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Duplicate

ATTESTATION PAPER.

No. 189986

CANADIAN OVER SEAS EXPEDITIONARY FORCE.

Folio. B

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname? *Moore*
- 1a. What are your Christian names? *Henry*
- 1b. What is your present address? *Shedden*
2. In what Town, Township or Parish, and in what Country were you born? *London England*
3. What is the name of your next-of-kin? *Walter Stafford*
4. What is the address of your next-of-kin? *Shedden P.O. Ont. 28.9.*
- 4a. What is the relationship of your next-of-kin? *No relation*
5. What is the date of your birth? *28 Dec 1898*
6. What is your Trade or Calling? *Farmer*
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, *Henry Moore*, 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.

Henry Moore (Signature of Recruit)

Date *15. 2* 1916 *R. H. Graham* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Henry Moore*, 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.

Henry Moore (Signature of Recruit)

Date *15. 2* 1916 *R. H. Graham* (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 *St. Thomas* this *17* day of *Feb.* 1916

W. J. Green (Signature of Justice)

Description of Henry Moore on Enlistment.

Apparent Age 18 years 2 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 3 ft. 3 ins.

Chest measurement { Girth when fully expanded 35 ins.
 Range of expansion 2 ins.

Complexion Fresh

Eyes Blue

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 declares that he is not subject to fits of any description.

I consider him* fit for the **Canadian Over-Seas Expeditionary Force.**

Date Feb 19 1916

Place St. Thomas Ont.

W. F. Cornwell
 Medical Officer.

* Insert here "fit" or "unfit."

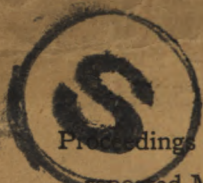
NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Henry Moore 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. J. Green (Signature of Officer)
 LT. COL.
 C. C. 81st OVERSEAS BN., C. E. F.

Date Feb. 17 1916



Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 2

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet..... 1

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge..... 1

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

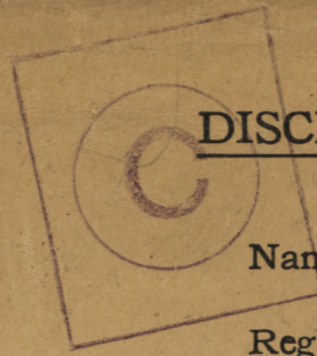
Company Conduct Sheet..... 1

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

Cert. of Ser
1 paycard



DISCHARGE DOCUMENTS

Name *Moore, Henry*

Regt. No. *189986* Rank *Pte.*

Corps *91st O.S. Batt. G.I.F.*

Medically unfit

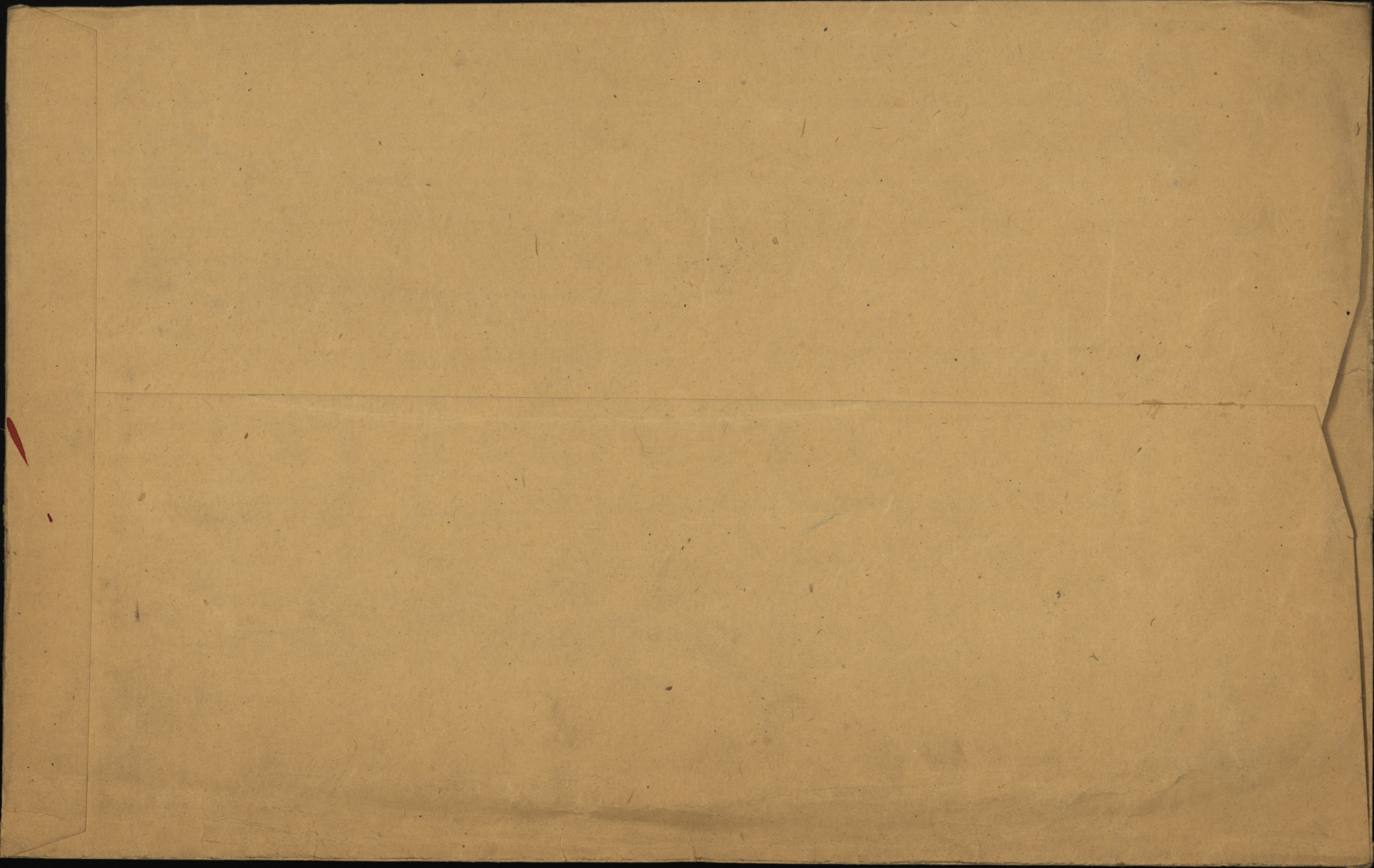
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R. O. No.....

H. Q. No.....





CARD NO. ✓

SURNAME.

Moore

CHRISTIAN NAMES

Henry

REGL. NO.

189986

RANK

Pvt.

FOLL.

Sold Dis 8-6-16

UNIT

*91st**Batt.*

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Stafford, Walter

RELATIONSHIP TO SOLDIER

no relation

ADDRESS

Shedden, P. O. Ont.

COUNTRY OF BIRTH

England, London

DATE

Dec. 28th. 1898.

PLACE OF ATTESTATION

St. Thomas

DATE

Feb. 17th. 1916.

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

18 YEARS

2 MONTHS

HEIGHT

5 FEET

3 INCHES

CHEST MEASUREMENT

35 INCHES

EXPANSION

2 INCHES

COMPLEXION

Fresh

EYES

Blue

HAIR

Lt. Brown

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

St. Thomas

DATE

Feb. 17th 1916.

No. 189986 RANK *pt*

NAME *Moore. G.*

T. O. S. *15-2-16*
(*0040 of 17-2-16*) UNIT *91st Battalion C. E. F.*

M. D./

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1916</i> <i>Feb 15</i>	<i>1916</i> <i>Feb 29</i>	<i>n</i>		
	<i>Mar</i>	<i>✓</i>		
	<i>Apr</i>	<i>✓</i>		
	<i>May</i>	<i>✓</i>		
<i>June 1.</i>	<i>June 8</i>	<i>n</i>	<i>dischd: 8-6-16.</i>	<i>SR 137 of 8-6-16.</i>
			<i>acc closed by payment. n</i>	

UNIT SAILED
JUN 28 1916



To be made out in duplicate.

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. **91st OS. BN., C.E.F.**

(2) Regimental Number **189986**

(3) Full Name of Soldier **Henry Moore**

(4) Place of Birth **London, England**

(5) Are you married, or not? **Single**

(6) If married, state,
(a) Full name of your wife.....

(b) Present Postal Address.....

(7) Are you a widower? **No**

(8) Have you any children?.....

If so, give number of boys and girls.....

Also their names and ages.....

(9) Is your Father alive? *No.*

If so, state name and address

(10) Is your Mother alive? *No.*

If so, state name and address

(11) If your Mother is a widow

Are you her sole support, or not?

(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.

Miss Mary Moore
Romford, England

(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.

W. J. Green Lt. Col.
U.C. 91st Overseas Battalion, C.E.F.
Officer Commanding.

Date *May 9/16*

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. 189986	
Rank Private	
Name Henry Moore <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) 91st. OS, Bn. C.E.F.	
Date of Discharge 8-6-16	
Place of Discharge St. Thomas, Ont.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... 18years..... 2months.	Descriptive Marks
Height..... 5feet..... 3inches.	
Complexion Fresh	
Eyes Blue	
Hair Lt. Brown	
Trade Farmer	
Intended place of residence } Shedden, Ont. <small>(To be given as fully as practicable.)</small>	
2. The above-named man is discharged in consequence of <i>Desert.</i>	
1. D. 30-M-130	
<small>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.</small>	
<small>To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.</small>	3. Conduct and character while in the service have been, according to the records, etc. <i>Good</i> <i>W. Moore</i> Lt. Col. <i>O.C. 91st Overseas Battalion C.E.F.</i>
	<small>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:</small>
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

M. F. B. 218.

50m.—3-16.

H. Q. 1772-39-113.

(OVER)

X

bordered 19-8-16, M.S.

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

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

6. Medals and Decorations.....

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)..... St. Thomas Ont.

W. J. Green
O.C. 91st Overseas Battalion C.E.F.
Commanding

(Date)..... June 8th 19 16

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)..... St. Thomas Ont, H Moore (Signature of Soldier.)

(Date)..... June 8th 1916 Capt. D. Wright (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)..... St. Thomas Ont.

W. J. Green
O.C. 91st Overseas Battalion C.E.F.
(Signature)

(Date)..... June 8th 1916

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.)

H Moore

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263. Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Attestation Paper, Militia Form B. 235. Proceedings on Discharge " B. 218.
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 Cer- tificate, " D. 877. *Only if discharged "Medically unfit."	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.

MEDICAL HISTORY OF AN INVALID.

649-M-6715
Military District No. 1
JUN 3 1916
I. M. D 30-M-130

1. Station. London, Ont.
2. Regiment or Corps. 91st. Batt.
3. Regimental No. and Rank. Pte. 189986

8. General remarks on his :
(a) Conduct. Good.
(b) Habits. Good

4. Name. H. Moore.

(c) Temperance.

5. Age last Birthday. 19

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

6. Enlisted on February

at Chatham.

7. Former Trade or Occupation. Farmer.

Date. May 25th.

9. Service. Years. Days.

	PERIODS.	
	FROM.	To.
91st. Batt.	February	May 25/16

10. (a) Disease or disability. Broken arch of feet.

(b) Date of origin. During service (during time he was on seeding furlough

(c) Place of origin. St. Thomas.

(d) Cause. Cannot stand marching.

Being on feet.

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

Marching causes pain in feet . Feet have appearance of arches being broken down. Feet touch the ground throughout nearly the whole surface of foot.

12. (a) Is the disability the result of service or climate? in service.

(b) Has it been aggravated by intemperance, vice or misconduct? No.

Handed
15-5-16
J.D.

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

none found.

(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 wounds

(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 undue exposure.

14. Treatment

Placed in bed.

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

not applicable.

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

permanent.

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

not more than before enlistment.

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

yes.

J. M. Crocker

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

DEPT. MILITIA & DEFENCE
AUG 21 1916
H.Q. CANADA

649-M-6715

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

10.

11.

12.

15.

16.

17.

19. Is he unfit for Military Service.

Yes.

20. Recommendations :

Discharge

Signatures :—

David Currie

President.

G.A. Ramsey

Members.

J.F.M. Crocker

Station. *London. Ont*

Date. *25th May 1916*

Date. *29-5-16*

Approved.

Date.

26/16

Chas. Bell
Ass. Director of Medical Services.

David Currie
Director-General of Medical Services.

J

