

Received 10/30pm 10/11/15
en route from Vancouver BC

Original

ATTESTATION PAPER.

No. 502120

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your surname? **Reid**
- 1a. What are your Christian names? **William Douglas**
- 1b. What is your present address? **#6 Fire Hall**
- 2. In what Town, Township or Parish, and in what Country were you born? **Dungannon, County Tyrone, Ireland**
- 3. What is the name of your next-of-kin? **Mrs. Eliza Reid**
- 4. What is the address of your next-of-kin? **Derryfubble, Moy, County Tyrone Ireland**
- 4a. What is the relationship of your next-of-kin? **Mother**
- 5. What is the date of your birth? **May 29th, 1888**
- 6. What is your Trade or Calling? **Trackman**
- 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? **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, **William Douglas Reid**, 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: **October 30th** 191**5**
W. D. Reid (Signature of Recruit)
H. D. Layfield (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **William Douglas Reid**, 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: **October 30th,** 191**5**
W. D. Reid (Signature of Recruit)
H. D. Layfield (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 **Vancouver** this **30th** day of **October** 191**5**.
[Signature] (Signature of Justice)

Carded 1-12-15
F. E.

Description of William Douglas Reid on Enlistment.

Apparent Age 27 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 6 ft. 1½ ins.

Chest measurement { Girth when fully expanded 40 ins.
 Range of expansion 3 ins.

Complexion Fair

Eyes Blue

Hair Light

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

2 vac. marks right 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 declares that he is not subject to fits of any description.

I consider him* Fit for the Canadian Over-Seas Expeditionary Force.

Date October 30th, 191 5

Place Vancouver, B. C.

J. MacDonald
 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.

..... William Douglas Reid 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 of Officer)

Date 191

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- 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.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

DISCHARGE DOCUMENTS

R. O. No.
H. Q. No.

Name Reid, William Douglas
Regt. No. 502120 Rank Sapper
Corps Can. Overseas Ry Construction

Death en route from Vancouver B.C.



Does not
Rel-10³/20

Sent to Pub. 20-3-18



07090

1-25
1-25

Handwritten red ink scribbles and numbers.

Box
8180

✓ *in original* ✓
REID, W.D. Pte. #502120,

C.O.P.C.
H.Q. 649-R-755.

Not Elig. for Star.
Medals &
Decorations.

(mother)

Mrs. Eliza Reid, 38

Derryfubble,
Moy Co.,
Tyrone,
Ireland.

Plaque & Scroll (mother) as above.

Memorial Cross. (mother) as above.

Dep JUL 21 1920 (M.) C. 15794

2
2475

M

173

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

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

500M.—9-16

H. Q. 1772-39-920.

Orig. not avail.
Casualty Form—Active Service.

Unit, Regiment or Corps. *1st Fly Con. Co. C.*

Regimental No. *502120*

Rank. *Sgt.*

Name. *Reid William Douglas*

C. E. F.

Enlisted (a) *30-10-15*

Terms of Service (a)

Service reckons from (a)

30-10-15

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)

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				
	<i>c.o.g.c. S. O. S. #</i>	<i>"Deceased"</i>	<i>Montreal</i>	<i>10 11/15</i>	<i>Auth. pay list</i>
		<i>(Died by jumping from C.P.R. train near Corbeil)</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.

P.T.O

AD

clerk
For S of R

~~2.5~~ 3.265 / 16.00 TO.

THE NON-EFFECTIVE BRANCH.

PAY OFFICE.

LONDON

From: S.A. & A.P. Branch.

No. 181104

Name. *Dyson*

Rank. *Pl*

Unit.....

We beg to notify you that we have following reports against the account of the reported *Chris to have Lind on or see*

An entirely independent
with F. B. I.

19
AS

McLard 478

MEDICAL HISTORY SHEET.

Surname **REID** Christian Name **WILLIAM DOUGLAS**

Examined { on **30th** day of **October** 191**5**
 at **Vancouver, B.C.**

Approved by *William Macdonald*
 Rank **Lieut. C.A.M.C.** M.O.

Birthplace { City or Town **Dungannon**
 County **Tyrone, Ireland**

Apparent age **27**

Trade or occupation **Fireman**

Height **6** Feet **1 1/2** Inches. M.O.

Weight **179** Lbs. M.O.

Chest measurement { Minimum **37** inches. M.O.

{ Maximum expansion **40** inches. M.O.

Physical development **Good** M.O.

Small-Pox Marks **None** M.O.

Vaccination Marks { Arm **Right** **X** **Left**

{ Number **2**

When Vaccinated last **Childhood** M.O.

(a) Marks indicating congenital peculiarities or previous disease **None** M.O.

(b) Slight defects but not sufficient to cause rejection **None** M.O.

None M.O.

None M.O.

None M.O.

None M.O.

None M.O.

Enlisted on **30th** day of **October** 191**5** at **Vancouver, B.C.**

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment		502120		
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.

Rank *Sapper* Name *Reid W. D.*Reg'l No. *502120*

P-56

Unit *C.O.S. Rly Cons. Corps*If in perm. Corps,
What Unit?

Married or Single

Place and Date of Enlistment

Name and Address, Next-of-Kin

This Ledger Sheet made out by N.E. Branch.

Relationship

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Died by jumping from CPR Train at or near village of Corbeil, Ont. See file for coroners verdict.

Discharge, Date and Place

*Dead**Jan: ? Nov: 1915*

Reason

Suicide on CPR

Character

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount						
Jan 16															
Base from C.O.S. Rly. Pay Sgt to N.E. Branch 18.45 18.45															
MONTH PARTICULARS															
June 18															
Transferred to Pay II "O"															
Extract from Nov 1915 Pay List Base COR 66 (LPC)															
1915 Oct 30	Nov 10	12	1.00	12.00	12	1.00	12.00	5.25	18.45					18.45	O.C. from previous pay list
Dec.								18.45	18.45					18.45	
Jan 1916.								18.45	18.45					18.45	
MONTH PARTICULARS															
June 1918															
Transferred to Pay II "O"															
18.45															

Statement of
\$18.45.
JUL 29 1918
Aug 2. 1918
Amount rendered

No Ledger Sheet received from Pay 2 as they did not seem to have been received from the unit at the time of transfer to N.E. Branch.

Dead 10/11/15
List to State Branch
Mills
& Entails
16 12/18
1918

This space to be for Numbers.

FOURTH DIVISIONAL AREA
NOV 24 1915
A.D. 31-2-36

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No. <i>502120</i>	
Rank <i>Sapper</i>	
Name <i>William Douglas Reid</i> <small>NOTE.—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <i>Can Overseas Sq. Construction</i>	
Date of Discharge <i>11/11/15</i>	
Place of Discharge <i>Montreal</i>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age <i>27</i> years <i>6</i> months	Descriptive Marks. <i>2 scars marks right arm.</i>
Height <i>6</i> feet <i>1 1/2</i> inches	
Complexion <i>Fair</i>	
Eyes <i>Blue</i>	
Hair <i>Light</i>	
Trade <i>Trackman</i>	
Intended place of residence. <i>Stambridge</i> <i>County of York</i> <i>Ont</i>	
(To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of <i>Death en route from Vancouver B.C.</i>	
<small>N.B.—The causes of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc. <i>Good</i>
	<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company.</small>
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

*Carded 1-12-15
7-2*

5. He is in possession of the following number of G. C. Badges :

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

Four horizontal dashed lines for listing medals and decorations.

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Montreal

H.B.S. St

(Date) Nov. 20/15

Commanding CO-R.C.C.

8. Certificate to be signed by the Soldier on Discharge.

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place).....(Signature of Soldier.)

(Date).....(Signature of Witness.)

When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his Discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) Montreal

H.B.S. St

(Date) Nov. 20/15

(Signature).....

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia Form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313.</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Settlement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge, " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="text-align: center;">(a) Proceedings on Discharge.</p> <p style="text-align: center;">(b) Attestation.</p> <p style="text-align: center;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
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N.B. In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.