

cont
29, 9, 16
274.

DUPLICATE

ATTESTATION PAPER.
119th OVERSEAS BATTALION
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. 754470

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

- 1. What is your surname?..... Jones
- 1a. What are your Christian names?..... Williams
- 1b. What is your present address?..... Thessalon Ont
- 2. In what Town, Township or Parish, and in what Country were you born?..... Gaspe Quebec
- 3. What is the name of your next-of-kin?..... Marie Jones
- 4. What is the address of your next-of-kin?..... Gaspe Quebec
- 4a. What is the relationship of your next-of-kin?..... Mother
- 5. What is the date of your birth?..... Aug 20 1894
- 6. What is your Trade or Calling?..... 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, Williams Jones, 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 Dec 27th 1915. Williams Jones (Signature of Recruit)
J. J. Dusky (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Williams Jones, 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.

Date Dec 27 1915. Williams Jones (Signature of Recruit)
J. J. Dusky (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 Thessalon this 27 day of Dec 1915.

J. J. Dusky J.P. (Signature of Justice)

17
94
23

Description of William Jones on Enlistment.

Apparent Age 21 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. 11 ins.

Chest measurement { Girth when fully expanded 37 ins.
 Range of expansion 2 ins.

Complexion Dark

Eyes Grey

Hair Dark Brown

Religious denominations. { Church of England.....
 Presbyterian.....
 Methodist.....
 Baptist or Congregationalist.....
 Roman Catholic..... Yes
 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 Dec 27 191 5 Jam. R. Lean

Place Thessalon Capt. Medical Officer.

*Insert here "fit" or "unfit."

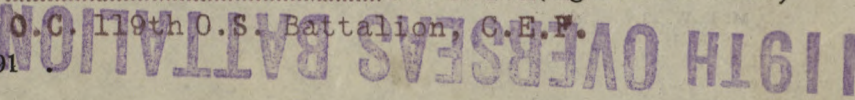
NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

William Jones 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. M. ... Lt.-Colon (Signature of Officer)

Date Dec. 27/15 191 5 O.C. 119th O.S. Battalion, C.E.F.



REGIMENTAL DOCUMENTS

NAME

Jones

REGT. NO.

754470

UNIT

H. G. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

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.B.W. 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. 303 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)

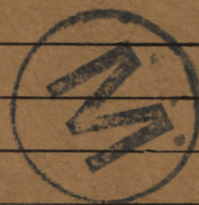
DEATH

Category

DISCHARGE

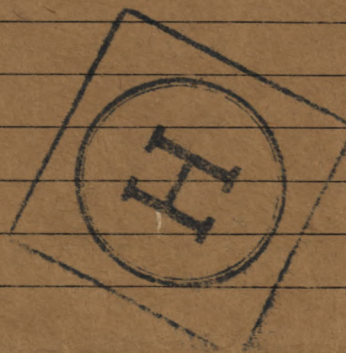
Category

DESERTION



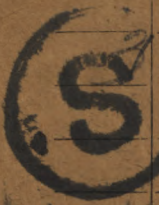
Handwritten scribbles and markings, possibly a signature or initials.

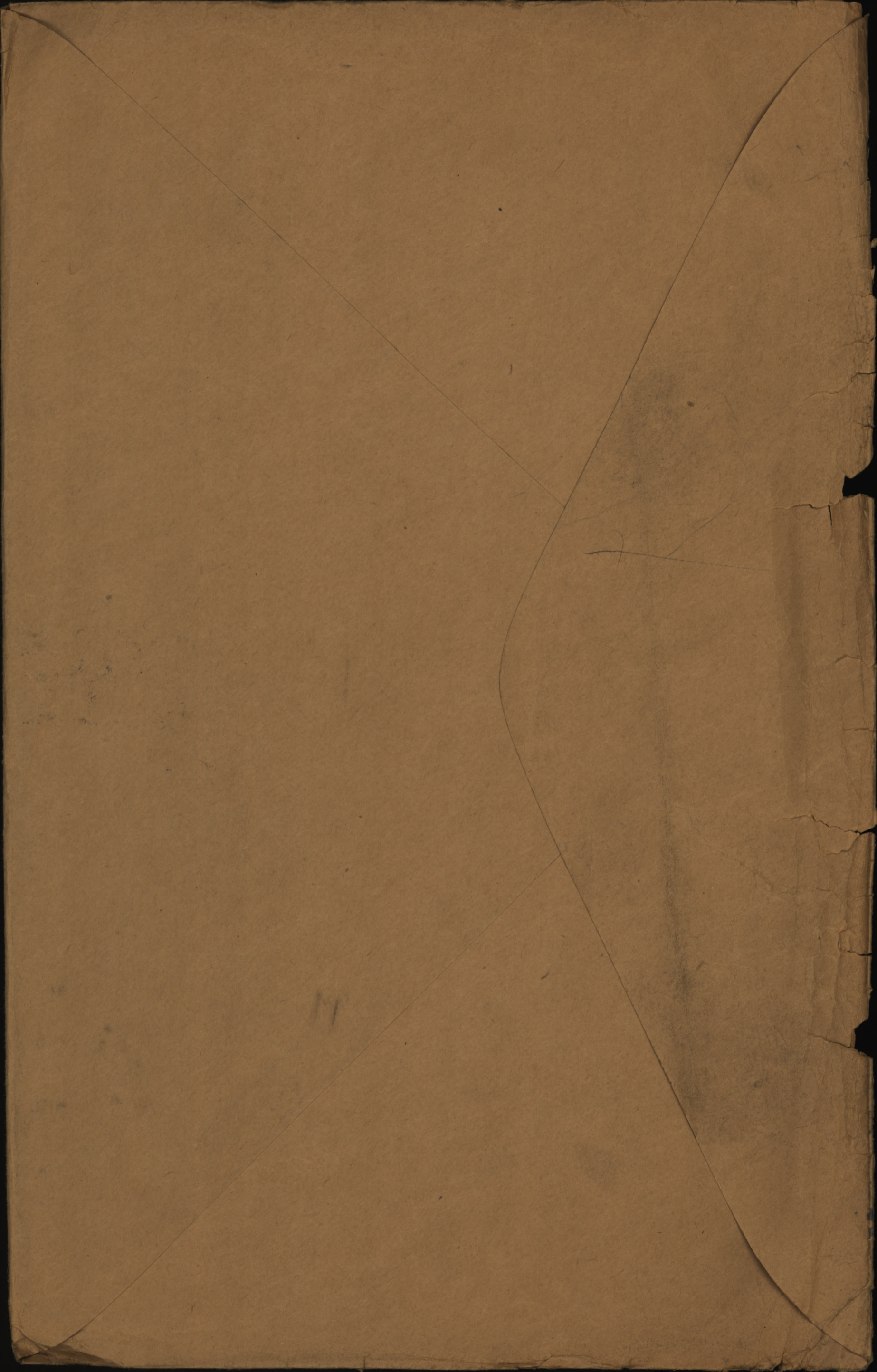
13084



Handwritten numbers:
16-6
24-6
30-6
1

Handwritten notes in red ink:
M
16-2-21
or





Surname

Christian Name or Names

Reg. No.

Jones.

W.

754470.

Rank

Unit

Co.

Troop

Batty.

Pte.

52nd. Bn.

Hospital

Date of Admission

Transferred

Reading. War.

Hosp.

12-4-17.

Hosp.

Hosp.

Hosp.

Diagnosis

G.S.W. Lt. Leg. Amp.

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Died of Wds. 12-4-17.

DISPOSITION

Date

C.L. 14-4-17. B/290. T.T.E.

REMARKS

A.M.D. 2 DEPT.

Beh. of D.G.M.S. O.M.F.C. London.

R

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Dm

Number

754470

Rank

~~RAF~~
~~R~~ X

Surname

JONES

Ham

Christian Name

William

Units

52nd Bn CAN Theatre of War France

Date of Service

5-12-16

D

Remarks

Latest Address

*Mr. Wm Jones, Cape Cove,
Co. Gaspe, P.Q.*

~~Fred Jones Esq (S)
20 Spence Hill Rd,
Toronto Ont~~

Roll No.

B. Page 16422

200m-2-21.M.

These medals despd in error to Mr. Fred Jones
30 Spruce Hill Road, Toronto, Ont. and returned by
him 8/11/22

DESP NOV 11 1922
REGN. NO. AB1809

DESP SEP 20 1922
REGN. NO. ~~AB1809~~ 372

SURNAME.

Jones.

CHRISTIAN NAMES

William

REGL. No.

754470

RANK

Pte.

UNIT

119th.

FORMER CORPS

nil.

CARD NO.

6499.360 **D**

FOLL.

Bn.

NEXT OF KIN.

NAMES IN FULL

Jones, Mrs. Marie L.

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

Gaspé, P.Q.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada. Gaspé, P.Q.

DATE

Aug. 20th 1894

PLACE OF ATTESTATION

Thessalon, Ont.

DATE

Dec. 27th 1915.

Sailed from Halifax per SS "Metagama" 8/8/16.

MARRIED

SINGLE *yes*

WIDOWER

TRADE OR CALLING

Labourer

RELIGION

Roman Catholic.

DESCRIPTION.

APPARENT AGE

21 YEARS

— MONTHS

HEIGHT

5 FEET

11 INCHES

CHEST MEASUREMENT

37 INCHES

EXPANSION

2 INCHES

COMPLEXION

Dark

EYES

Grey

HAIR

Dark Brown.

DISTINGUISHING MARKS

Not stated.

MEDICAL EXAMINATION.

PLACE

Thessalon, Ont.

DATE

Dec. 27th, 1915.

Present address: , -

Thessalon, Ont.

M.R.D.

649-J-3607

✓ Jones William #754470 Pte., ✓ 52nd Btn.

Meds. & Decs. Father Mr. Wm. Jones,
Cape Cove,
Co. Gaspe, P.Q.

P. & S. Father Same as above.

Serial No 794711

Mem. Cross Mother Mrs. Wm. Jones,
Address as above.

Scroll Desc. Regn. No. 2 37371

Not Elig for 14-15 Star
2 " " W on
2 " " B W on

P 2958

48781

B-
ac

1089

M

46153

FEB 23 1921

NAME

Jones William

REGT'L No 754470

RANK AND CORPS

Pte 5th 2nd Bn Form 119th Bn

H. Q. FILE No. 649-

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

M1805

13-4-17

Died of wounds War. Hosp. Reading
April 12th 1917. Amp. L. Leg. ✓

A.F.B 2090

24-4-17

Died of Wounds 12-4-17. at War
Hosp. Reading. Issw. L. Leg amp.
Rec'd 15-5-17.

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

B290

War Reading:
Died of Wounds

12-4-17

Gsw. L. Leg amf

No 754470

RANK

Plt.

NAME

Jones - Wm.

T. O. S. 27-12-15

UNIT

119th Battalion

D. O. #6 of 30-12-15

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Dec. 27 1916	1915 Dec. 31	M.		
Jan.		M		
Feb.		M.		
Mar.		M		
Apr.		✓		
May		✓		
June		✓		
July		✓		
Aug.		x	C. W. L. 1 days pay 7 days C.B.	B. O. 153 of Aug Paylist.
				UNIT SAILED AUG 8 1916



ORIGINAL

Deceased ORIGINAL

MEDICAL HISTORY SHEET. 754470

Surname Jones Christian Name William

Examined on 27 day of Dec 1915 at Thessalon Birthplace Gaspe Quebec Apparent age 20 yrs. Trade or occupation laborer Height 5 Feet 10 Inches Weight 155 Lbs. Chest measurement Minimum 35 inches Maximum expansion 37 inches Physical development Fair Small-Pox Marks none Vaccination Marks Arm Right Left yes Number one When Vaccinated last 1900

Approved by James Rutherford Rank Lieut M.O.

Table with columns: Date, Fit or Unfit, EXAMINED FOR RE-ENGAGEMENT. Entry: 16 APR 1917 M.O.

Table with columns: Date, Result, VACCINATIONS. Entry: June 27/16 James Rutherford M.O.

Table with columns: Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Entries: Mar 27/16, May 23/16, Sept 13/16, all M.O.

(a) Marks indicating congenital peculiarities or previous disease none (b) Slight defects but not sufficient to cause rejection

Enlisted on 27th day of Dec 1915 at Thessalon

Table with columns: Corps, REG'L NUMBER, HABITS, DATE. Corps: 19th Overseas Battalion, 52nd Bn C.E.F. Date: 27/12/15, DEC 5 - 1916

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: 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.

CANADIAN

Vertical purple stamp: Certificate of Re-Engagement... to the Reserve Class...

mma

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

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

250M.—1-16.

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 119th O.S. Bn

Regimental No. 754470 Rank Pte Name Jones, William

Enlisted (a) 27/12/15 Terms of Service (a) Duration of war Service reckons from (a) 27/12/15

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				

119th Bn Embarked Canada Halifax 8/8/16

119th Bn Disembarked England Liverpool 19/8/16

119th Bn Proceeded Overseas for Service with 52nd Bn. Bramshott Camp DEC 5 - 1916

D.O Part-11 No 242

W. Howland
LT. COL.
COMMANDING 119th CAN. INF. BATTALION, C.E.F.

O. C. C. B. D. Landed in France. Taken on Nom. Roll d/ 6.12.16
strength 52nd Cdn. Bn. 6.12.16 Pt II D.O. d/ 11.12.16

— do. — Left for Unit. 26.12.16 Nom. Roll d/ 26.12.16

O.C. 52nd Bn. Arrived Unit for duty 26.12.16 B. 213 d/ 6.1.17

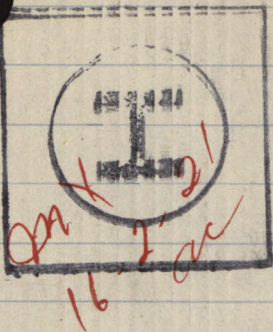
7.4.17 " Wounded Posted To Main Hospital at Chancery 5.4.17 B213.

7.4.17 H.Q. St Patrick's Lt l leg. (amp) to Ensign 7.4.17 W3083 P.O. 138 27/4/17

8.4.17 2 CFA Lt. W. cont. for l leg. rank (amp) to 2 CFA. 4.4.17 (2639)
5.4.17 J36 8323 #206 27/4/17

CERTIFIED CORRECT
14 DEC 1916
CAN. RECORDS LONDON.

CHS Rank _____ Name **JONES William** Reg'l No. **754470**
 Unit **119th. Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Single**
 Place and Date of Enlistment **Thessalon Dec. 27th. 1915** / Place of Birth **Gaspie Quebec** /
 Name and Address, Next-of-Kin **Marie L. Jones** /
Gaspie Quebec. Canada / Relationship **Mother** /
 Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____
 Separation Allowance \$ _____ Payable to _____ Relationship _____



N/E. R.B. No. **3954**
 File R.L. **25-J-796**
 Category **D.W.**

Discharge, Date and Place

Reason

Character

H. W. & V., Ld.—7165-16.

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.				
	Arrived in England		S. S. Metagama	19.8.16	
5-12-16	OC 119th Bn	Transferred to 52nd Bn	Bramshott	5-12-16	PT 400 242.
11-12-16	OC 52nd Bn	Taken on strength.	Field	6-12-16	PT 400 63.
25-4-17	" "	Validated (w/td) & posted in R.D.	War Hosp. Reading	9-4-17	PT 400 38.
14-4-17	" "	Died of Wounds		12-4-17	b.d. B. 290 (C.S.W. L leg. amp.)
27-6-17	M.R.D.	To.S. as reported as a patient in hosp. (Reading)	Scupper	12-4-17	PT 400 110
" " "	" "	Sold having died of wounds in hosp. Reading		12-4-17	PT 400 110

A.F.B. 113 UNIVLNU
 12 DEC 1916

17

FORM OF WILL.

I, William Jones (Name in full)

Regimental Number 754470 serving in 119th Canadians

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

62211

I bequeath all my real estate unto my father

William Jones, Lance du Cape
Post office, County of Caspe,
Province of Quebec, Dominion of
Canada.

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

absolutely, and my personal estate I bequeath to

the above named William
Jones.

Name & Address
of person or
persons to receive
personal estate*
(see note).

In Witness whereof I have hereunto set my hand

this 26th day of October A.D. 1916

William Jones 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 W. Yates

Address of Witness Gore Bay, Ont. Can.

Occupation of Witness Student-at-law.

Name of Witness A. Cluett

Address of Witness Trout Mills, Ont.

Occupation of Witness Stenographer

FORM OF WILL.

Name in full _____

Residential Number _____

of the Canadian Republic, I hereby revoke all former Wills

by me made and declare this to be my last Will

I designate as my true and lawful executor

Name & Address of person or persons to whom it is to be given
William Jones, Esq., 123 St. George Street, Toronto, Ontario

Name & Address of person or persons to receive personal estate (see note)
The above named William Jones

In Witness whereof I have hereunto set my hand

at _____ on the _____ day of _____ 1916

William Jones

signed and acknowledged by the Testator and in the last Will in

the presence of us both present at the same time and in the presence of

his deponent, and in the presence of each other have witnessed and

our names as Witnesses

Name of Witness _____

Address of Witness _____

Occupation of Witness _____

Name of Witness _____

Address of Witness _____

Occupation of Witness _____

