

#33141

ATTESTATION PAPER.

No.

Folio. 156

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *John Neal*
2. In what Town, Township or Parish, and in what Country were you born?..... *West Derby - Lancs - England*
3. What is the name of your next-of-kin?..... *John Neal*
4. What is the address of your next-of-kin?..... *Brighthelm Port*
5. What is the date of your birth?..... *July 9th 1886*
6. What is your Trade or Calling?..... *Hospital Attendant*
7. Are you married?..... *No*
8. Are you willing to be vaccinated or re-vaccinated?..... *Yes*
9. Do you now belong to the Active Militia?..... *Yes*
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) *Yes*
CANADIAN OVER-SEAS EXPEDITIONARY FORCE?)

John Neal (Signature of Man).
Ed Palmer (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *John Neal*, do solemnly declare that the above answers made by me to the above questions 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 *September 23rd* 1914. *John Neal* (Signature of Recruit)
Ed Palmer (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *John Neal*, 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 *September 23rd* 1914. *John Neal* (Signature of Recruit)
Ed Palmer (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 *Valcartier* this *23rd* day of *September* 1914.

D. W. McPherson (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

E. B. Hardy Major (Approving Officer)
Ame

2nd F.A.C. Sec C

Description of John Neal on Enlistment.

Apparent Age 28 years 7 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. 9 ins.

Chest measurement { Girth when fully expanded 34 3/4 ins.
Range of expansion 3 1/4 ins.

Complexion dark

Eyes brown

Hair dark brown

Religious denominations. { Church of England X
Presbyterian
Wesleyan
Baptist or Congregationalist
Other Protestants (Denomination to be stated.)
Roman Catholic
Jewish

S 7ae scars l. arm
fleshy mole 1" to left
umbilicus

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 Sept 8 1914.

Lieut C.A. Robson
Came
Medical Officer.

Place Valcartier

*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.


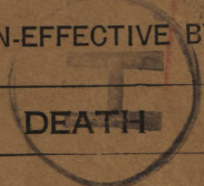

John Neal having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

Date Sept 23rd 1914. D.W. McPherson Lieut. (Signature of Officer)
Amc

REGIMENTAL DOCUMENTS

NAME NEAL JOHN REGT. NO. 33141 UNIT _____ H. Q. FILE NO. _____

7-10-19
33141
S

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)		 M Mar 31/20			 DEATH	
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)			Category			
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)						
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE	
DENTAL HISTORY SHEET (M.F.B. 465)					Category	
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)					DESERTION	
LAST PAY CERTIFICATE (M.F.W. 44)				01295		
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)						
1 Cas card		 H				
1 7/14/19						
1 11/20						
	MX					1
	8, 9, 20					51-18
	JAS				27-18	
					2-20	



723
33

Number

33141

Rank

Pte

Surname

NEAL

Christian Names

John

Unit

C.A.M.C.

Theatre of War

France

Dates of Service

9-2-15

Remarks

Catcher

Latest Address

John Neal Esq.

P.O. Box 424

Roll No.

B Page 1078

Englehart, Ont.

B
X

X

D

G. 5017.

Recap.

MAR 9 - 1921

La 30053 ~~copy~~

AUG 10 1921

SURNAME.

Keal (649-M-5866)

CARD NO.

CHRISTIAN NAMES

John

FOLL.

D

REGL. No.

33141

RANK

Pte

UNIT

No 2. Fld. Amb.

FORMER CORPS

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Keal, John

RELATIONSHIP TO SOLDIER

ADDRESS

Englehart, Ont.

COUNTRY OF BIRTH

England, West Derby, Lancs

DATE

PLACE OF ATTESTATION

Valcartier, P. Q.

DATE

Sept. 23rd 1914

L. L. 6915. M. & D. 6994.

9/24/10/14

M. F. W. 22. 100M. -8-16. H. Q. 1772-39-339.

From Quebec per

S.S. "Cassandra" 4/10/14

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

A.A.Q.

Neal, J. ^{*John*} 33141 Pte. 2nd Can. Fld. Amb., *C.A.M.C.*
Eligible for 14-15 Star, Pte. 2nd Can Fld Amb. C.A.M.C.

Medals & Decorations. (Father) John Neal, *Esq.*
Scroll Date ~~MAR 16 1921~~ Regn. No. 2.29030 P. O. Box 424,
Englehart, Ont.

Plaque Date ~~JAN 20 1922~~ Regn. No. P 2873
Bacque & Scroll. (Father) John Neal, *Esq.*
same address.

(Serial no. 79/387)

Memorial Cross. (Mother) Mrs. A. Neal,
same address.

Resp. SEP 15 1920 *(M) @ 22864*

d
gfs

M

331

331

NAME *Meal, John*

H. Q. FILE No. 649-

REG'TL. No. *33141*

RANK AND CORPS *Pte. 2 Cav Fld. Amb.*

CABLE

NO.

DATE

NATURE OF CASUALTY

M5843

29-4-16

Killed in action April 17th.

A. F. B2090A

Rouen 30-4-16

Killed in action 17-4-16

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

a15-b.

Rep from Base.

17-4-16

Killed in action

Surname *Neal*

Christian Name or Names

Reg. No. *33141*

Rank *Pte.*

Unit

J.

Co.

Troop

Batty.

1st Div. C.A.M.B.

Hospital

Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses: If more than one state present

DISPOSITION

Killed in Action 17. 10/16

b.L. 1. 5. 16 # A156

REMARKS

rept. from Base.

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

70

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Casualty Form—Active Service.

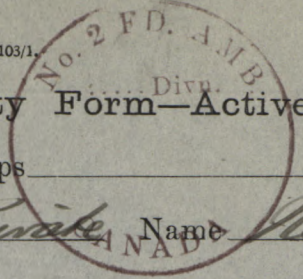
Regiment or Corps _____

Regimental No. 33141 Rank Private Name Neal J.

Enlisted (SEP 22 1914) Terms of Service (a) _____ Service reckons from (a) _____

Date of promotion to } _____ Date of appointment } _____ Numerical position on } _____
 present rank } to lance rank } roll of N.C.Os. }

Extended _____ Re-engaged _____ Qualification (b) _____



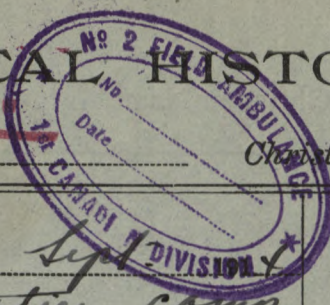
Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B, 213, Army Form A, 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
<u>2/10/15</u>	<u>O.C. Unit</u>	<u>Proceeded on 7 days leave</u>	<u>In the field</u>	<u>30/9/15</u>	<u>B213</u>
<u>9/10/15</u>	<u>do</u>	<u>Rejoined from leave.</u>	<u>"</u>	<u>7/10/15</u>	<u>B213.</u>
<u>20/4/16</u>	<u>Ob. No 2 base Field Amb</u>	<u>Killed in Action.</u>	<u>"</u>	<u>17/4/16</u>	<u>187/ came 2/2. 17-5 Ord 18 30/4/16</u> <u>Prinshaw</u> <u>Capt C.A.M.C.</u> <u>for Lt Coln A.A.S.</u>

(*) 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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

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				

ORIGINAL MEDICAL HISTORY SHEET.

33141



Surname Heat Christian Name John 156

Examined on 8th day of Sept
 at Valcartier camp
 Birthplace { City or Town W-Derby - Jones
 County England
 Apparent age 28 years two months
 Trade or Occupation Hosp. Attendant
 Height 5 Feet 9 Inches
 Weight _____ Lbs.
 Chest measurement { Minimum 31 1/4 inches
 Maximum expansion 3 1/2 inches
 Physical development Good
 Small or Marks _____
 Vaccination Marks { Arm Right Left
 Number 5
 When Vaccinated last _____
 (a) Marks indicating congenital peculiarities or previous disease _____

Approved by D. W. McPherson
 Rank Lt Colonel M.O.

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

Date	Result	VACCINATIONS.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.

Enlisted on 8 day of September 1914 at Valcartier

CORPS.	REG'TL NUMBER.	HABITS.	DATE.
<u>#2 F.A.A.M.C.</u>	<u>33141</u>	<u>Canal.</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.

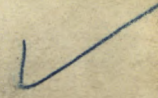
This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.

W. R. WARD,
 Colonel in Charge of Records,
 Canadian Contingents.

The Medical History Sheets of all after proceeding overseas, must be returned by the Officer commanding their unit to the Record Office when they leave England.

W. R. WARD,
 Colonel in Charge of Records,
 Canadian Contingents, London.

NAME NEAL, John.



Regimental No. 33141

Name and address of next-of-kin

Unit No. 2 Field Ambl.

Mr. John Neal,

Date of enlistment 23 Sept. 1914.

Englehart
Englehart,

Place of birth. England.

Ontario.

Married (yes or no) No.

Date and place discharged

Amount of pay assigned monthly \$ Nil.

Reason for discharge

Killed in action 17/4/16

To whom payable

Character on discharge

Killed in action 17/4/16
D.O. 18 17/4/16



Date 1914		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
16/9	31/10	46	1	46	46	10	460		5060			4910			4910	
1/11	30/11	30	1	30	30	10	3	150	3450			3250			3250	
11/12	31/12	31	1	31	31	10	310	2	3610			35			35	
1/1	31/1	31	1	31	31	10	310	110	3520			35			35	
1/2	28/2	28	1	28	28	10	280	20	31			4			4	
1/3	31/3	31	1	31	31	10	310	27	6110			9			9	
1/4	30/4	30	1	30	30	10	3	53	108610			3			3	
1/5	31/5	31	1	31	31	10	310	83	1011720			3			3	
1/6	30/6	30	1	30	30	10	3	114	2014720			3			3	
1/7	31/7	31	1	31	31	10	310	144	2017830			8			8	
								170	30			180			60	
								480								
1/8	31/8	31	1	31	31	10	310	75	1020920			859			859	
1/9	30/9	30	1	30	30	10	3	200	623361			1256			1256	
1/10	31/10	31	1	31	31	10	310	221	0525515			261			261	
1/11	30/11	30	1	30	30	10	3	252	5428554			9433			9433	
1/12	31/12	31	1	31	31	10	310	188	2122231							
1915	3/1	31	1	31	31	10	310	222	3125641							
1/4	29/2	29	1	29	29	10	290	256	4128831							
				532.				5320	480			301.69				

Statement of
AUG 18 1916
Account rendered

Date		PAY		Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate			Amount	No.					
1/3	31/3	31	1	532-	31	10	5320	480			30469				
				31			316	288	31	322	41			262	
							31979								
				<u>563-</u>			<u>5630</u>	<u>480</u>			<u>30431</u>				

Bal. 319.79
 To Settlement
 see large sheet 22/9/16.

Sub no 240
 Cash found in effects 87.4

BALANCE TRANSFERRED TO NEW LEDGER.

MARRIED OR SINGLE

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

Single
England
John Neal
Englehart, Ontario

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Killed in action</i>	<i>17.4.16</i>	<i>DD. 15 17.4.16</i>

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L No. *33141* RANK *Pvt.* NAME *Neal J.*

IF IN PERM. CORPS | WHAT UNIT | UNIT *2nd No. 700* TRANSFERRED TO *N.E.* DATE *18/4/16.* AUTHORITY *DD. 15 17/4/16*

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

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 *killed in action 17/4/16*

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *July 1/16*

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)



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																						
			\$	C.			\$	C.			\$	C.																				NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE											
<i>1916</i>																																																		
<i>Checked</i>																																																		
<i>Wiltshire</i>																																																		
<i>6.5 Aug 16</i>																																																		

Statement of
AUG 18 1916
Account rendered

Cash found in
effects *.87c*

PAY BOOK CHECKER
Date *9th Nov 17*
By *[Signature]*
N.E. BRANCH

37th CSS Sch. No 240
\$336.74 sent to Ottawa for settlement - 23/9/16
at 48th - from Ottawa for English Settlement N.E.
48th P.O. Chk # 12852/23rd Nov 17.

Rank and Name *Pte.* NEAL John
 Regimental No. 33141 ✓
 Unit No 2 Fie 1d Ambl.
 Date of enlistment Sept 23, 1914
 Place of birth England
 Married (Yes or No) No
 If in Permanent Force

2. F. Ambl.

Name and Address of Next-of-kin

John Neal
 Englehart, Ont.

E 11960 b

Date and place of discharge

Reason for discharge

Character on discharge

Promotions or appointments

*MX
 8.9.20
 JAS*

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				
		Embarked.		9/2/15	
		On Strength	France	July 1915	Norm: Roll.
9.10.15	2 F. Am.	Granted 7 days leave of absence from		30.9.15	P. II O. 30
		On strength No 2 F. Am. In field		1.3.16	Norm: Roll.
1.5.16	C.A.M.C.	Killed in Action	In Field	14.4.16	C. L. A156 ON ROLL
30.4.16	2 F. Am	Killed in Action		14.4.16	P. II O. 18

