

ATTESTATION PAPER.

No. 3091390

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... **WELSH**
- 1a. What are your Christian names?..... **Frank**
- 1b. What is your present address?..... **38th North 11th. Street. Phila. USA.**
- 2. In what Town, Township or Parish, and in what Country were you born?..... **Prince Edward Island.**
- 3. What is the name of your next-of kin?..... **George WELSH Clara**
- 4. What is the address of your next-of-kin?..... **2005 South Wernock. St. Phila. USA.**
- 4a. What is the relationship of your next-of-kin?..... **Sister**
- 5. What is the date of your birth?..... **September 3rd. 1897.**
- 6. What is your Trade or Calling?..... **Driver**
- 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** ~~xxxx~~ **7 W**
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 } **Yes**
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. **No**
- 14. If so, what was the nature of the disability?..... **Not Applicable**
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?..... **No**
- 16. If so, what was the reason?..... **Not Applicable**

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, **WELSH Frank**, 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.

Frank Welsh (Signature of Recruit)

Date **September 4th.** 191 **8.** **G. Beattie** (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **WELSH Frank**, 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.

Frank Welsh (Signature of Recruit)

Date **September 4th.** 191 **8.** **G. Beattie** (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 **Montreal, Que.** this **4th.** day of **September 1918.** 191

[Signature] **Capt.** (Signature of Justice)

Description of WELSH Frank on Enlistment.

Apparent Age 21 years 0 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. 4 1/2 ins.

Chest measurement { Girth when fully expanded 35 ins.
Range of expansion 3 ins.

Complexion Fair

Eyes Blue

Hair Fair

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

R.V. 30
L.V. 30

Heorngok

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 5/19/18 191 8

Category 2

Place Montreal M.E.

Dr. R. R. Cook
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:—

*Frank Welsh
5/19/18
Montreal M.E.
2nd Lieut 1st Depot Bn. 1st Quebec Regt.*

CERTIFICATE OF OFFICER COMMANDING UNIT.

WELSH Frank 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. W. McKeown

M. (Signature of Officer)

for O.C. 1st Depot Bn. 1st Quebec Regiment.

Date September 4th. 191 8.

REGIMENTAL DOCUMENTS

21/0/19

58

NAME **WELSH**

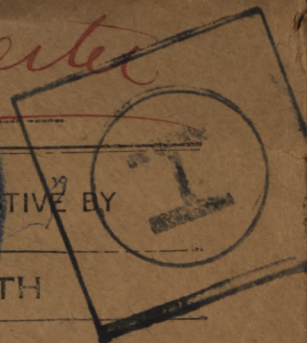
FRAHK

REGT. NO. **3091390**

UNIT **4th Bn. VSB**

H. Q. FILE NO.

Deserter



3

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

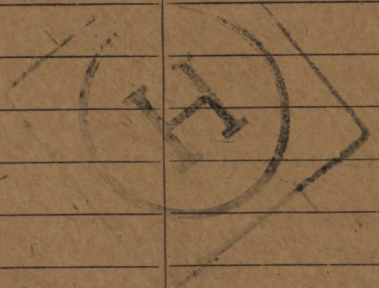
Category

DESERTION

Deserter



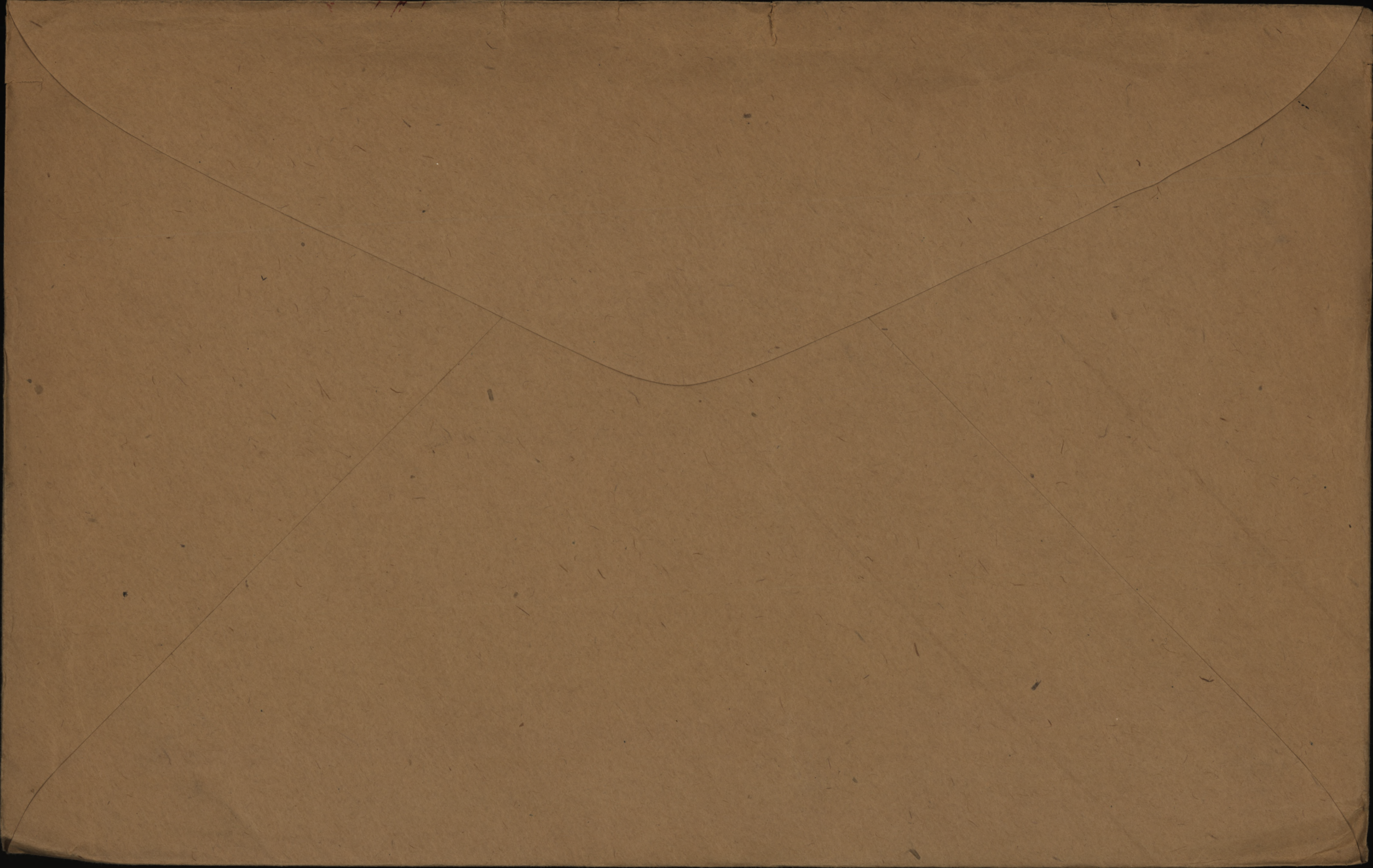
13805



48395

- 2 ATTESTATION PAPER (M.F.W. 23, 133, or 51)
- 1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
- 1 TRAINING HISTORY SHEET (M.F.W. 113)
- 1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)
- REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)
- COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)
- 1 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)
- 1 DENTAL HISTORY SHEET (M.F.B. 465)
- MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)
- MEDICAL EXAMINATION (M.F.W. 129)
- 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)
- 1 DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)
- 2 LAST PAY CERTIFICATE (M.F.W. 44)
- PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)
- PARTICULARS OF CHARACTER (A.F.W. 3226)
- COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

1 MFW 82
1 MFW 71



1st DEPOT BN. 1st QUEBEC REG'T.

M. F. W. 71-500M.-5 18.
1772-30-961.

NAME **WELSH Frank (Born Prince Edward Island)**

REGIMENTAL NO:

3091390

ENLISTED AT

Montreal Que

PROMOTIONS, &c.
AND DATE

DATE

September 4th/18 (Occupation Driver)

IF SERVED PREVIOUSLY, STATE UNIT, &c.

None.

MARRIED, WIDOWER, OR SINGLE

Single.

NEXT OF KIN

Clara WELSH

RELATIONSHIP

Sister

ADDRESS OF

2005 South Warnock St. Philadelphia Pa USA

ASSIGNMENT OF PAY \$

Nil

C.

TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

Not.

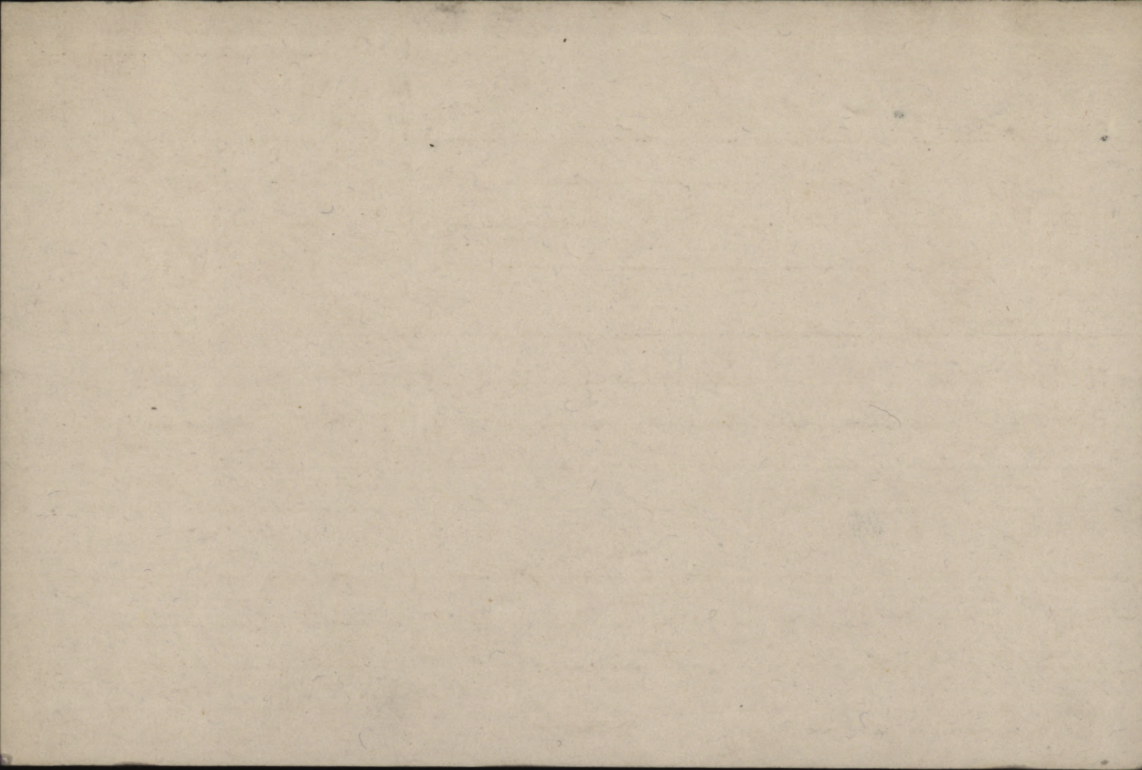
DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

Surname *Welsh*.....
Christian names *Frank*.....
Regtl. No. *3091390* Rank *Pte*.....
Unit *1st Que Regt 1st Sps Bn*.....
H. Q.
M. D. No. *4*.....
T. O. S. *Sept. 4th 1918*.....
D. O. Pt. II *250* of *7-9-18*.....
S. O. S. *26-1-19* 19.....
Reason *Des*.....
Auth. *S.O. II 30 of 8 2-19*
with Km 64 1918.

Next of kin *Welsh, Clara*..... Relationship *Sister*.....
Address *205 5 South Warnock St.*
Phila. Pa. U.S.A...... Also notify:.....

BORN—Place *Canada, P. E. I.*..... Date *Sept 3rd, 1894*.....
ATTESTED—Place *Montreal P. Q.*..... Date *Sept 4th, 1918*.....
O/S..... R/C.....



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

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

500M.—9-16

H. Q. 1772-50-920.

D

Casualty Form—Active Service.

Unit, Regiment or Corps. 1st DEPOT BN 1st QUEBEC REGT

Regimental No. 3091390 Rank Pte Name WELSH, Frank
C. E. F.

Enlisted (a) 4-9-18 Terms of Service (a) C.E.F. Service reckons from (a) 4-9-18

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

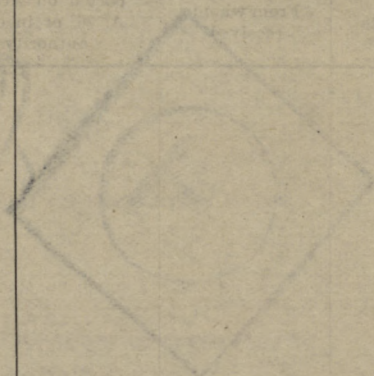
Extended Re-engaged Qualification (b) Driver

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				
		<p>MAJOR GENERAL 4TH BR, C. G. B. C. E. F. ANZE, PT, N. B. G.</p> <p>MAJOR GENERAL 4TH BR, C. G. B. C. E. F. ANZE, PT, N. B. G.</p> <p><i>Disenter</i></p>	219	4-12-18	<p><i>W. P. Miller</i></p> <p><i>Lieut. Adjutant, 4th Bn, Canadian Garrison Regiment C. E. F.</i></p>
8.2.19	H-4 P.P.R.	<p>Declared Seleg. A.G.R.</p> <p>since 5.1.19. S. O.S. Desenter</p>	Medical	26.1.19	<p><i>D.O. 39</i></p> <p><i>C. J. Talley</i></p> <p><i>Adj. P.P.R.</i></p>

(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.

[P.T.O.]

Casualty Form - Active Service

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				
					

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

1. Surname **WELSH** Christian name **Frank.**
 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule **BCMR.**
 3. Consecutive number on schedule of men reporting for service (if he appears on it)
 4. Address (including street and number if any) **38 North 11th St. Phila. PA. USA.**

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the **5th** day of **Sept 1918.** 19....., by the undersigned medical board sitting at **SEP 5 1918 Montreal.P.Q.**

5. Age as stated **21** Years **02** Months 6. Apparent age **21** Years Month
 7. Height **5** Feet **4 1/2** Inches 8. Weight **109** Pounds.
 9. Chest measurement { Minimum **02** - Ins. 10. Complexion **Fair.** { Eyes **Hazel.**
 { Maximum **33** - Ins. { Hair **Fair.**
 11. Physical development **Fair** { Good Fair Poor 12. Smallpox marks
 13. Number of vaccination marks { Right arm 14. When vaccinated last **Child**
 { Left arm **/**
 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, Epilepsy, We find no evidence of past { Rheumatism, Epilepsy, Tuberculosis, Syphilis, Nervous or Mental disorder. Asthma. Tuberculosis, Syphilis, Nervous or Mental disorder. Asthma.
 (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

A²

17. (a) Vision. R. **34** L. **30**
 (b) Hearing. R. **OK** L. **OK**

R. Fontaine Lt. Member. **R.R. Scott Capt.** President. **Dom... Capt.** Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
SEP 6 1918	0	C. H. Cheseman	SEP 6 1918	0	0
		M. O.			M. O.
		M. O.	SEP 9 1918	0	0
		M. O.			M. O.
		M. O.	SEP 13 1918	0	0
		M. O.			M. O.

Joined **4th** day of **Sept 1918** 19 at **Montreal.P.Q.**

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment				
Transferred to	1st DEPOT BN. 1st QUEBEC REG'T.	3091390		

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

If raised in category, record category in square. The M. O. will initial and date.

FORM OF WILL

I, WELSH Frank (Name in full)
Regimental Number 3091390 serving in 1st DEPOT BN. 1st QUEBEC REG'T.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

NIL Name and Address
of person or
persons to whom
it is to go.

absolutely, and my personal estate I bequeath to

Clara WELSH Name and Address
of person or
persons to receive
personal estate*
2005 South Warnock St. Phila. USA.
(See note).

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this 5 day of September A.D. 1918
Frank Welsh Signature of Soldier.

*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.

Signature of First Witness C. Beattie
Address of Witness Montreal
Guy St. Barracks. Que.

THE TWO WITNESSES MUST SIGN HERE

Occupation of Witness Soldier
Signature of Second Witness J. R. Ten
Address of Witness Montreal
Guy St. Barracks. Que.
Occupation of Witness Soldier

FORM OF WILL

IN DEPT OF REVENUE

8001390

I, the undersigned, do hereby certify that the within and foregoing is a true and correct copy of the original as the same appears in the records of the Department of Revenue.

Witness my hand and the seal of the Department of Revenue at the City of Washington, this _____ day of _____, 19____.

Director of Revenue

By _____

Assistant Director of Revenue

By _____

Assistant Director of Revenue

By _____

Assistant Director of Revenue

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1133 (D.P. 250M-12-18.
1772-89-903.

LAST PAY CERTIFICATE

Regimental No. 3091390 Rank PTE. Name WELSH F.
(Surname first)
Unit 4th Battalion Canadian Garrison Regt. C.F.C. who was* STRUCK OFF STRENGTH
On 26-1-19 191, to A.W.L.
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1-19 to 31-1-19 191...
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month.....		10.00.
Regimental Pay..... <u>31</u> days at \$ <u>1.00</u> c.....		31.00.
Field Allowance..... <u>31</u> days at \$ <u>.10</u> c.....		3.10
Separation Allowance.....		
Clothing Allowance.....		
Post Discharge Pay.....		
*Other Credits		
Advances <u>Canteen</u>	3.00	
Separation Allowance and Assigned Pay Cheque No.....		
*Other Charges <u>21 days Forfeiture and 6 days Overpaid</u>	29.70	
<u>Shortages in Kit</u>	57.76	
Balance on transfer or on discharge cheque No.		46.36
Total	90.46	90.46

*Give particulars.

A monthly stoppage of \$..... (†) has..... (‡) been paid on account of
Assigned Pay for the month of..... 191..... }
and Separation Allee. for month of..... 191..... } (to) Assignee

(Address)

(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

Outfit Allowance of \$..... has been paid by Paymaster, Military District No.....

REMARKS:—

State (1) date of enlistment..... 4-9-18..... married or single.....
(2) Separation Allowance, entitled or not..... No...... (3) Reason for discharge..... Desertery
(4) Authority for discharge or transfer..... D202 Part 2 No 39.....

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date 10-2-19.....

Place Montreal P.Q......

Robert Welsh
Lieut. Paymaster.
4th Batta. Can. Garr. Regt. C.F.C.

- N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purposes of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

DENTAL HISTORY SHEET

D

CANADIAN ARMY DENTAL CORPS

DISTRICT 4

NAME OF SOLDIER

Welsh Frank

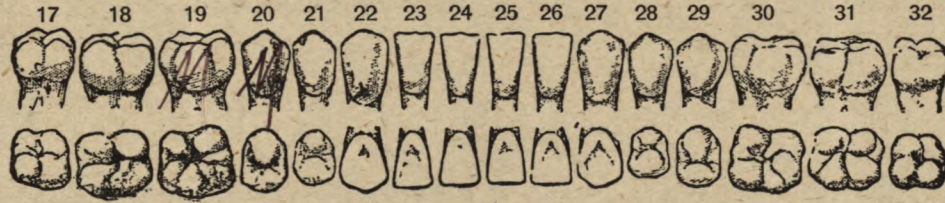
REGIMENT

11st Cav. Regt

RANK

Pte

No. *3091390*



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
												U	L	P			Gold	Porcelain				
<i>Good</i>	<i>Dec 10</i>		<i>12</i>																	<i>4</i>	<i>13, 19, 20 missing 8, 9 to be filled,</i>	
<i>✓</i>	<i>Dec 10</i>									<i>8, 9</i>										<i>11 11</i>	<i>4</i>	<i>Completed O. A. Peterson C.A.D.C.</i>

4/1/18

6.4.18

