Discharge.

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

No.	1018579.	
Rank	Private	
Name	Arthur Allen Ashdown	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.		
Corps (Squadron, Battery or Company)	"B" Coy 232 nd Overseas Batta	
Date of Discharge	January 12 th 1917	
Place of Discharge	North Battleford, Sask	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age.....18.....years.....9.....months.	Descriptive Marks Left thumb off. Scar below right knee. H	
Height.....5.....feet.....11 1/2.....inches.		
Complexion Fair		
Eyes Blue		
Hair Fair		
Trade Farm Laborer		
Intended place of residence Asquith		
(To be given as fully as practicable.) Sask		
2. The above-named man is discharged in consequence of being medically unfit for Active Service (Authority letter A.D.L.B. 12 clb.D. 28-A-34)		
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. Good		
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.)		

M. F. B. 218.

100m.—6-16.

H. Q. 1772-39-113

(OVER)

5. He is in possession of the following number of G. C. Badges:

None

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

None

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) North Battleford, Sask

(Date) Jan 12th 1917

W. B. H. P. Mapp
Commanding 232nd Overseas Battr

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, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) North Battleford A. A. Ashcloun (Signature of Soldier.)

(Date) Jan 12th 1917 E. A. Ashcloun (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

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.

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to..... (the date to which the Record of Service is completed)..... years..... days.

Total..... years..... days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) North Battleford

(Date) 13-1-17

W. B. H. P. Mapp
Commanding 232nd Overseas Battr

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

I hereby certify that I have no reservations whatever to make A. A. Ashcloun.

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

If admitted.		If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
Index No.	Date	From	From			

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

Date of final Medical Board or decision. }

Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.						
Station	Corps	Regimental No.	Rank	Name	Disability	Date
Hospital or Station transferred to for final disposal.						
Date of final disposal						
How finally disposed of }						
The original Report is invariably to accompany the discharge documents of Invalids.						

1. Station. North Battleford
2. Regiment or Corps. 282 Battalion
3. Regimental No. and Rank. 1018579
8. General remarks on his :—
- (a) Conduct.
- (b) Habits.

Private

4. Name. Ashdown, Arthur Allen
5. Age last Birthday. 18 (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)
6. Enlisted on 7th. July 1916
- at Saskatoon
7. Former Trade or Occupation. Laborer
- Date. 28-12-16

9. Service.	Years.	Days.
	PERIODS.	
	FROM.	TO.

10. (a) Disease or disability. Deformed arm
- (b) Date of origin. Nil
- (c) Place of origin. Nil
- (d) Cause. Nil

11. Present Condition. (Most Important).
- (To include full description of present disabling condition or conditions.)

Deformed arm

12. (a) Is the disability the result of service or climate? No
- (b) Has it been aggravated by intemperance, vice or misconduct? No

Noted 11-1-17

OPINION OF THE MEDICAL BOARD.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Does the Board concur with the preceding report? If not, give differing opinion.

The Board concurs that the disability is loss of thumb of left hand
10 Slight enlargement of heart with full compensation. Tuberculosis
of both lungs
11. That the disability pre-existed enlistment.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

No

12. Not the result of service or climate

15. Not aggravated by service

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

No

16. Lifetime

17. Will not prevent him earning a full livelihood

14. Treatment

Nil

18. Is he unfit for Military Service. Unfit for service

Recommendations :

We recommend that he be discharged

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

Yes

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

Yes

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

Not at all

18. State if for discharge on account of unfitness for Service.

Unfitness

Signatures :—

Station. Battleford

Date. 28-12-16

Date.

Approved.

Date. 23 '17

W. J. S. Millar President.

J. W. Stewart, M.D. Members.

5/1/17 C. S. M. Major
Asst. Director of Medical Services.

D. J. M. Gray Capt
Director-General of Medical Services.

J. D. Jackson M.D. Captain M.C.
No 232 Battalion

Medical Officer by whom the case is brought forward.