

ATTESTATION PAPER.

No. 282161

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

TRIPLICATE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *McLaughlin*
- 1a. What are your Christian names?..... *William*
- 1b. What is your present address?..... *73 1/2 Windsor St Halifax NS*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Islet B Islands Nfld*
- 3. What is the name of your next-of kin?..... *Mrs. Gertude McLaughlin*
- 4. What is the address of your next-of-kin?..... *73 1/2 Windsor St. Halifax*
- 4a. What is the relationship of your next-of-kin?..... *Wife*
- 5. What is the date of your birth?..... *13 June 1892*
- 6. What is your Trade or Calling?..... *Laborer*
- 7. Are you married?..... *Yes*
- 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, *Wm 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.

Date *6-3-16* 191 *Wm. McLaughlin* (Signature of Recruit) *J. S. DeWolf* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Wm 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.

Date *6-3-16* 191 *Wm. McLaughlin* (Signature of Recruit) *J. S. DeWolf* (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 *Halifax* this *6* day of *March* 191 *6* *[Signature]* (Signature of Justice)

J.P. in and for the city and County of Halifax

Description of *McLaughlin, William* on Enlistment.

Apparent Age... *23* 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. *6* ins.

Weight 170

Chest measurement { Girth when fully expanded..... *34* ins.
 Range of expansion..... *2* ins.

Complexion *Medium Light*

Eyes *Blue*

Hair *Dark 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..... *March 6* 191*6*

J. H. Ellis
Capt - Amc
 Medical Officer.

Place..... *Halifax, N.S.*

*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.

Wm 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.

W. M. Head (Signature of Officer)
 Comd'g. 219th. "Overseas" Highland B'n. C.E.F.

Date..... *Mar 6* 191*6*.

REGIMENTAL DOCUMENTS

NAME

McLaughlin Weisman

REGT. NO.

282161

UNIT

H. Q. FILE NO.

8

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

Died
24-2-17

DISCHARGE

Category

25263

DESERTION

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)

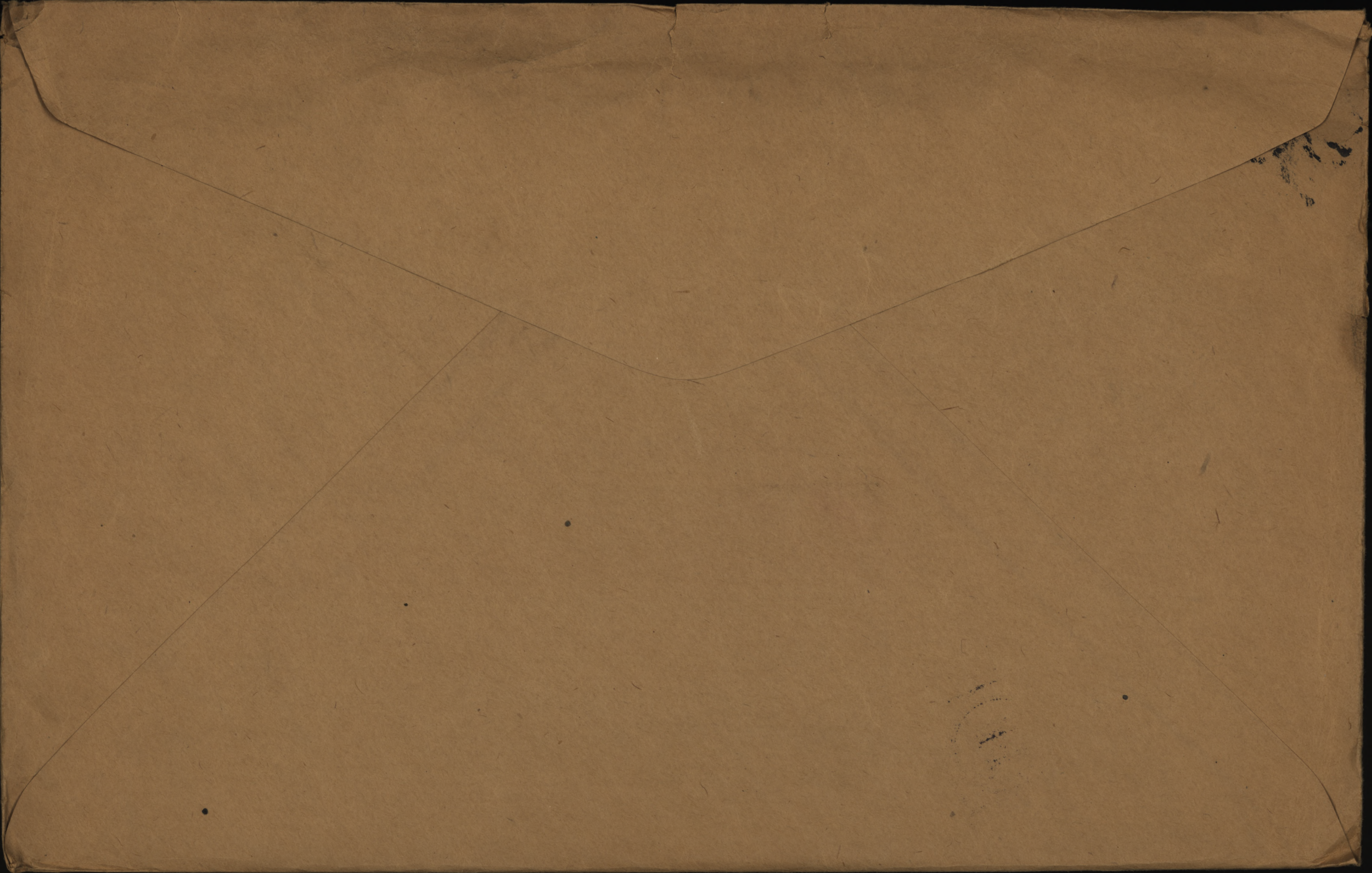
10

M

H

1 Bond
1 M 52 (will)
1 Cas card
1 B 122

mx
16/2/50



SURNAME.

Mc Laughlin

(649-M-13453)

CARD NO.

CHRISTIAN NAMES

William

D
FOL.

REGL. NO.

282161

RANK

pte.

UNIT

219th.

Bn.

FORMER CORPS

nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Mc Laughlin, Mrs. Gertrude

RELATIONSHIP TO SOLDIER

Wife.

ADDRESS

73 1/2 Windsor St. Halifax, N.S.

COUNTRY OF BIRTH

Newfoundland

DATE

Flat Islands, June 13th, 1892

PLACE OF ATTESTATION

Halifax, N.S.

DATE

Mar. 6th, 1916.

Sailed from Halifax

per S.S. Olympic

L. L. 94504. M. & D. 6512

12-10-16

M. F. W. 22. 250M.-216. H. Q. 1772-39-339.

MARRIED *yes.*

SINGLE

WIDOWER

TRADE OR CALLING *Labourer.*

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

23 YEARS

MONTHS

HEIGHT

5 FEET

6 INCHES

CHEST MEASUREMENT

34 INCHES

EXPANSION

2 INCHES

COMPLEXION *Med. Light*

EYES

Blue

HAIR

dk. Brown

DISTINGUISHING MARKS

Not stated.

MEDICAL EXAMINATION.

PLACE

Halifax. N.S.

DATE

Mar. 6th. 1916.

Present Address: 73½ Windsor St. Halifax. N.S.

McLaughlin, William *Pt.* No. 282161 ^{13.} 15th Bn.

Med. and Dec.

Widow

Mrs. G. Vincent,
48½ Willow St.,
Halifax N. S.

M

M

Scroll Desp. JUN 18 1921 Reqn. No. 2.47661

(Ser. # 769262)
P. and S. Widow

Same as above.

Memorial cross

Widow

Plague Desp. DEC 2 1921 Reqn. No. p19007

Memorial cross

Mother

Mrs. E. McLaughlin,
Address as above.

39217

not elig. for star.
" " v.m.
" " B.W.M.
mf.

18

M.
W

6-39200

DEC 31 1920

916
942

638489

DEC 27 1920

und ch

282161

V. Pte. ~~10~~

Number Rank

Surname..... Mc LAUGHLIN

Christian Name..... William

Units..... 13th Bn. Can. Inf. Theatre of War France

Date of Service..... 6/12/16

Remarks.....

Latest Address..... Mrs G. Vincent
48 1/2 Willow St

Roll No B. Page 7520. Halifax N.S.

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 _____

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

DESP DEC 15 1921
REGN. NO. 1100005.154

REGT'L NO 282161NAME McLaughlin William

H. Q. FILE NO. 649-

RANK AND CORPS

Pvt. 13th Bn (form 219th Bn)

FOLLOWS

NO.

CABLE

No.

DATE

NATURE OF CASUALTY

FOLLOWS

No.	DATE	NATURE OF CASUALTY
09516	27-2-17	Died of wounds 6 Casualty Clearing Station, February 24/17
A 2 B	2090 ^a	Died of wounds rec'd in action No 6.
Rouen	3-3-17	Cas. l. Station France 24-2-17 (Rec'd 9-5-17)

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A 598 A 1610	6 Cas. bk. Stat.	24-2-17 ²³	Died of wounds. LW. Head. (penetrating) nature of wounds rep. as.

Name MCLAUGHLIN Rank William Pte. Reg. No. 282161
 Unit 13th. Battn.
 Next of Kin Canada

25-9m-4039

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917.						
24-2	6 Cas.Cl.Station		<u>DIED OF WOUNDS</u>			28-2
				A598		09516
	Nature of Wds.now Rept.as		SW.Head Penet.	A610		

No. 282161

RANK *Pvt.*

NAME

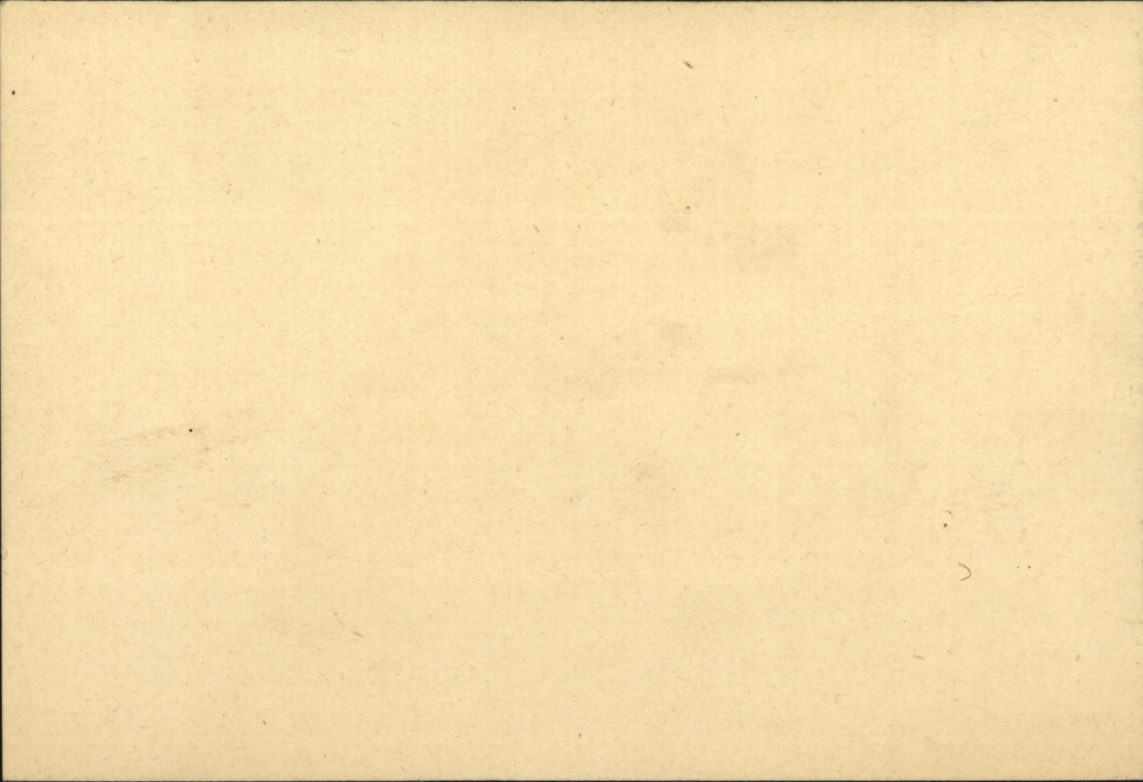
McLaughlin, Wm.

T. O. S. 6-3-16 D. O. 2207

UNIT

*219th Highland Bn. Halifax Detach.**1-27-3-16.*M. D. *6.*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i> <i>Mar. 6</i>	<i>1916</i> <i>Mar. 31</i>	<input checked="" type="checkbox"/>	<i>24 hrs det for disobeying order D@102 of 6-7-16.</i>	
<i>apl</i>		<input checked="" type="checkbox"/>		
<i>may</i>		<input checked="" type="checkbox"/>		
<i>June</i>		<input checked="" type="checkbox"/>		
<i>July</i>		<input checked="" type="checkbox"/>		
<i>Aug</i>		<input checked="" type="checkbox"/>		
<i>Sept</i>		<input checked="" type="checkbox"/>		
<i>Oct</i>		<input checked="" type="checkbox"/>		



Surname **McLaughlin** Christian Name or Names **W.** Reg. No. **282161**
 Rank **Pte.** Unit **13th Bn.** Co. Troop Batty
 Hospital **6 Cas. Clg. Station** Date of Admission **24-2-17.**
 Transferred Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Died of Wounds 24-2-17.

DISPOSITION

Date

C.L. 28-2-17 A598

REMARKS

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm

1.

2.

3.

4.

5.

6.

7.

20

Register No. *Dmc175*

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. *12469-24-24*

Reg't No. *282161* Name *William* *McLaughlin*
(Christian Name) (Surname)
Unit *219th Bn.* Rank *Pte.* Date of enlistment.....
Date of casualty *24.2.17.* B.P.C. File No. *10574.*
Was service performed overseas? *Yes*

DEPENDENT

Name *Mrs. G. Vincent (nee McLaughlin)* Relationship *Widow*
Address *195 Soudan Ave.,*
Toronto,
Ontario.

M.F.W. 2652
25M-6-20.
H.Q. 1772-89-1473

Amount of Special Pension Bonus \$ *64* Abstracted by *M. Knox*

Eligible for Gratuity \$ *180.00*

Less amount of Special Pension Bonus paid \$ *64.00*

Less Debit Balance of S. A. or A.P. \$

Total deductions \$ *64.00*

Balance due \$ *116.00*

Cheque No. *21892694* Date issued *20/7/20*

REMARKS :
.....
.....
.....
.....

Clerk *J. C. Muller*

Audited by
J. Man
Date *19.7.20*

24.27

116.00

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname

Christian Name

Regimental Number

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$ per diem; Field Allowance \$ per diem. Separation Allowance \$ per month.

U.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

Remarks:

M. F. W. 127
 300M-1-19
 1772-30-1140

G.C Rank Name McLAUGHLIN. William. Reg'l No. 282161.

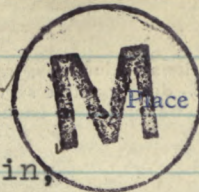
Unit 219th. Batt. If in perm. Corps, }
What Unit? } Married or Single Married.

Place and Date of Enlistment Halifax. 6th. March 1916. Place of Birth Flat Islands.
Newfoundland.

Name and Address, Next-of-Kin Mrs Gertrude. McLaughlin, Relationship Wife.

73 1/2. Windsor St. Halifax. N.S. Canada. Relationship Wife.

Assigned Pay Monthly \$ Payable to



mx.
16/12/20mf.

Separation Allowance \$ Payable to RL.25-M-4039.

Discharge, Date and Place Reason

Report.		Record or promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	Character	REMARKS Taken from Official Documents.
Date.	From whom received.					
		Arrived in England S. S. Olympic		18/10/16		
5-12-16	O. b. 219 Bn.	S. O. S. to 13th. Bn.	Witley	5-12-16	Part II D.O. # 230	
21.12.16	To 13 th	Taken on Strength	Field.	6.12.16.	— — — 81.	
28-2-17	"	Died of Wds. 6 Bas. Bldg'n Station		24.2.17	Ch. a 598.	
3-3-17	"	Died of Wounds		24.2.17	P. 50 19.	
14-3-17	"	Nature of Wds now rept as. SW. Head (Penetrating)			Ch. a 610.	

A.F.B. 103 CHECKED

11 DEC 1916

DW

mma

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

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

350M.—5-16

H. Q. 1772-39-920.

1ST QUEBEC REGT.

Casualty Form—Active Service.

Unit, Regiment or Corps. ⁴ 219th ¹ *tho* ² *S. H. B. C. E. F.*

Regimental No. ¹ 282161^c Rank. ² Private Name. ³ *William McLaughlin*

Enlisted (a) ⁵ 6-3-16 Terms of Service (a) ⁶ *Do of U.S. Contn.* Service reckons from (a) ⁷ 6-3-16^c

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) ⁸

CERTIFIED CORRECT.
 14 DEC. 1916.
 CAN. RECORDS, LONDON.

Report Date	From whom received	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
		Embarked Cayada	Halifax	13-10-16	
		Disembarked England	Liverpool	19-10-16	
		C. 219 th proceeded off for service with 13 th Batten. Can.	Witley	5.12.16	H. U. Orders. No. 230 <i>John Hopkin</i>
6/12/16	C. B. D.	ARRIVED C. B. D.	FRANCE	6/12/16	N. R. D. PART II ORDERS No. 81 D 21/12/16
4/12/16	C. B. D.	LEFT C. B. D. FOR	13 th BN	4/12/16	N. R. D.
15/12/16	O. 13 th BN	ARRIVED 13 th BN.	FIELD	9/12/16	B. 213 D.
23/2/17	13 th BN	Wounded	Field	23/2/17	K.O 137-3529
26/2/17	13 th BN	Died of Wounds	1106 Cas Cottin	24/2/17	K.O 137-3532-88846 3/17 H. U. Ord. 19. 3/3/17 <i>John Hopkin</i>

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

Casualty Form - Active Service

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				

RECEIVED
1947 JUN 11
OFFICE OF THE
ADJUTANT GENERAL
WASHINGTON, D. C.

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

352

M. F. W. 12
 50m.—7-16
 H. Q. 1772-39-316

E. D.

To Whom *Mrs Gertrude M^s Laughlin* By Whom Assigned *W^m Laughlin W^m*
 Address *73 1/2 Windsor St* Regtl. No. *282161*
Halefang W.S. Rank *pte*
 Rate *20⁰⁰* Corps *219. Batt.*
OCT 1 - 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			<p><i>Died of wounds 24-2-17. L. 2 = 28-2-17. 28</i></p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Pensioners Notified DATE <i>19/4/17</i></p> <p><i>W. Goldsmith</i></p> <p>Killed in Action DATE</p> </div> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>F. X. Rend. Date By</p> <p>E. F. X. " Date <i>7 9/17</i> By <i>Aug</i></p> </div>
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

10

11
12
13
14

15

16

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

353

M. F. W. 12a.
 50m.-6-16.
 1772-39-819.

Sheet No. 2.

L. L. Job 4503. -Req. 6832.

Mrs. Gertrude M. Laughlin
 PAYMENTS.

Name of Soldier

282161.

M. Laughlin. Wm.
 pte 219. Batt
 OCT 1. 1916

Month.	Year.	Cheque No.	Amt.
April	1916		
May			
June			
July			
Aug.			
Sept.			
Oct.		V26977	20
Nov.		N29521	20
Dec.		K36863	20
Jan.	1917	H38793	20
Feb.		H44785	20
March		351684	20
April			X
May		PENSION GRANTED	
June		PER NO.	
July			
Aug.			
Sept.			
Oct.			
Nov.			
Dec.			
Jan.	1918		
Feb.			
March			
April			
May			
June			
July			

b. x. 14/3/17 gr.
 of to remain open till pension granted
 assignee dependent.
 Died of wounds, 24-2-17. $\frac{1}{2} = 28-2-17$
 Pension granted Feb 25/17
 1/4826/3/17

2007

ch

Spec Reg 20-3-17

WAE

B.P.C. Record #2000 *Ch. 14/6/17*

F. X. Rend. Date.....	BY
E.F.X. " Date <i>7/17</i>	By <i>WAE</i>

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

SEPARATION ALLOWANCE

E
G
Name Mrs Gertrude McLaughlan

Name of Soldier McLaughlan William

Address

73 1/2 Windsor St
Halifax
Nova Scotia

Regtl. No. # 282161

Rank Plc -

Corps

219th Battrn C & F

Relation to Soldier

wife, child or mother

} wife

To what Corps belonging

when called out

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

ACCOUNT CLOSED
DATE.....
PBR.....
W

3

10. 10. 10.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

Sheet No. 2.

L. L. Job 210 - Req. 657

Name of Soldier

*McLaughlan William**Wife
Mrs Gertrude McLaughlan*

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	P2534	36	36
May		V2693	20	20
June		W4574	20	20
July		Y9555	20	20
Aug.		M14137	20	20
Sept.		E16136	20	20
Oct.		M19912	20	20
Nov.		S.23210	20	20
Dec.		D26734	20	20
Jan.	1917	J27389	20	20
Feb.		F31273	20	20
March		L34422	20	20
April				20
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*acc. closed Pension granted
25/2/17. DWD 24/3/17*

ACCOUNT CLOSED

DATE..... PER *W*.....

KILLED IN ACTION.....

PENSION GRANTED *25-2-17*.....

*Overpayment
\$22.81 Recd. by Pensioners.
of
Finally closed*

W

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.	1919			
Jan.				
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.	1920			
Jan.				
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

ORIGINAL

"A"
282161

MEDICAL HISTORY SHEET

ORIGINAL

Surname *Mc Laughlin*

Christian Name *William*

Examined { on *6* day of *March* 191*6*.
at *Halifax*.

Approved by

J. Ellis

Birthplace { City or Town *Flat Island*
County *Newfoundland*

Rank *Capt* *amre* M.O.

Apparent age *23* years.

Trade or occupation *Laborer*

Height *5* Feet *6* Inches.

Weight *120* Lbs.

Chest measurement { Minimum *34* inches.
Maximum expansion *32* inches.

Physical development *Good*

Small-Pox Marks

Vaccination Marks { Arm *Right* *Left*.
Number

When Vaccinated last *Never*

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Nil

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.
<i>16-6-16</i>	<i>Good</i>	<i>S. Churchill</i> M.O.
		M.O.
		M.O.
Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<i>29-3-16</i>	<i>Good</i>	<i>S. Churchill</i> M.O.
<i>11-4-16</i>	<i>good</i>	<i>S. Churchill</i> M.O.
<i>15/11/16, a/b</i>		<i>S.P.C.</i> M.O.

Enlisted on *6th* day of *March* 191*6* at *Halifax N.S.*

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<i>219th. "Overseas" Highland B'n. C. E. F.</i>	<i>282161</i>		<i>6-3-16</i>
Transferred to	<i>18th Bu.</i>			

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, William M Laughlin (Name in full)

Regimental Number 282161 serving in 219th OENBn

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

I bequeath all my real estate unto

Gertrude M Laughlin
73 1/2 Windsor St
Halifax Nova Scotia

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

absolutely, and my personal estate I bequeath to

Gertrude M Laughlin
73 1/2 Windsor St
Halifax Nova Scotia

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

IMPORTANT NOTE

This must be Signed and Dated by THE SOLDIER HIMSELF.

this 26th day of August A. D. 1916

William M Laughlin 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 W Jldan

Address of Witness Shubenacadie N.S

Occupation of Witness Farmer

THE TWO WITNESSES MUST SIGN HERE

Signature of Second Witness Amos Willard Harris

Address of Witness Port Wade Annap. Co. N.S.

Occupation of Witness Mechanic

FORM OF WILL

Name in full

Testamentary Name
of the Canadian Expeditionary Force do hereby revoke all former Wills made and declare this to be my last Will

I bequeath all my real estate unto

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

Name and Address
of person or
person to receive
personal estate

Name of Soldier

NOTE - Personal estate includes pay, effects, money in bank, insurance policy, life insurance

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 the presence of his request, and in the presence of each other have hereunto subscribed our names as Witnesses

Signature of First Witness

Address of Witness

Occupation of Witness

Signature of Second Witness

Address of Witness

Occupation of Witness

