

ATTESTATION PAPER.

No. 69689

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *R. Kinnon*
- 1a. What are your Christian names?..... *Robert Benjamin*
- 1b. What is your present address?..... *Alderson Alberta*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Lensu, Saskatchewan, Canada*
- 3. What is the name of your next-of-kin?..... *John R. Kinnon*
- 4. What is the address of your next-of-kin?..... *Lensu, Saskatchewan, Canada*
- 4a. What is the relationship of your next-of-kin?..... *Father*
- 5. What is the date of your birth?..... *October 27th 1893*
- 6. What is your Trade or Calling?..... *Soldier*
- 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?.. *Yes*
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? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Robert Benjamin R. Kinnon*, 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 *1st June* 191*6* *Robert B. Kinnon* (Signature of Recruit)
James J. Jordan (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Robert Benjamin R. Kinnon*, 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 *1st June* 191*6* *Robert B. Kinnon* (Signature of Recruit)
James J. Jordan (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 *Red Deer, Hat* this *1st* day of *June* 191*6*.
W. Parker J. P. (Signature of Justice)

Description of Robert Benjamin S. Kennon on Enlistment.

Apparent Age.....23 years7 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. 7 ins.

Chest measurement { Girth when fully expanded.....36 ins.
 Range of expansion.....4 ins.

Complexion.....Dark
 Eyes.....Brown
 Hair.....Brown

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

1 vaccination left arm

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.....1st June 1916

Place.....Indigeni Hat

[Signature]
 Recd A.M.O.
 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.

Robert Benjamin S. Kennon.....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.

[Signature].....(Signature of Officer)

Date.....1st June 1916

Lt. Col.
 Comdg. 175th, O.Bn. C.E.F.

REGIMENTAL DOCUMENTS

NAME

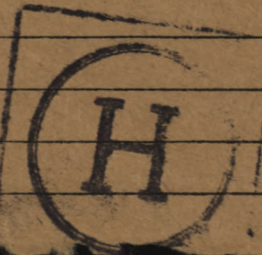
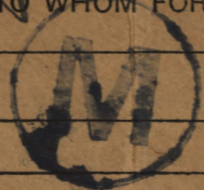
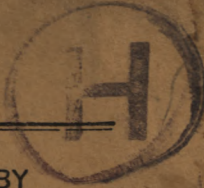
McKinnon Robert Benjamin

REG'T. NO.

696891

UNIT

H. Q. 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.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. 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

23985

Box
7008

*1 Copy
2 M.F.W. 82
1 Receipt of W.W.
1 Card
1 R.R.*

23985

696891

I.D. number
No. d'identification

McKINNON

Surname
Nom de famille

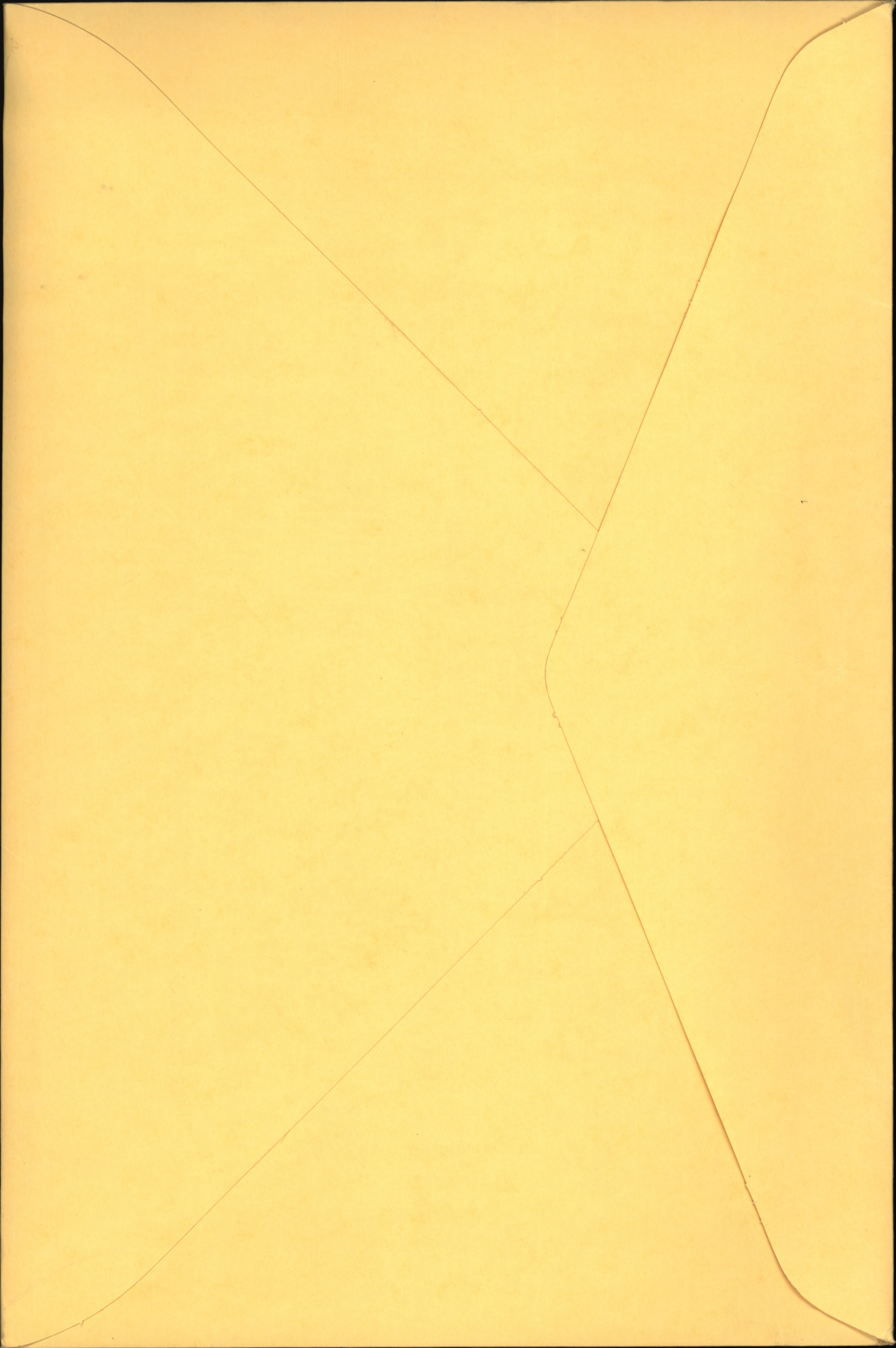
ROBERT BENJAMIN

Given names
Prénoms

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU
PERSONNEL

Location
Lieu

7008



No. 696 891 RANK *Pvt*

NAME *McKinnon, Robt Benjamin*

T. O. S. 1-6-16

UNIT 175 st *Battalion, C & F*

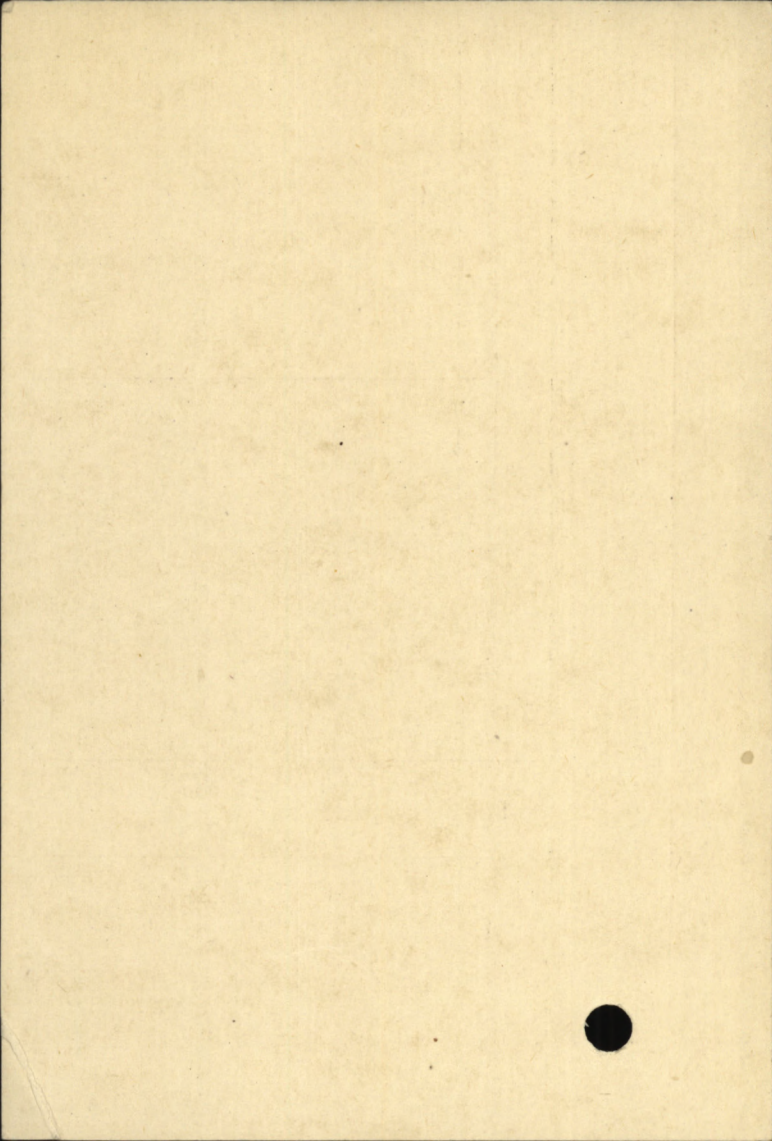
(D.O. 11173-6-16)

M. D. 13

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916 June 1</i>	<i>1916 June 30</i>	<i>✓</i>		
<i>July</i>		<i>✓</i>		
<i>Aug</i>		<i>✓</i>		
<i>Sept-</i>		<i>✓</i>		
<i>Oct.</i>		<i>✓</i>		

UNIT SAILED

OCT 3 1916



649-M-19117.

✓
✓
✓
✓
✓
McKinnon, Robert Benjamin, Pte. #696891, 50th Bn.

Med. & Dec. (Brother) James McKinnon, Esq.,
Alderson,
Alberta.

P. & S. (Father) John McKinnon, Esq.,
P. O. Box 1,
Lenore, Man.

Per # 804397

Mem. Cross (Mother) Mrs. Jessie McKinnon, No. 38998
P. O. Box 1,
Lenore, Man.

not elig. for star.
U.M.
B.W.M.
mf.

Serial Disp. No. 2511
Recd. No. 38000
16.8.21

J.P.

M

637107

DEC 17 1920

900



SURNAME.

McKinnon 649-M-19117.

CARD NO.

D

CHRISTIAN NAMES

Robert Benjamin

FOLL.

REGL. NO.

196891

RANK

pte

UNIT

175th

Bn

FORMER CORPS

nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

McKinnon John

RELATIONSHIP TO SOLDIER

Father

ADDRESS

Levore, Man.

COUNTRY OF BIRTH

Canada Levore, Man

DATE

Oct 27th 1893

PLACE OF ATTESTATION

Medicine Hat, Alta

DATE

June 1st 1916

Sailed from Halifax S.S. 'Saponia' 3-10-16

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

23 YEARS

7 MONTHS

HEIGHT

5 FEET

7 INCHES

CHEST MEASUREMENT

36 INCHES

EXPANSION

4 INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Brown

DISTINGUISHING MARKS

1 Vacc, left arm

MEDICAL EXAMINATION.

PLACE

Medicine Hat, Alta

DATE

June 10th 1916

Present Address. Alderson, Alta

REG'T'L. No. 696891.

NAME Mc Kinnon, Robt. Benjamin

H. Q. FILE NO 649

RANK AND CORPS Pte 50th Bn (form 175th Bn)

FOLLOWS
NO.

NO. DATE

NATURE OF CASUALTY

FOLLOWS

M 5579 G. H. B 2090A Raven	6-17 12-6-17	Killed in action June 3 rd 1917 ✓ Killed in action 3-6-17. Rec. 28-8-17.
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LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A. 2400' Refs. from Base. 3-6-17. Killed in action.

VK
28

Number... 696891 Rank... Pte

Surname... MCKINNON

Christian Name... Robert Benjamin

Units... 50th Br. Am. Inf. Theatre of War... France

Date of Service... 20-1-17

Remarks...

Latest Address... James McKinnon Esq. 101

Alderson, Alta.

Roll No.

Page 7091

~~2~~
~~X~~

Port, ship, and date of arrival

Next of kin

Address on leave

Address on discharge

Transportation issued

Yes
No

Date

Character on
discharge

Previous occupation

Date and place of
enlistment

Diagnosis

Date of Medical
Boards

Date

Remarks

RECEIVED OCT 25 1917
REGN. NO. 2814302

*—Name will be given in full; surname first.

Surname **McKinnon** Christian Name or Names **R.B.** Reg. No. **696891**
Rank **Pte** Unit **50th Bn** Co. Troop Batty.
Hospital Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

- (1) Later Diagnosis (if changed)
- (2)
- (3)

Additional Diagnosis: if more than one state present

Killed in action * 3-6-17 JR

DISPOSITION

Date

C.L.16-6-17 A245 R.F. Base

REMARKS

A.M.D. 2 DEPT.
Beh. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

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.

175th, O. Batt. C.E.F.

Unit, Regiment or Corps

Regimental No. 696891 Rank Pte Name Mc Simon, Robert Benjamin

C. E. F.

Enlisted (a) 1/6/16 Terms of Service (a) Duration War Service reckons from (a) 1/6/16

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) nil

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				
		Embarked Canada	Halifax	4/10/16	
		Disembarked England	Liverpool	13/10/16	
¹⁰ 10/1/17	A. O. Comd Seaford O/c 175 th	Transferred to 21 st Res. Battn. (Alberta)	Seaford	14/1/17	Authy Local Command RD 136 Bt. II D. C. 10 Date 10/1/17. W. Geo Sullivan Lieut. A/Adjt 175th En. C.I.
10/1/16	Lt. Seaford RD 136 O/c 21 st Res.	Taken on Strength of 21st Res. En. Alberta from 175th En. C.I.	Seaford	10.1.17	Part 2 D. O. I. /10-1-17 W. Munson Lieut. A/Adjt 21st Res. Bn. Alberta

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

CERTIFIED CORRECT.

30 JAN. 1917

Date

CAN. RECORDS, LONDON.

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
From whom received				
20-1-17	ob. 682	Seafood	19-1-17	pt. 110. 10
13-2-17	ob. 50th			
25-2-17	-do-			
8-6-17	-do-			
	<p>Transferred Overseas to 50th, BATTN.</p> <p>D.O. Pt & No 10 d/ 19/1/17</p> <p>Arrived 682nd T.O.S. 50th Bn. Have</p> <p>Left to join unit</p> <p>Joined unit</p> <p>Killed in Action.</p>			<p>Lieut/A Adjt 21st Res. Bn. Alberta.</p> <p>20-1-17 N.P. Pt II A.O. 15 d/ 23-1-17</p> <p>Field 13-2-17 N.R.</p> <p>L 19-2-17 B213 Abs 130 d/ 5-3-17</p> <p>-do- 3-6-17 K.I. 16/9644 Pt. II. 96</p> <p>d. 12-8-17.</p> <p>Lieut. for Lt-Col., A. A. G.</p> <p>Canadian Section. G. H. Q. 3rd Echelon. B. E. F.</p>

CHS Rank MC KINNON Robert Benjamin Reg'l No. 696891
 Unit 175th. Bn. If in perm. Corps, }
 What Unit? } Married or Single Single
 Place and Date of Enlistment Medicine Hat. June.1st1916. Place of Birth Lenore. Manitoba. Canada
 Name and Address, Next-of-Kin John Mc Kinnon
Lenore. Manitoba. Canada. Relationship Father

*m.t.
1912/2018*

Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to



Relationship N/E. R.B. No. 3151
File R.L. 2575217
 Relationship Category K.A.

13/7/17

Discharge, Date and Place Reason Character

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. SAXONIA		13-10-16	
10-1-17	175th Bn.	S. O. S, To 21st Res. Bn.	Seaford	10-1-17	Pt, 2 D.O. 10
10.1.17	21 Res Bn	T. O. S. fr 175 th. Bn.	Seaford	10-1-17	Pt 11, D, O. 1
19 1 17	21 R3 Bn	SOS to 50 Bn	Seaford	19 1 17	Pt. 11. O 10
23-1-17	50th Bn	T. O. S. from 21st Res Bn	In the Field	20-1-17	Part 2 D.O. 15
16.6.17	"	Killed in action.	Field.	3.6.17	CL A. 245 + Pt. 11 O 96d4-12 17 ⁶

A.F.B. 103

26 JAN 1917

ORIGINAL.

MEDICAL HISTORY SHEET.

Surname L. Kinnon Christian Name Robert Benjamin

Examined { on 1st day of June, 1916
 at Medicine Hat

Approved by J. Macleod
 Rank Recd Avk M.O.

Birthplace { City or Town Lemoore
 County Saskatchewan Canada

Apparent age 23 years & 7 mths

Trade or occupation Farmer

Height 5 Feet 7 Inches.

Weight 150 Lbs.

Chest measurement { Minimum 32 inches.

{ Maximum expansion 4 inches.

Physical development good

Small-Pox Marks

Vaccination Marks { Arm Right — Left /
 Number 1

When Vaccinated last 7 years ago

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	VACCINATIONS.
<u>7.11.16</u>	<u>OK</u>	<u>E. K. Waddell</u> M.O.
		M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>7.11.16</u>	<u>OK</u>	<u>E. K. Waddell</u> M.O.
<u>15.11.16</u>	<u>OK</u>	<u>E. K. Waddell</u> M.O.
<u>20-10-16</u>	<u>OK</u>	<u>E. K. Waddell</u> M.O.

Enlisted on 1st day of June, 1916 at Medicine Hat

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>175th O B</u>	<u>696891</u>		<u>1st June 1916</u>
Transferred to	<u>21st Reserve BATTN</u>	<u>Alberta</u>		<u>10.1.17</u>
	Transferred Overseas to 50Th, BATTN.			<u>19/1/17</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

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.

FORM OF WILL

I, **Robert Benjamin McKinnon** (Name in full)

Regimental Number **696891** serving in **175th Batt.**

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

David McKinnon
Lenore
Manitobia, Canada.

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

absolutely, and my personal estate I bequeath to

James McKinnon
Alderson
Albert Canada

Name and Address
of person or
persons to receive
personal estate*
(See note).

NOTE

This space for the
appointment of
Executor if
necessary.

IMPORTANT NOTE

this **25th** day of **September** A.D. 19**1**

This must be signed
and Dated by
THE SOLDIER
HIMSELF.

Robert Benjamin McKinnon 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 **T. H. Taylor**

Address of Witness **Calgary Alberta**

THE TWO
WITNESSES

Occupation of Witness **175th C.E.F.**

MUST
SIGN HERE

Signature of Second Witness **FRED R. McCall**

Address of Witness **Calgary Alberta Can.**

Occupation of Witness **Sergt. 175th Bn. C.E.F.**

I hereby certify that this document is a true copy of an original document now in possession of this office.
Edl. Mortimer
Director Military Estates
NOV 11 1919

FORM OF WILL

WITNESSES

NOTE
The appointment of an executor is necessary

IMPORTANT

The name of the executor should be stated and dated by the executor himself

ONE TWO

WITNESSES

AND

AND

AND

AND

AND

AND

AND

AND

AND

AND

AND

P. 559
MARRIED OR SINGLE

S.
PLACE OF BIRTH Lenore, man. Can.
NAME AND ADDRESS OF NEXT OF KIN John McKinnon
Lenore Manitoba, Can.
RELATIONSHIP OF NEXT OF KIN Father.
NAME AND ADDRESS OF NEXT OF KIN
RELATIONSHIP OF NEXT OF KIN
SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)
PAYABLE TO
RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.		
PARTICULARS	EFFECTIVE DATE	AUTHORITY
Killed in Action	3/6/14	C.L. 245 16/4/14

ADMISSIONS TO HOSPITAL, &c.				
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL	

REG'L No. 696891 RANK fle NAME McKinnon Robert Benjamin
UNIT 175th Bn., TRANSFERRED TO 21st Res Bn DATE 1-2-17 AUTHORITY R 10.
IF IN PERM. CORPS / WHAT UNIT
PERMANENT FORCE ALLOWANCES TRANSFERRED TO 50th Bn DATE 21-2-17 AUTHORITY B 10-19-17
PLACE OF ATTESTATION Medicine Hat, Alta. TRANSFERRED TO L DATE 1-7-17 AUTHORITY CL 245 14/14
DATE OF ATTESTATION 1/6/16. TRANSFERRED TO DATE
ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
PAYABLE TO RELATIONSHIP
ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
PAYABLE TO RELATIONSHIP
STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON
DISCHARGE DATE AND PLACE REASON AND AUTHORITY
ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)



Entered on N.E. Card Index
Checked by A. Sadler

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS												
	No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT															
1916															13 60																	13 60					Bal from bar.						
Oct/31	31	1.00	31	-	31	10	3	10							34 10																												
Nov	30	.80			30	.	3								33																												
Dec	31	.31			31	.	3	10							34 10		73	2/11																									
1917	Jan	31	1.00	34	10										34 10		126	24/11																									
Feb	20	.20													22		176	18/12																									
7-1-18		8													8 80																												
Mar	1-31	31			34	10									34 10		949	26/3	383	2/2																							
Apr					33										33		885	5/3	447	12/2																							
May					34	10									34 10		121	30/4																									
June					33										33																												
															2 25																												
					300	30																																					

No Can Ap. C.P.A. 8/20/17

Checked [Signature]

RECEIVED
OCT 30 1917
Account rendered

