

and
sp. 18/4/16

Duplicate

194th BATT.
No. 904794
Folio.
DUPLICATE

ATTESTATION PAPER
194th O'Leas Highland Bn C.E.F.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

- 1. What is your surname? *white*
- 1a. What are your Christian names? *John*
- 1b. What is your present address? *Heatherdown Alta*
- 2. In what Town, Township or Parish, and in what Country were you born? *City S. Dakota USA*
- 3. What is the name of your next-of-kin? *Samuel White*
- 4. What is the address of your next-of-kin? *Heatherdown Alta*
- 5. What is the relationship of your next-of-kin? *Father*
- 6. What is the date of your birth? *June 17 1902*
- 7. What is your Trade or Calling? *None*
- 8. Are you married? *no*
- 9. Are you willing to be vaccinated or re-vaccinated and inoculated? *yes*
- 10. Do you now belong to the Active Militia? *no*
- 11. Have you ever served in any Military Force? *no*
If so, state particulars of former Service.
- 12. Do you understand the nature and terms of your engagement? *yes*
- 13. 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, *John White*, 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.

Date *23 March 1916* *John White* (Signature of Recruit)
..... *W.J. Moffat* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *John White*, 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 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.

Date *23 March 1916* *John White* (Signature of Recruit)
..... *W.J. Moffat* (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 *Edmonton* this *23rd* day of *March* 191*6*

..... *W. J. Moffat* (Signature of Justice)

Description of John White on Enlistment.

Apparent Age 17 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. 2 3/4 ins.

Chest measurement { Girth when fully expanded..... 31 ins.
 Range of expansion..... 2 ins.

Complexion Clear

Eyes Grey

Hair Light Brown

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

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 Mar 23rd 1916.

Place Camerton

Newaley
 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.

John White 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.

W. E. Craig (Signature of Officer)

Date Mar 23rd 1916.

REGIMENTAL DOCUMENTS

NAME

White John

REGT. NO.

904794

UNIT

H. Q. FILE NO.

8

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

C

DEATH

Category

DISCHARGE

Category

DESERTION

H

17595

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

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)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

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. 393 or A.F.A. 2)

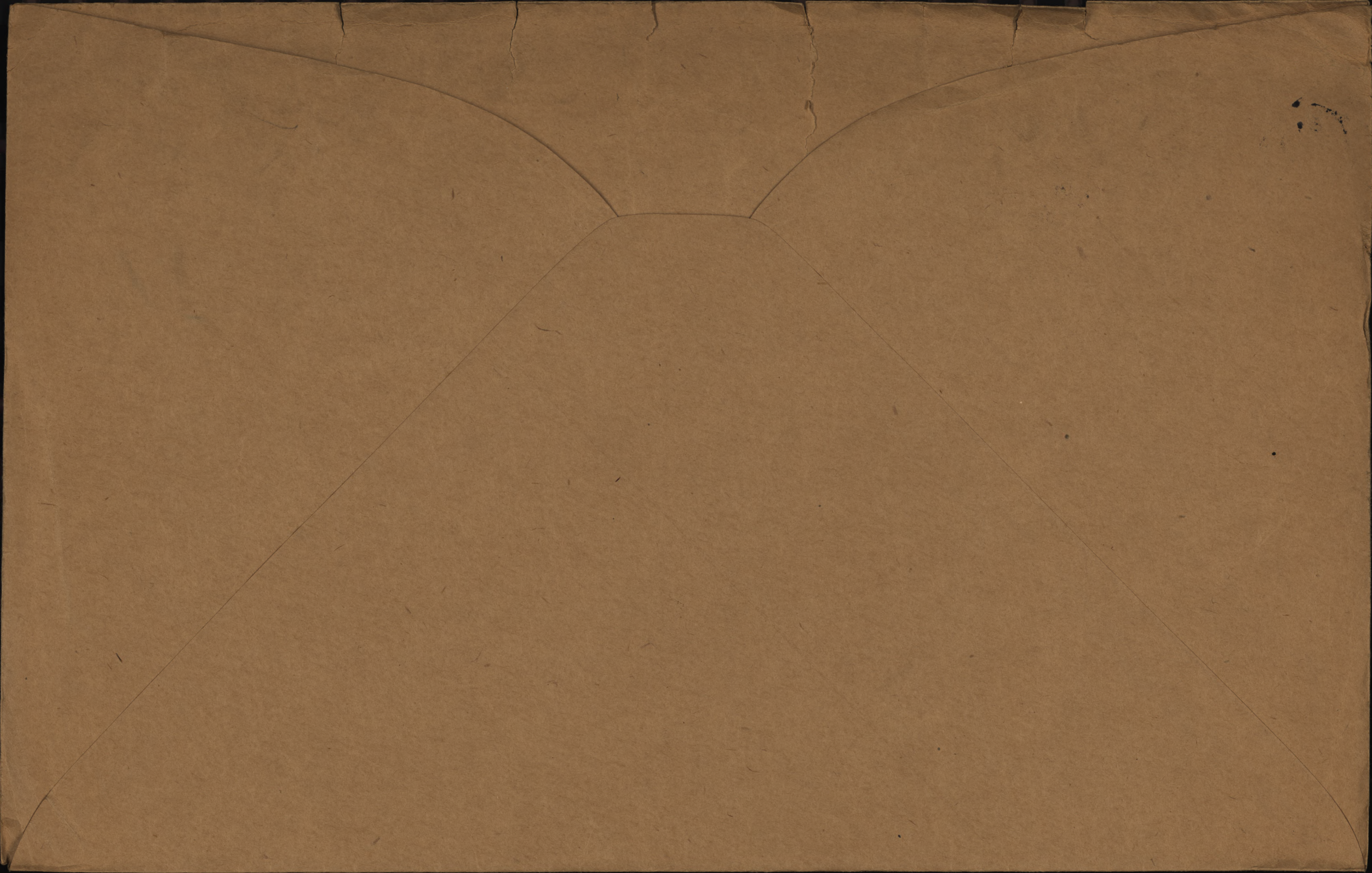
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

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)



649-W-2630

✓ CARD NO.

SURNAME.

White

CHRISTIAN NAMES

John

SOS file: 19-6-16-13

REGL. NO.

904794 RANK Pte.

UNIT

194th

Bm

FORMER CORPS

Mil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

White, Samuel

RELATIONSHIP TO SOLDIER

Father

ADDRESS

Heatherdown, Alta.

COUNTRY OF BIRTH

U.S.A., S. Dakota.

DATE

June 17th 1902

PLACE OF ATTESTATION

Edmonton, Alta

DATE

Mar. 23rd 1916

mlb

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

nil

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

14

YEARS

MONTHS

HEIGHT

5

FEET

2 3/4

INCHES

CHEST MEASUREMENT

31

INCHES

EXPANSION

2

INCHES

COMPLEXION

clear

EYES

Grey

HAIR

Light Brown

DISTINGUISHING MARKS

Not Stated

MEDICAL EXAMINATION.

PLACE

Edmonton, Alta

DATE

Mar. 23rd 1916

Present Address *Heatherdown, Alta.*

No. 984794 RANK *Cte*

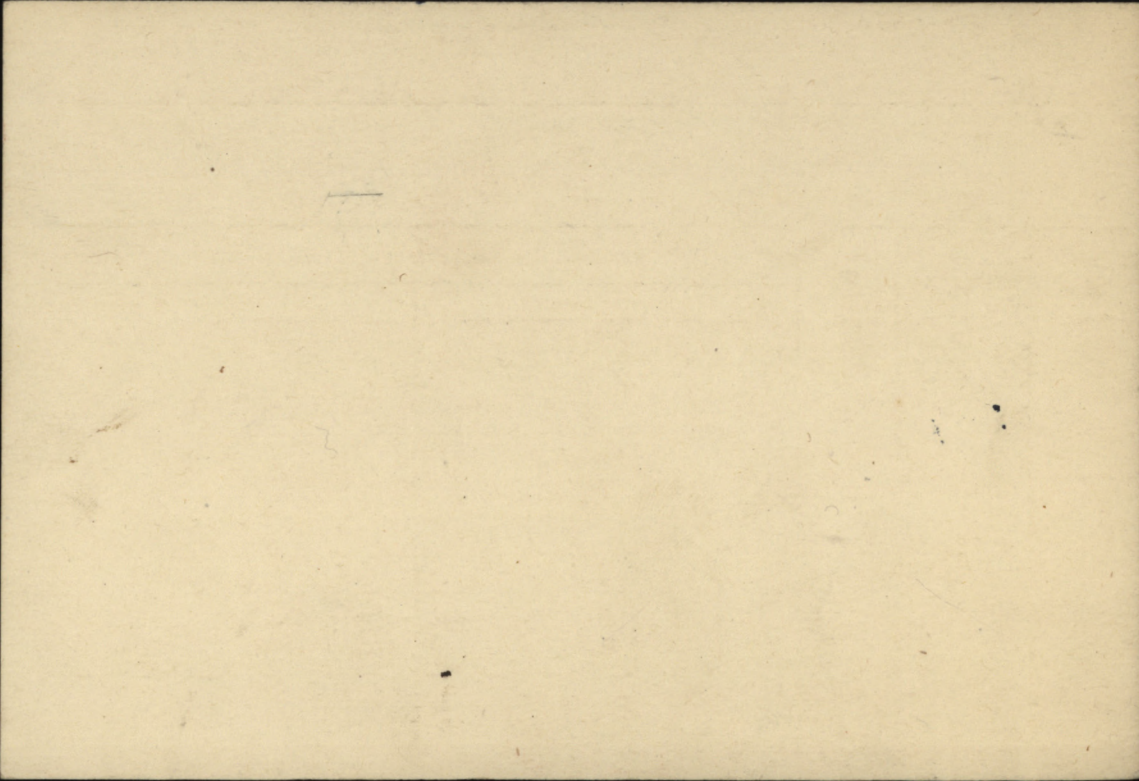
NAME *White John*

T. O. S. 23-3-16
(No. 40 of 23-3-16)

UNIT *194th Battalion*

M. D. *13*

PAID		SIG. OR REC'T.	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1916</i> <i>Mar 23</i>	<i>1916</i> <i>Mar 31</i>	<i>✓</i>	<i>Disch'd m. u. 31-5-16.</i>	<i>no 98-31-5-16</i>
<i>Apr.</i>		<i>✓</i>		
<i>May.</i>		<i>✓</i>		
<i>acc closed by Payment's</i>				



Original not available
Fill in only.—Unit, Number, Rank and Name.

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

500M.—9-16

H. Q. 1772-39-9-0.

Casualty Form—Active Service

Unit, Regiment or Corps. *194 Battalion*

Regimental No. *904794*

Rank *Pte*

Name *White John*

Enlisted (a) *23.3.16*

Terms of Service (a) *SW*

Service reckons from (a) *23.3.16*

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)

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>31.5.16</i>	<i>194 Bn.</i>	<i>S. S. Medically unfit</i> <i>(Within 3 mos of</i> <i>ltd. found</i> <i>medically unfit</i> <i>for further service)</i>	<i>Edmonton</i>	<i>31.5.16</i>	<i>Pte 50798</i> <i>Amended by</i> <i>After Order # 14.</i> <i>d/8-6-22</i>

John White
for OK

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

OPINION OF THE MEDICAL BOARD.
MEDICAL HISTORY OF AN INVALID.

DEPT. MILITIA & DEFENCE

1. Station. *Edmonton* 8. General remarks on his: *JUN 23 1916*
 2. Regiment or Corps. *194th Bn* (a) Conduct. *Good* *H.Q. 649 W 2630*
 3. Regimental No. and Rank. *904794* (b) Habits. *Good* *CANADA*
Private
 4. Name. *John White* (c) Temperance. *Temperate*
 5. Age last Birthday. *13* (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)
 6. Enlisted on *March 23 1916*
 at *Edmonton*
 7. Former Trade or Occupation *going to school* Date. *May 3rd 1916*

9. Service. Years. *42* Days.

	PERIODS.	
	FROM.	TO.
<i>194th Bn</i>	<i>23/3/16</i>	<i>3/5/16</i>

10. (a) Disease or disability. *Mastoid abscess*
 (b) Date of origin. *April 18th 1916*
 (c) Place of origin. *Isolation hospital - Edmonton*
 (d) Cause. *Following measles.*

11. Present Condition. (Most Important).
 (To include full description of present disabling condition or conditions.) *Ear still discharging - pain at night. Temperature 102°*

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

Carded
30-6-16
AWP

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

1. Station *Commanche*

2. Regiment or Corps *194th*

3. Regimental No. and Rank *904794 Private*

4. Name *John White*

5. Age last Birthday *13*

6. Enlisted on *1941*

7. Former Trade or Occupation *None*

(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

(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.

not exceptional

14. Treatment

In Isolation hospitals and in General Hospital

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

Disability follows enlistment, but not aggravated by service

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

Several weeks

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

Will not interfere with earning capacity

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

yes

M. D. D. D.

Capt. M.D. 1941

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Name,-- White, John. Address Heatherdown, P.O. Next of kin,
Number,- 794. 194th O.Bn. Samuel White, same address.
Does the Board concur with the preceding report? If not, give differing opinion.

10. Yes.

11. ~~Yes~~. No, at the present date we find he has fully recovered.
Has no temperature, nor any objective symptoms.
There appears to have been no operations in this case.

12. ~~Yes~~. Don not consider this result of service.

15. Yes.

16. Yes.

17. Yes.

19. Is he unfit for Military Service. Yes.

20. Recommendations : We concur in the case as brought forward. We
have no explanation before us why this boy should ever been
enlisted. We therefore recommend his discharge as "Medically
Unfit for Service!"

Signatures :-

[Signature]
Major C.A.M.C. President.

May 23rd, 1916.

Station. Edmonton, Alberta

[Signature]
Captain C.A.M.C. Members.
[Signature]
Captain C.A.M.C.

Date. 6/6/16

[Signature]
Assr. Director of Medical Services.

Approved.

Date. 29/6/16

[Signature]
Director-General of Medical Services.

Name: John White Address: Heathdown, E. C. Next of kin: John White, 134th St. N. W., Wash. D. C.
 Number: 134 Does the Board concur with the preceding report? If not, give differing opinion, name of member.

10. Yes.

11. Yes. No. at the present date we find he has fully recovered.

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }
 Date

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

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

Recommendations: We concur in the case as brought forward. We have no explanation to offer as to why this boy should ever been enlisted. We therefore recommend his discharge as "Medically Unfit for Service!"

Date of final Medical Board or decision. } Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.
 100 m. 2-16.
 H. G. 1772-39-117.

Name	Regimental No.	Rank	Station	Corps	Date	Disability	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.