Regtl. No.2383323

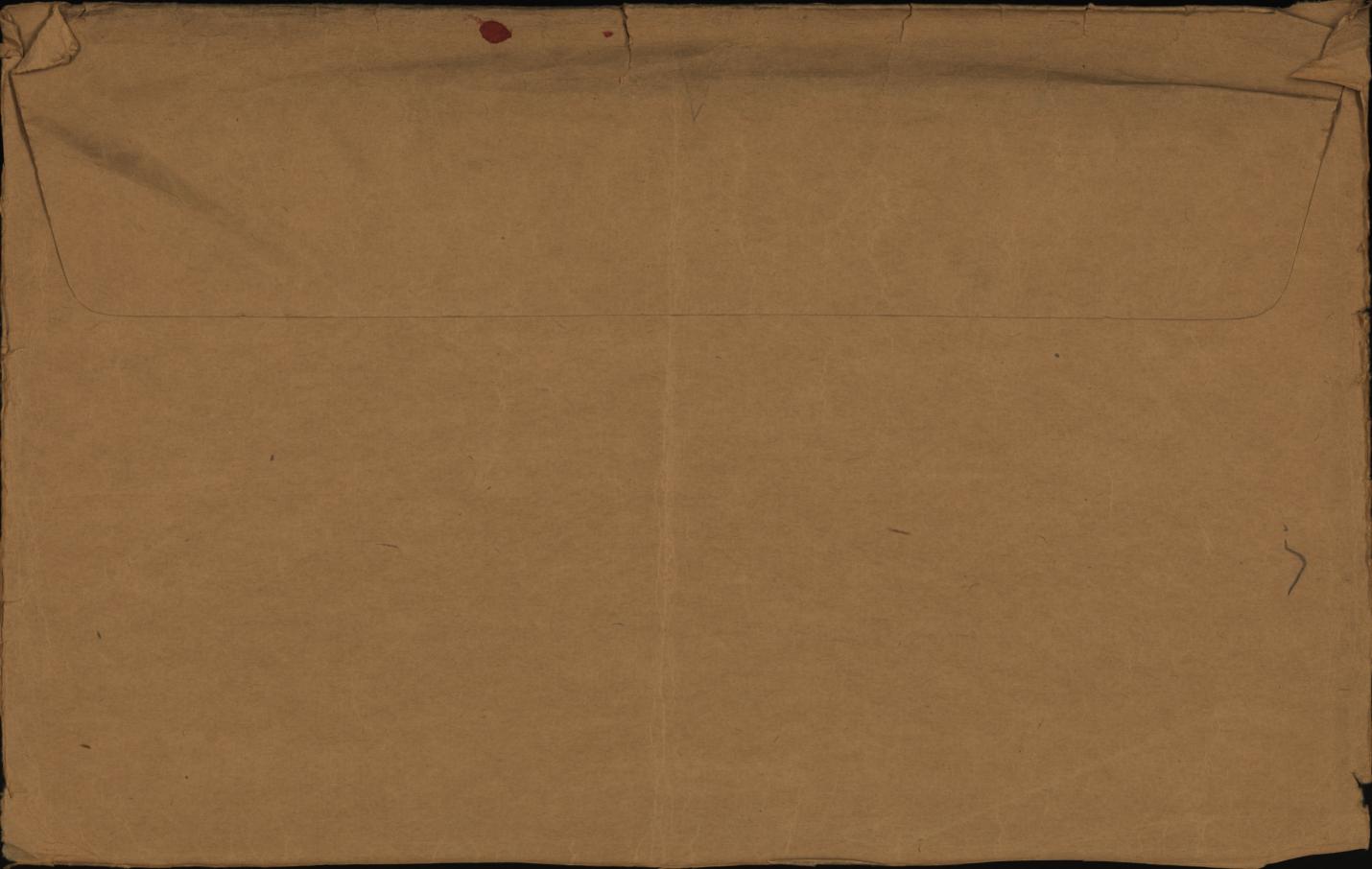
PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917



(Class)	
1. SurnameNuttall	
2. Christian name Garfield Alonzo	
3. Present address 212 McIntyre Street. Port Arthur	Ontario, Canada
4. Military Service Act letter and number 697726 TC	
5. Date of birth 24 January 1895	
6. Place of birth	
8. Religion. Presbyterian	
9. Trade or calling	
10. Name of next-of-kin	
11. Relationship of next-of-kin Father	
12. Address of next-of-kin 212. McIntyre Street. Port Arth	
13. Whether at present a member of the Active Militia	
14. Particulars of previous military or naval service, if any yes4mtl	
15. Medical Examination under Military Service Act:—	
(a) Place. Port. Arthur. Ont (b) Date. 9-11-17 (c)	CategoryA.2.
I,Garfield Alonzo Nuttall above particulars refer to me, and are true.	
DESCRIPTION ON CALLING UP	
Apparent age 22 yrs 10 mths. Height 5 ft 5 ins. Chest fully expanded 32 ins. range of expansion 35 ins.	Distinctive marks, and marks indicating congential peculiarities or previous disease.
ComplexionRuddy	
HairLight	
O. C. "H" CO.	Depot Battalion Major aktoo Regimear Depot Btln.

		2 /1	REGIMENTAL DOCUMENTS			
	NAME Buttall	9. d.	PEGT. NO. 2383323	UNIT	H. Q. FILE NO	
1 43	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
143	ATTESTATION PAPER (M.F.W. 23, 133, or 51)	1))				DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)	V /				Category
6	TRAINING HISTORY SHEET (M.F.W. 113)	1//		7.5.16.26.48		DUN MI
127	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)	1				- January
TX	REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
1	CCMPANY 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.	5. 2)				
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.	A. 2)	对于在一方法			
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.	B. 115)				DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)	15 49 18 18 18 18 18 18 18 18 18 18 18 18 18				
	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 26	(8)				
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2383323

Nuttall

G. A

I.D. number
No. d'identification

Surname Nom de famille

Given names
Prénoms

PERSONNEL RECORDS CENTRE CENTRE DES DOCUMENTS DU PERSONNEL

Location Lieu

7389



MEDICAR HISTORIL SHEET.

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	own Port Wit	tur		Rai	nk /	1 this	u C _{M.O.}
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	thanken				***************************************		М.О.
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	g congenital peculiarities					0	M.O.
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Enlisted on []	day of Heby	2	191.	5_at	don	onto	
	Corps.	REGT'L NUMBER.		Нави	rs.	Da	TE.
Joined on enlistment	Can. Eng. J.D.		5	721			
Transferred to							
EXA	AMINED OR DISC	CHARGED I	BY A	A MED	ICAL E	BOARD.	
STATION.	DATE.	Drs	EASE.			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.

DATES OF 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. Date of Arrival Number of days in Hospital. Admission into Hospital. Discharge from Hospital. Signature STATION. at the DISEASE. of Medical Officer. Station. Day Month Year Day Month Year Christian Name. Surname

 REG. No.

NUTTALL.	UNIT G.A.	Co.	TROOP	2383323.
Pte. HOSFITAL	Man. 43		DATE	OF ADMISSION
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2.		has you.	Hosp.	
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Form R. 149.

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SURNAME. Ruttall	CARD No.
CHRISTIAN NAMES Garfilld alongo REGL. NO. 2383323 RANK Pte. UNIT Man. Right, 1st Upo. Br.	FOLL.
REGL. NO. 2383323, RANK Ptc.	
UNIT Man. Regt. 1 dps. Bn.	
FORMER CORPS mechanical Transport, (4 mos.)	
NEXT OF KIN.	CHANGE OF ADDRESS
NAMES IN FULL Kuttall, along o Washburn	
RELATIONSHIP TO SOLDIER Father	
ADDRESS 2/2 m Intyre St., Part arthur, Out.	
COUNTRY OF BIRTH Canada Port- arthur, ON: DATE	Jan. 24 1895
PLACE OF ATTESTATION Part arthur, out. DATE	Jan. 24 1895- Jan. 32 1918
0/8.21-2-18 115-1	0
	м.—8-17. Н. Q. 1772-39-339.

MARRIED SINGLE WIDOWER

RELIGION

YEARS

INCHES

DESCRIPTION.

HEIGHT FEET INCHES

INCHES

COMPLEXION EYES HAIR

MEDICAL EXAMINATION. PLACE

TRADE OR CALLING

CHEST MEASUREMENT

DISTINGUISHING MARKS

APPARENT AGE

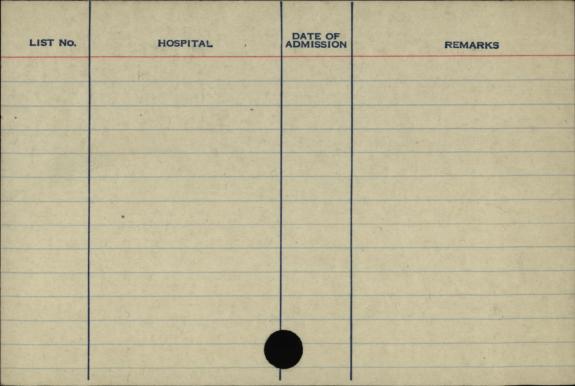
DATE

MONTHS

INCHES

EXPANSION

REGT'L. No. 23 83323 RANK AND CORPS CABLE NATURE OF CASUALTY No. DATE L. L. 31493. M. & D. 8476. M. F. W. 42-100m.-28-11-17. H. Q. 1772-39-893,



Number. 2383323 surname......N.U.T.T.A.L.L Tunits 4.3 Br. Can. d. .. Theatre of Tar. Ina. Date of Service 2.1./. 6./18.... Remarks. Latest Address . Sur. a. W. Auttall. 2.12. me Intyre st-Boll No. B'Bgc 8189.

NOV 24 1887

Nuttall, G.A, Pte. 2383323 1st Bn. 649-N-4350 Medals & Decorations. (Father) A. W. Nuttall. Esq.. 212 MeIntyre St., Port Arthur, Ont Plaque & Scroll. (Rather) Address as above. Memorial (Mother) Mrs. A. W. Nuttall, Cross. APR 2 - 12 - 328 60 Address as above.

M

Original Not Wailable
Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 10s. 500M.—9-16 H. Q. 1772-39-9-0.

Casualty Form-Active Service.

Regimen	ntal No. 37	CEF	17. Park Mutte ne katub		field telonzo
Enlisted	1 (a) 13-	Terms of Service (a)	of w Ser	vice reckon	s from (a) 13 2/5
		Date of appointme to lance rank			rical position on lof N. C. Os.
Extende	ed	Re-engaged	Qualification (b)	
Date	Report 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
5	D. A. Park	Discharged "Thinor"	Toronto	74	H.O. 16-1.2
				Sta	for DofRo

¹⁾ 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.

Casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 32, or in other official documents. The authority to be quo'cd in each case Casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 32, or in other official documents. The authority to be quo'cd in each case Date Date Date Date Army Form A. 33, or other official documents. The official documents.	Report	Record of promotions, reductions, transfers,			Remarks
	Pate From whom received	ported on Army Form B. 213, Army Form A. 36, or in other official documents. The	Place	Date	taken from Army Form B. 213, Army Form A. 36, or other official documents
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FORM OF WILL.

J,	Garfield Alonzo Nuttall	(Name in full)
Regiment	tal Number 2383323 serving in 1st.	Depot Battalion M. R.
of the Ca	anadian Expeditionary Force, do hereby revoke all	former Wills by me
made and	l declare this to be my last Will.	
	T.1	
	I bequeath all my real estate unto	
my Fat	her Washburn Alonzo Nuttall	Name and Address of person or
212 MeI	ntyre Street, PortvArthur,	persons to whom
Ontari	o, Canada	it is to go.
absolutely	y, and my personal estate I bequeath to	
		Name and Address
my Fat	her, Washburn Alonzo Nuttall	of person or
212 M	cIntyre Street, Port Arthur,	persons to receive personal estate*
Ontar	rio, Canada	(See note).
This must and Da THE S	this 3 day of Jan,	A. D. 191
*N.B.—Pers	sonal estate includes pay, effects, money in bank, insurance pestate.	policy, in fact everything
Cacopi ica		
Signed as	nd acknowledged by the Testator as and for his las	t Will in the presence
of us bot	th present at the same time, who in his presence,	at his request, and in
the presen	nce of each other have hereunto subscribed our nam	nes as Witnesses.
	Signature of First Witness Flory & Olf	of Baston M.
HE TWO	Occupation of Witness Soldier	
N HERE	Signature of Second Witness	Insoul
	Address of Witness Algor Logist	Ballolion M. 7
	Occupation of Witness Jallier	

M. F. W. 82 300 M-5-16. 1772-39-983.

WI.

FORM OF WILL

Washburn Alonzo Nuttall 212 McIntyre Stree Port Arthur, Ontario, Canada

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

Amelia Nuttall, 212 McIntyre Street, Port Arthur, Ontario, Canada .smorturania

- (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	240, 240, 240, 240, 240, 240, 240, 240,
1st. Depot Battalion Manitoba I	Regiment
(2) Regimental Number 2383323	
(3) Full Name of SoldierNuttallGarfieldAlc	
STATE OF THE PROPERTY OF THE P	
(4) Place of BirthPort.ArthurOntarioCs	anada
	ON
(5) Are you married, or not?	VIL CONTRACTOR OF A SEC.
(6) If married, state, (a) Full name of your wife	
The state of the s	
(b) Present Postal Address	TOTAL TRANSPORTED TO THE PROPERTY OF THE PROPE
(7) Are you a widower?	
(8) Have you any children?	w-0-
If so, give number of boys and girls	Srd. January 1917
Also their names and ages	

(9)	Is your Father alive?yes
	If so, state name and address Washburn Alonzo Nuttall 212 McIntyre Stree Port Arthur, Ontario, Canada
(10)	Is your Mother alive?yes.
	If so, state name and address Amelia Nuttall, 212 McIntyre Street, Port Arthur, Ontario, Canada
(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.
(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.
	HA anta Major
	G. C. "H. Coy. Ist Officer Communing. Sed January 1917 Manitoba Regiment.

LTR

Rank

Report.

Name

NUTTALL, Garfield Alonzo Reg'l No.

2383323

3rdnDft Ist Bn Man Regt What Unit?

Married or Single

Place and Date of Enlistment Port Arthur, 3rd Jan, 1918. Place of Birth Port Arthur Ontario

Name and Address, Next-of-Kin

Alonzo Washburn Nuttall

212 McIntyre St. Port Arthur Ontario Camada Relationship

Father.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

N/E. R.B. Nº 12185 Category K.A-

Relationship

Discharge, Date and Place

Reason

Character

REMARKS Taken from Official Documents.

From who have the authority to be quoted in each case. Place. Date. Arrived in England 4-3-18 S/S CRETIC 6.3.18. 11th Res. T. Q.S. on Arrival from Canda Re. Scliffe - " - Pt 110.55, 43 rappin 21-6-18 & S.D. S. to 43 rd Bu Dean Seaford 21-6-18 Ho 146 8 DO 58 af 30 6 18

4. 9.18 43:13 Tilled in action " Field 27.8.18 - - 82

Rep		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.			REMARKS	
Date.	From whom received.	The authority to be quoted in each case.	Place.	Date.	Taken from Official Documents.	
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CASUALTIES, PROMOTIONS, &c REG'L. No. 2383323 RANK Private NAME NUTTALL Garfield, alongo.

IF IN PERMIT. CORPS: 1st Debot 13! Man Right TRANSFERRED TO DATE 6/3/18 AUTHORITY B. O. 55

(Port arthur Detachment) Single P. 559. MARRIED OR SINGLE Port arthur, ontario. NAME AND ADDRESS OF NEXT OF KIN alongo Washburn Nuttall PERMANENT FORCE ALLOWANCES TRANSFERRED TO 212 M Intyre St: Port arthur Ontario PLACE OF ATTESTATION Port arthur, Out: Transferred to AUTHORITY RELATIONSHIP OF NEXT OF KIN Father 3/1/18. DATE OF ATTESTATION TRANSFERRED TO NAME AND ADDRESS OF NEXT OF KIN ASSIGNED PAY MONTHLY \$ 1500 DATE EFFECTIVE Febry: 151918. PAYABLE TO ME A. W. Nuttall, 212 Mc Intyre St., Post arthur RELATIONSHIP Mother. RELATIONSHIP OF NEXT OF KIN ADMISSIONS TO HOSPITAL, &c. ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE EFFECTIVE (DATE) SEPARATION ALLOWANCE MONTHLY \$ PAYABLE TO RELATIONSHIP PAYABLE TO STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON DISCHARGE DATE AND PLACE REASON AND AUTHORITY RELATIONSHIP OF DEPENDANT ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) BALANCE REMARKS Feb 13 Balance from Canada.

13.2.18

31. 3.18

He Day.

51 70. AR. 2456 11 Res 24.3.18 487. 1

PAY FIELD ALLOWANCE WORKING OR SPECIAL PAY

AMOUNT NO. OF DAYS RATE \$ C. DAYS RAT PAY PAY
WITHHELD AVAILABLE
OR FOR
DEFERRED ISSUE BALANCE CASH PAYMENTS

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No. 2383323

Rank Plank Promoted

auth M.R.

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

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1/2/18

RATE OF ASSIGNMENT

RATE OF SEPARATION ALLOWANCE

PARTICULARS OF SEPARATION ALLOWANCE

Reverted

Discharge

Soldier's Name Garfield alongo muttall
Battalion 1 sh Deft Batt & RUHCon

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Me at huttall

Address 2/2 Me Suline of Port arthur Och

Change of Address

2

M. Q. Q 1 15.3. 18 B.

Willed in action aug 27 4 1918

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RATE OF SEPARATION ALLOWANCE

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

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RATE OF ASSIGNMENT								

Date of Assignment

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.			Name	Name			
Rank	Promoted	Reverted	Discharge	Address			
Soldier's Name	e			Change of Address			
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Beneficiary				2			
Relationship				3			
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M. 223						
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to Schedule by

Chd.

2

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMFORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not mede an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

Deputy Reg	11	ut	tall	Christi	an name	Tari	freed	alons	5
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3. Conse	cutive nu	ımber o	n schedule of men re	porting f	or service	(if he a	ppears		
4. Addre	ess (includ	ing street	1212 me	In	Tyr	BI	PC	RT ARTHUR,	ON
			rate particulars w						
me	edical exa	aminat	ion on the	/d	ay of	ho	7'	1917, by	the
un	dersigne	d medi	cal board sitting at.				PORT ART	ritto Cura	
5. Age a	s stated	22	Years / 6 Mo	onths.	6. Ap	parent age	23 Ye	arsMon	ths
7. Heigh	t 5	F	eet 5 3/4 Inch	es.	8. We	eight	39 Po	unds.	
9. Chart	measure		Minimum 37 I	ns.	Camalania	Ru	ddn	(Eyes Trey	
7. Chest	measure	ment {	Maximum 35 I	ns.				(Hair Ligh	1-
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12 V			Right arm				16	1.111.	
13. Numi	ber of vac	cination	Left arm/	1.	14.	When va	ccinated last		
15. Distin	nctive man	ks and r	narks indicating congen	ital peculi	arities or p	previous di	sease		
		11	(Mar. 10)						
5 - 4		1	ufficient to cause rejection (Rheumatism			()	Rheumatism		
	A CONTRACTOR OF THE PARTY OF TH		Tuberculosis W. Syphilis mitted or suspected.)	Ve find no	evidence (Fuberculosis Syphilis		
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			and he is placed in			K	earny	horna	e
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Date	Result	0	VACCINATIONS		Date	Result	Анті-Тұрноі	D INOCULATIONS, ETC.	
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Signature of Man & A Chutto ll

DATES OF 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. Date of Arrival Number of Signature of Admission into Hospital Discharge from Hospital. STATION. at the DISEASE. days in Medical Station. Hospital. Officer. Day Day Month Year Month Year Name. Christian Surname

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

1. Surna	me Nu	ttal	1	Christ	ian name_	Gar:	field Alo	nzo
2. Numl	ber of ren	ort for	service or claim for e	vemotion	according	to Postma	cter'e	
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			t} 212 McInt					
			urate particulars v					
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un	dersigned	d medi	cal board sitting a	tP	ort A	rthur,	Ont.	
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9. Chest	measurer	ment }	Minimum 32 Maximum 35	10.	Complexio	n_Rua	ay	} Light
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11. Physi	cal develo	pment.	Good		{ Fai	r 12. Sma	allpox marks	
			(Right arm					
13. Num	ber of vacc	cination	marks { Right arm		. 14.	When vac	cinated last ch	ildhood
			narks indicating conge					
16. Slight	t defects b	ut not s	ufficient to cause reject	ion		(R	heumatism	
The man	denies hav	ring had	Rheumatism Tuberculosis Syphilis	We find no	evidence o	of past { Ti	uberculosis philis	
(St	rike out di	isease ac	lmitted or suspected.) ned the above na			17		00/00
in accor	rdance v	with th	ne C. E. F. Regula and he is placed in	ations fo	r Az	(a) Vis	ion R.20/2	EO L.20/20
medical	examina		The second secon			(D) He	aring. R. N	L. N
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M. F. B. 313. 300M.-10-17. 1772-39-439.

DATES OF 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. Date of Arrival Number of Signature of Admission into Hospital Discharge from Hospital. STATION. at the DISEASE. days in Medical Station. Hospital. Officer. Day Month Year Month Year Christian Name Surname



Casualty Form Active Service.

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Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as re-	Place	In the second	Remarks taken from Army Form B. 213,	
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