

ATTESTATION PAPER.

Original No. 186360 Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION (ANSWERS)

- 1. What is your surname? Mc Laughlin
1a. What are your Christian names? Dan.
1b. What is your present address? Asquith, Sask.
2. In what Town, Township or Parish, and in what Country were you born? Stermont, Ont.
3. What is the name of your next-of-kin? Jim McLaughlin,
4. What is the address of your next-of-kin? Minn. U.S.A.
4a. What is the relationship of your next-of-kin? Brother.
5. What is the date of your birth? December 13th 1875.
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? 58th Militia as Cook.
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, Dan McLaughlin, 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.

Dan McLaughlin (Signature of Recruit)
Geo. Hutchings (Signature of Witness)

Date February 12th 1916.

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Dan McLaughlin, 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.

Dan McLaughlin (Signature of Recruit)
Geo. Hutchings (Signature of Witness)

Date February 12th 1916.

CERTIFICATE OF MAGISTRATE.

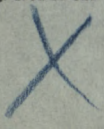
The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

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 Winnipeg, Man. this 12th day of February 1916.

(Signature of Justice)



Carroll 7/9/16 H.S.

Description of Dan McLaughlin. on Enlistment.

Apparent Age 40 years 5 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 ins.

Chest measurement { Girth when fully expanded 36 ins.
 Range of expansion 2 ins.

Complexion Fair.

Eyes Blue.

Hair Brown

Religious denominations. { Church of England.....
 Presbyterian X.....
 Methodist.....
 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 February 12th 1916. 191

Place Winnipeg, Manitoba.

J. C. ...
 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.

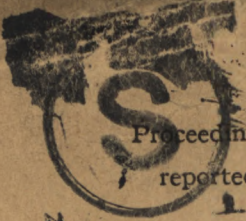
Dan McLaughlin

.....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 February 12th 1916. 191

Lieut-Colonel
 98TH CANADIAN INF. BATTALION
 "WINNIPEG RIFLES"



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

Attestation Papers..... *X2*

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... *1*

Proceedings on discharge.....

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.....

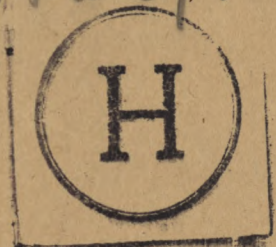
Company Conduct Sheet..... *1*

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

M. F. W. 62



M. F. W. 62.
25m.—12-15.
H. Q. 1772-39-935.

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

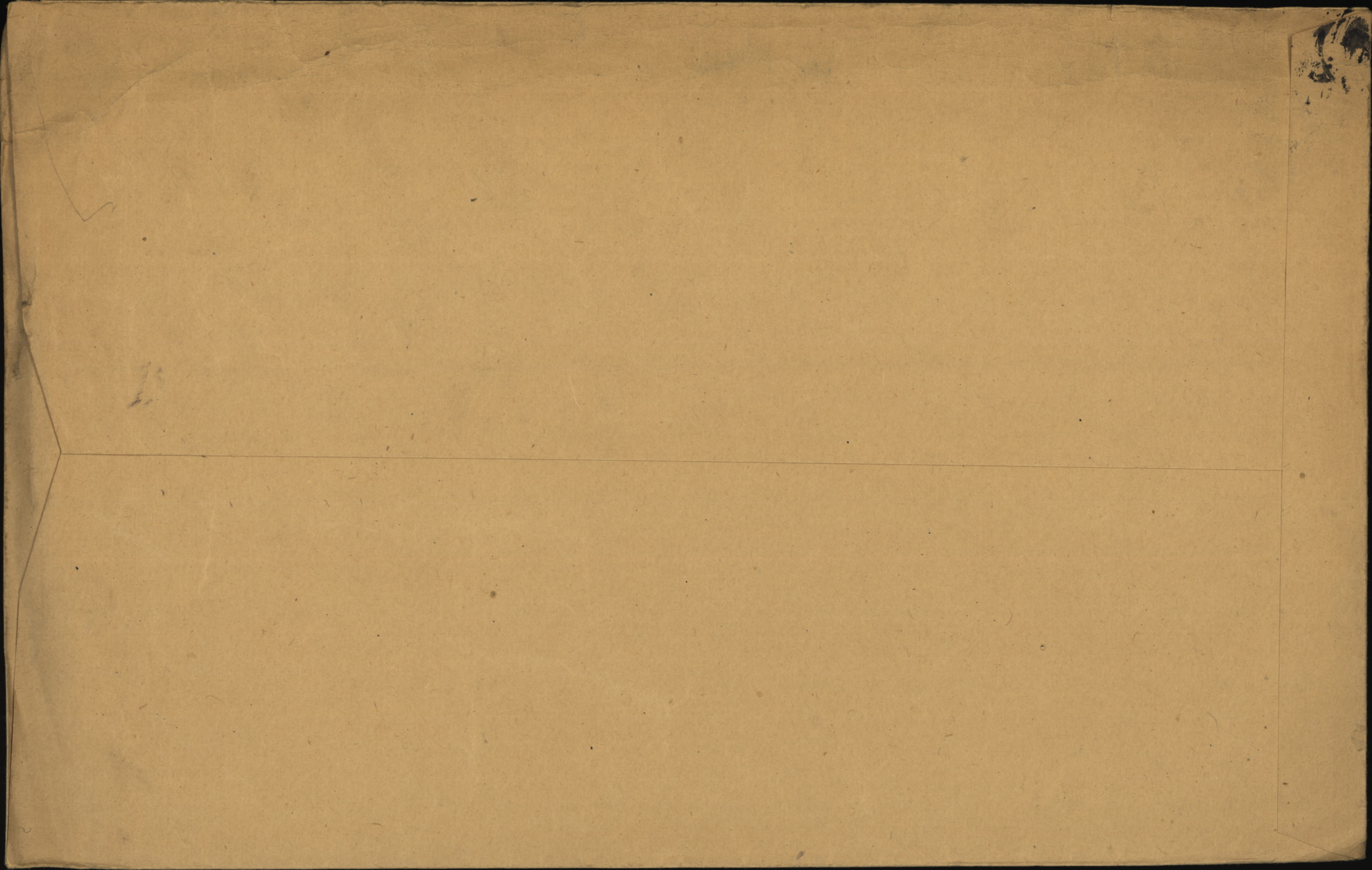
Name *McLaughlin, Dan*

Regt. No. *186360* Rank *Private*

Corps *90th Ill. Batt. I.E.F.*

Not likely to become efficient

25014



NAME

McLaughlin, Dan.

S.O.S. Div 31-346.10

RANK & NO.

Pte.

186360.

CORPS

90th.

Batt.

ENLISTMENT, PLACE

Winnipeg, Man.

DATE

Feb. 12th. 1916.

FORMER CORPS

58th Militia a. C.

COUNTRY OF BIRTH

Canada, Stormont, Ont.

NEXT OF KIN

McLaughlin, Jim. (Brother)

ADDRESS OF NEXT OF KIN

*9616 Fifth Ave., S. Minneapolis,
Minn., U. S. A.*

DISCHARGE, PLACE

DATE

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Labourer.

RELIGION

Presbyterian.

DESCRIPTION.

APPARENT AGE

40.

YEARS

5.

MONTHS

HEIGHT

5,

FEET

4,

INCHES

CHEST MEASUREMENT

36.

INCHES

EXPANSION

2.

INCHES

COMPLEXION

Fair.

EYES

Blue

HAIR

Brown.

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Winnipeg, Man.

DATE

Feb. 12th 1916.

REMARKS:

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.....90th Overseas Battalion.....

(2) Regimental Number186360.....

(3) Full Name of Soldier.....DAN. McLaughlin.....

(4) Place of Birth.....Ontario Canada.....

(5) Are you married, or not?

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

(b) Present Postal Address.....

(7) Are you a widower?

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

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

Also their names and ages.....

(9) Is your Father alive?.....~~Yes.~~ 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.

Brother. Jas. McLaughlin.

1616. 5th Ave. South.

Minnneapolis.

(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?.....

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.

Date. March. 9th. 1916.

W. H. ...
Major
Officer Commanding. No. 1 Co.

No. 186360 RANK

*pvt*NAME *Mc Laughlin D.*

T. O. S. 12-2-16

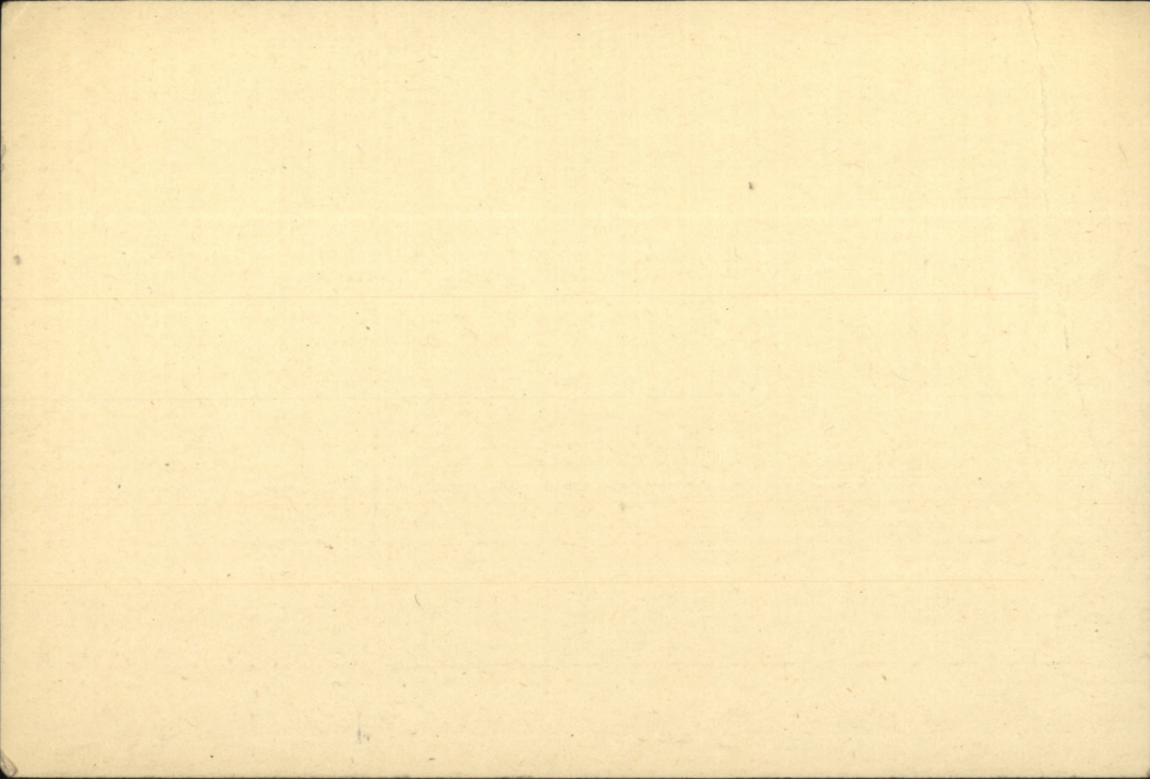
UNIT

*90th Battalion**Mar. pay list*M. D. *10*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916 Feb. 12</i>	<i>1916 Mar. 31</i>	<i>✓</i>	<i>forfeits 3 days pay, a.w.c. 165 hrs det S.O.S. 31-3-16 (not likely to become eff.)</i>	<i>Mar. pay list Mar. pay list.</i>
			<i>a/c closed by payment \$.</i>	

UNIT SAILED

MAY 31 1916



MEDICAL HISTORY SHEET.

Surname McLaughlin. Christian Name Dan.

Examined { on 17 day of February 1916.
at Winnipeg

Birthplace { City or Town Ontario
County Canada.

Apparent age 40 Years

Trade or occupation Lumberman.

Height 5 Feet 4 Inches.

Weight 150 Lbs.

Chest measurement { Minimum 34 inches.

{ Maximum expansion 36 inches.

Physical development Fair

Small-Pox Marks None

Vaccination Marks { Arm Right. Left ✓

{ Number 1

When Vaccinated last Infancy

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection

Teeth to be attended to.

Approved by J. M. [Signature]
Rank Capt. M.O.

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

Date.	Result.	VACCINATIONS.
		M.O.
		M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.
		M.O.
		M.O.

Enlisted on 17 day of February 1916 at Winnipeg, Man

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>90th Overseas Battalion</u>	<u>186360</u>		
Transferred to				

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.

Surname *McC Laughlin* Christian Name *Jan*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				

RECORDED
INDEXED

THE MEDICAL BOARD