

*2nd Recd
Sheet of W.*

Superintendent
ATTESTATION PAPER.

No. *H 1569*
Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *CH 1589* *Raymond Arthur Saunders*
2. In what Town, Township or Parish, and in what Country were you born?..... *Hebron Yarmouth Co. N.S., Can.*
3. What is the name of your next-of-kin?..... *J. Saunders*
4. What is the address of your next-of-kin?..... *Hebron Yarmouth, N.S.*
5. What is the date of your birth?..... *April 10th 1896*
6. What is your Trade or Calling?..... *Painter*
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?}

Raymond Saunders (Signature of Man).
J Geo Tierney (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *R.A. Saunders*, 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 *Sept 24th* 1914. *Raymond Saunders* (Signature of Recruit)
J Geo Tierney (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *R.A. Saunders*, 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 *Sept 24th* 1914. *Raymond Saunders* (Signature of Recruit)
J Geo Tierney (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 *24th* day of *Sept* 1914.

H Guicheo (Signature of Justice)

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

H Guicheo (Approving Officer)

2 Ball
6 Batter Saunders Raymond

Description of ~~H. A. Bryant~~ on Enlistment.

Apparent Age ¹⁸ ~~24~~ years ⁵ ~~11~~ 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. 8 ins.

Chest measurement { Girth when fully expanded 35 ins.
Range of expansion 3 ins.

Complexion ~~Yellow~~ dark

Eyes Hazel

Hair Brun

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

~~4 scars L arm~~
~~Scars L 4 arm~~
~~Scars on nose & surface~~
~~L foot~~

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 3* 1914.

Place *Valencia*

[Signature]
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.

R. A. Saunders 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.

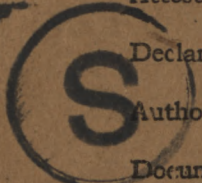
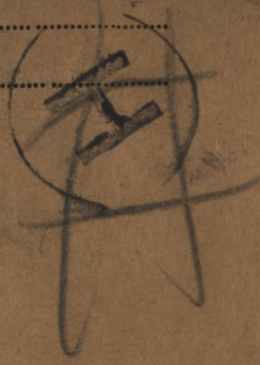
[Signature] (Signature of Officer)

Date *Sept 24* 1914.

29-7-18 \$10

DISCHARGE DOCUMENTS

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



- 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.....

Name *SAUNDERS, RAYMOND*
 Regt. No *41089*, Rank *Dr.*
 Corps *2nd Art Bde*



Died of Wounds.
20-4-15

- Index Card.....
- Casualty Card.....
- Non-Effective Card.....
- Part II Order Card.....
- Change of Address Card.....
- Honour & Award Card.....

Medals 15-9-20

04847



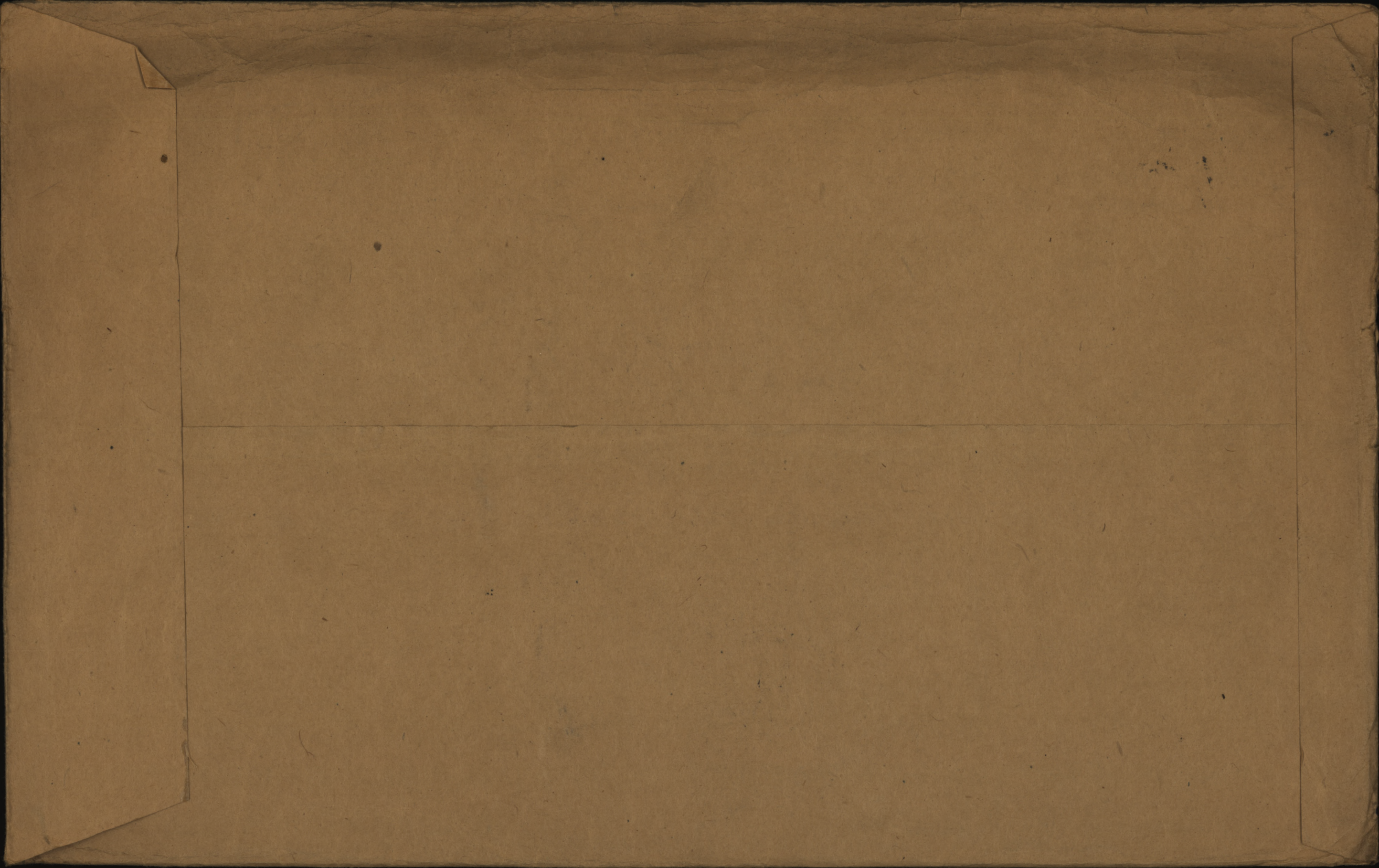
A 7B-120-1
R 149
Cover
cas card

R-122

41
19-21
11-21

M.V.
24.11.20
25

M. F. W. 62.
100m.-6-17.
H. Q. 1772-39-835.



W. Eldridge, v. Alder

Non-Effective Section.

List No 4 L & S-1 Requisition No -----

Reg. No 41589 -----

Rank Pvt -----

Unit 2nd Bde -----

Soldier Saunders -----

Assignee J. Saunders -----

Address Hebron, Yarmouth Co, N.S. -----

Please furnish this section with the following;

----- Small A.P. Ledger Sheets.

----- " S.A. " "

----- Consolidated " "

----- Insurance " "

----- Victory Loan " "

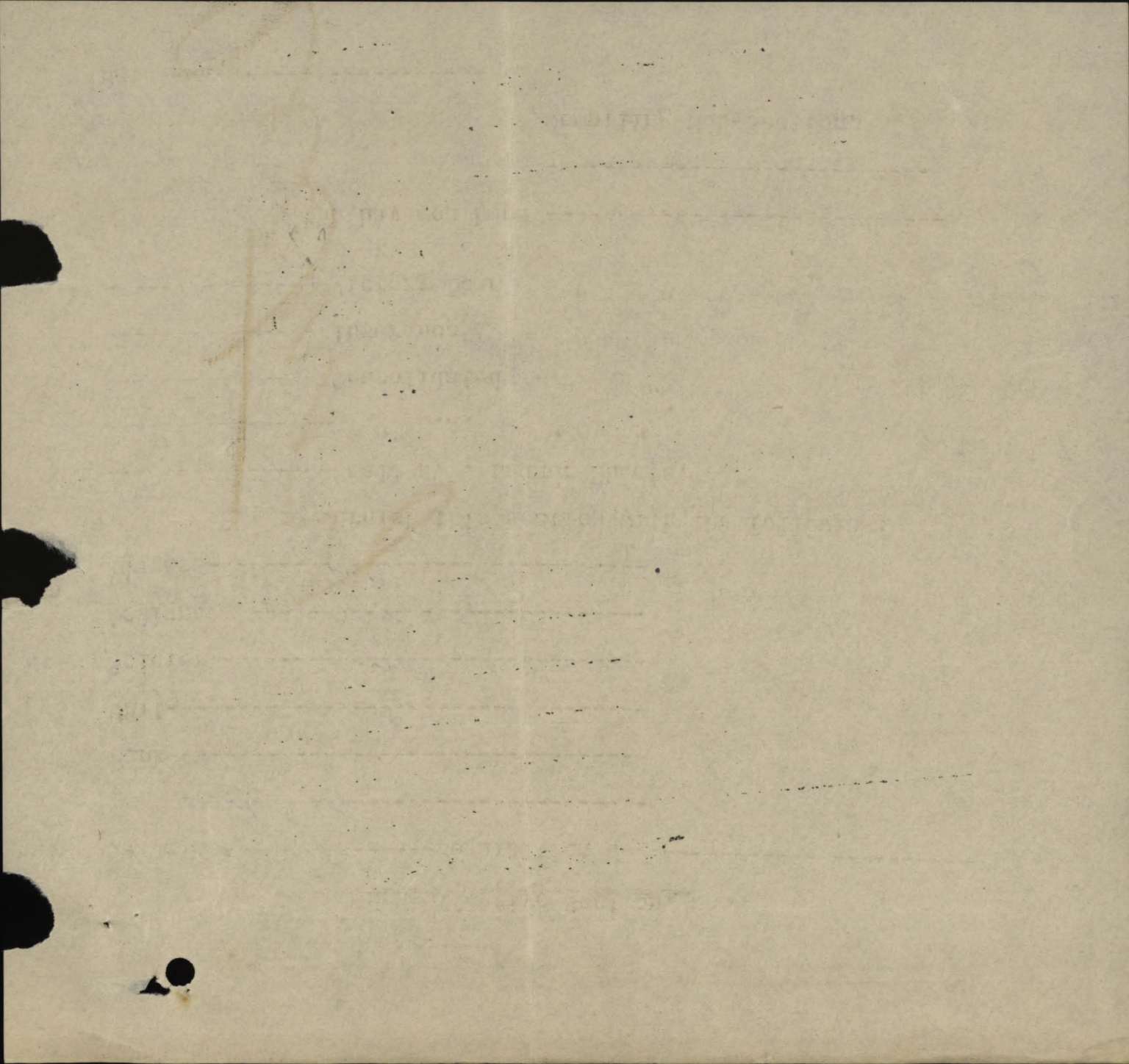
We have on hand -----

Compiling Sub-Section.

Date 4-7-19 -----

*attached sheet
sent up in
error for
soldiers after
no other sheets required*

W.



Name *Saunders R. A.* Rank

Gnt.

Reg. No. *41589.*

Unit *2nd Bgde C. J. A.*

Next of Kin *Canada.*

Dead

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>No date (S^c 3/5/15)</i>			<i>Wounded & Missing H1</i>			
<i>" " (" 13/5/15)</i>	<i>Previously Reported</i>		<i>Wounded & Missing</i>	<i>50.</i>		
	<i>now Reported</i>		<i>→ Died of Wounds.</i>			

Extract from Base Casualty Sheet - N^o 159 dated 28 Sep 1915. Reported by Graves Registration Committee: 41589. Dr. Saunders. R 2nd Bde CFA Buried at Poperingh New Military Cemetery 26-4-15. (N^o and date of Report not stated.)

41589 Dvr. R. A. Saunders, 2nd Bde. CFA.

Haq

Medals & (Father)
Dec,

J. Saunders, Esq.,
Hebron,
Yarmouth Co., N.S.

P. & S. "

" "

Serial No 781144

Memorial (Nil)
Cross

Mother dead.

Scroll Des **FEB 15 1921** Reqn. No *2-20057*

Plaque Desp. **OCT 19 1921** Reqn. No *P 12454*

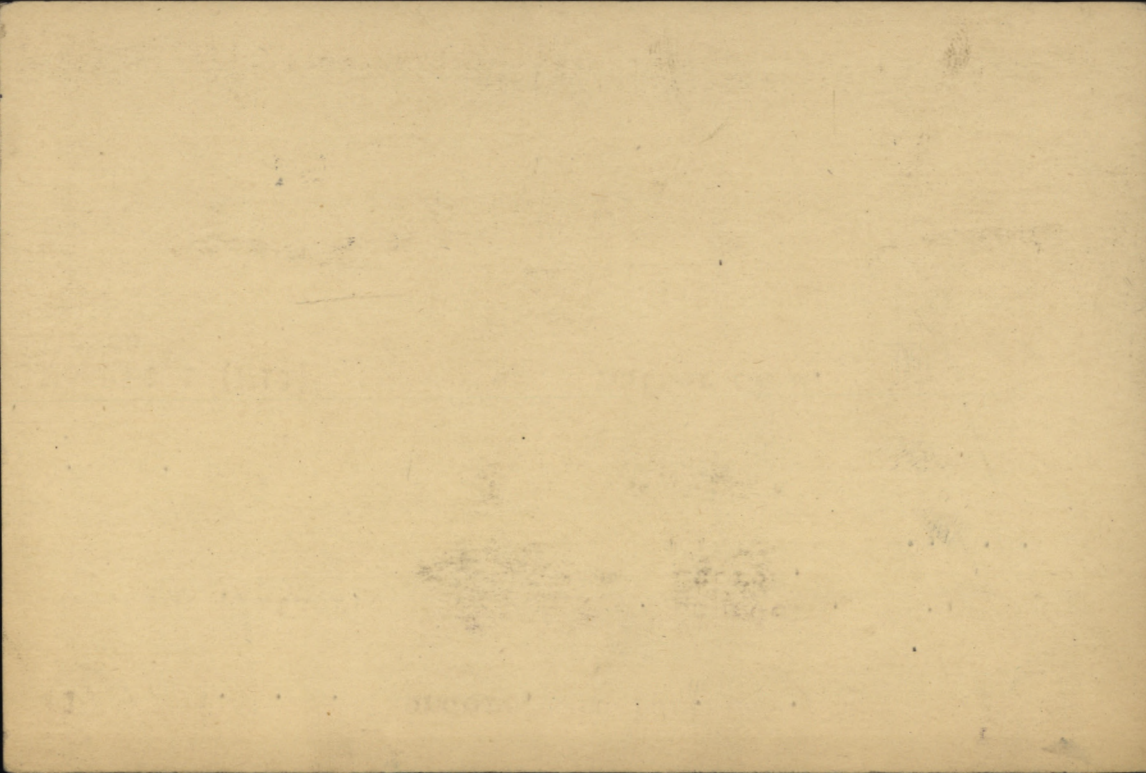
E lig. for 14-15 Star Dvr. 2nd Bde. CFA.

" " V. m.

" " W. m.

34538

5



SURNAME.

Saunders

CARD NO.

CHRISTIAN NAMES

Raymond Arthur

FOLL.

D

REGL. NO.

41589

RANK

Gr.

UNIT

2nd C.F.A. Bde.

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Saunders, J.

RELATIONSHIP TO SOLDIER

Not stated.

ADDRESS

Hebron, Yarmouth Co., N.S.

COUNTRY OF BIRTH

Canada Yarmouth Co., N.S.

DATE

Apr. 10th, 1896

PLACE OF ATTESTATION

Valcartier, P.Q.

DATE

Sept. 22nd, 1914

0/57-10-14 $\frac{36}{13}$

From Quebec, Per. of I. "Ivernia" 3-10-14

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Painter

RELIGION

Baptist or Congregationalist

DESCRIPTION.

APPARENT AGE

18

YEARS

5

MONTHS

HEIGHT

5

FEET

8

INCHES

CHEST MEASUREMENT

35

INCHES

EXPANSION

3

INCHES

COMPLEXION

Dark

EYES

Hazel

HAIR

D. Brown

DISTINGUISHING MARKS

not stated.

MEDICAL EXAMINATION.

PLACE

Valcartier, P.Q.

DATE

Sept. 3rd, 1914

Present Address - not stated.

NAME *Saunders, Raymond A.* H. Q. FILE No. 649-
REG'T'L. No. *41589*

RANK AND CORPS *Sergeant* *2nd Field Artillery Bde.*

CABLE

NO.

DATE

NATURE OF CASUALTY

NO.

211

FOLL.

C662

3/5/15

Wounded + missing.

b.1086

13/5/15

Prev. reported wounded and missing, now reported

A. 4. B.

2090. a

died of wounds.

29-6-15

Killed in action. Apr. 25, 1915

NO.

FOLL.

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

✓ 41

wounded and missing

✓ 50 Reported from the Base

Previously reported
wounded & missing, now
reported died of wounds. X

R.R. *VR*

B

Number *41589* Rank *Driver*

Surname *SAUNDERS*

X

Christian Names *Raymond Arthur*

Unit *C.F.A.* Theatre of War *France*

Dates of Service *11-2-15* *D*

Remarks *"Father"*

Latest Address *Mr. J. Saunders
Hebron*

Roll No. *B. Page 1587 Yarmouth Co.
Nova Scotia*

G. 9149. Deep

APR. 8 - 1921

G 45455 Deep 20.8.21

Surname

Christian Name or Names

Reg. No.

Saunders R. A.

415'89

Rank

Unit

Co.

Troop

Batty.

Over,

2. C. 7. A.

Hospital

Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

Wd & missing

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses, if more than one state present

Reported Died of Wounds

DISPOSITION

Date

C.L. 3 5.15

41

REMARKS

C.L. 13. 5.15 50

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.

Casualty Form—Active Service.

Regiment or Corps 2nd Art. Bde., C.F.C.

6th Battery

Regimental No. 241589 Rank Plt. Name P. Saunders

Enlisted (a) 15-8-14 Terms of Service (a) duration of War Service reckons from (a) 15-8-14

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>Embarked</u>	<u>Avonmouth</u>	<u>11. 2. 15.</u>	
<u>26.4.15</u>	<u>O.C. 2nd arty. Bde</u>	<u>Wounded and missing</u>	<u>In the field</u>	<u>25.4.15.</u>	
<u>6.5.15</u>	<u>O.C. 2nd arty. Bde</u>	<u>Died of wounds.</u>		<u>25.4.15</u>	<u>B 213.</u>
<p><i>PROBAND</i></p> <p>CAPT. OFFICER IN CHARGE RECORDS CANADIAN SECTION G. H. Q.</p>					
<p>_____</p>					

(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, Shoening 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				

MEDICAL HISTORY SHEET. 619

Surname Sander Christian Name Raymond A

Examined { on 3rd day of Sept 1914
 at Valcartier

Approved by _____
 Rank _____ M.O.

Birthplace { City or Town Hebron Harwood Co
 County N.S.

Apparent age 18y 5y

Trade or occupation Painter

Height 5 Feet 8 Inches

Comp Weight 140 Eyes Hazel Hair Brn Lbs.

Chest measurement { Minimum 32 inches
 Maximum expansion 3 inches

Physical development _____

Small-Pox Marks _____

Vaccination Marks { Arm Right Left
 Number _____

When Vaccinated last _____

(a) Marks indicating congenital peculiarities or previous disease _____

(b) Slight defects but not sufficient to cause rejection _____

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		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 24th day of Sept 1914 at Valcartier

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>6th Bact</u> <u>2nd Brigade</u>	<u>H 1569.</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.

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

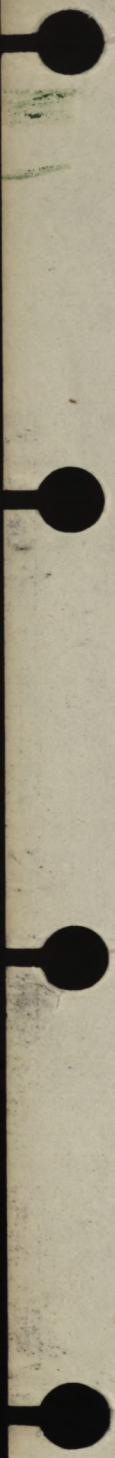
96

To Whom *Saunders, J.*
Address *Hebron,*
Yarmouth Co.,
N. S.
Rate *\$ 10.00* per month.

By Whom Assigned *Saunders, Raymond,*
41589
Regtl. No. *589,*
Rank *Sr.*
Corps *6th Bty, 2nd Bde,*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.		} B 2566	20	
Nov.				
Dec.		H 2476	10	
Jan.	1915	43871	10	
Feb.		F 4095	10	
March		E 5638	10	
Apl.		27992	10	
May		67898	10	<i>End of wounds May 1915-</i> <i>J.K. 16/5/16</i>
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



NAME SAUNDERS Raymond, Arthur

Regimental No. **41 589**

Name and address of next-of-kin

Unit 2nd Brigade

J. Saunders

Date of enlistment Sept. 24th, 1914

Hebron, Yarmouth

Place of birth Nova Scotia

Nova Scotia

Married (yes or no) No

Date and place discharged Dec of wounds at 75

Amount of pay assigned monthly \$ **100000** *Assigned pay stopped June*

Reason for discharge

To whom payable **NEXT OF KIN**

Character on discharge

C.L. # 50

Date		PAY		Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balc.	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate			Amount	No.						
22.9.14	31.10.14	10	1.00	10 -	10	10	10 -	44 -			30 -	10 -	40 -			
1.11.14	30.11.14	30	"	30 -	30	"	3 -	4 -			15 -	10 -	25 -			
1-12-4	31-12-4	31	"	31	31	"	3 10	12 -			20	10	30			
1-1-5	31-1-5	31	"	31	31	"	3 10	16 10			20	10	30	20. 20.		
1.2.15	28.2.15	28	"	28 -	28	"	2 80	20 20				10 -	10 -	41. 00		
1.3.15	31.3.15	31	"	31 -	31	"	3 10	34 10			9 -	10 -	19 -	56. 10.		
1.4.15	30.4.15	30	"	30 -	30	"	3 -	33 -			3 -	10 -	13 -	76. 10		

rech

266

6026 6026

Total due 229 25 1/2 = 237. 60
 less assigned pay 80
 157. 60 = 32. 7. 8
 20. 0. 0
 Balanc due. 12. 7. 8

706 apr 16

Statement of
APR 14 1916
 Account rendered

CHECKED BY *J.M.* Paid in Cash @ 41. per doll

DATE
 PAY OFFICE, W.-E. BRANCH
SEP 2 1915
 CANADIAN CONTINGENTS
A1

Cash found in effects *lie*

Rank and Name SAUNDERS, Raymond Arthur

Envelope #3077

Regimental No. 41 589

Name and Address of Next-of-kin

Sr 2 Bde

Unit 2nd Bgde C.F.A.

J. Saunders,

m.x.

Date of enlistment Sept 24th., 1914.

Hebron, Yarmouth,

24-11-20
J.P. ✓

Place of birth Nova Scotia

Nova Scotia.

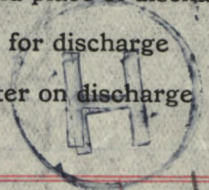
Married (Yes or No) No

Date and place of discharge 25-4-15. France.

If in Permanent Force

Reason for discharge Died of Wounds

Character on discharge



Promotions or appointments

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				
3-5-15	W.O.	Wounded & missing			Case sheet # 41
13-5-15	W.O.	Died of Wounds			C.S. # 50 of N
15-5-15	OC 2 nd Bde	Died of Wounds.	France	25-4-15	Part II. O#12.
28-8-15	Graves Reports	Buried at.	Poperinghe		New Military cemetery
				26-4-15	Burial Report of 2 Bde

