

TRIPLICATE

ATTESTATION PAPER.

No. 905070

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

- (ANSWERS.)
1. What is your surname?..... Sutherland
  - 1a. What are your Christian names?..... David D
  - 1b. What is your present address?..... 1346 Victoria Ave. Ed.
  2. In what Town, Township or Parish, and in what Country were you born?..... Spring Grove Alta.
  3. What is the name of your next-of-kin?..... Geo Sutherland
  4. What is the address of your next-of-kin?..... 1346 Victoria Ave. Ed.
  - 4a. What is the relationship of your next-of-kin?..... Father
  5. What is the date of your birth?..... Jan 5 1898.
  6. What is your Trade or Calling?..... Farmer.
  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, D. Sutherland, 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 16/5/1916 David Sutherland (Signature of Recruit)  
W. G. B. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, D. Sutherland, 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 16/5/1916 David Sutherland (Signature of Recruit)  
W. G. B. (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 Edmonton this 16 day of May 1916.  
W. G. B. (Signature of Justice)

# Description of David Sutherland on Enlistment.

Apparent Age 18 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. 8 ins.

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

Complexion ..... Dark

Eyes ..... Brown

Hair ..... Black

Religious denominations.  
 Church of England.....  
 Presbyterian..... yes  
 Methodist.....  
 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..... May 16 1916

Place..... Edmonton

[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.

..... D. Sutherland ..... 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)

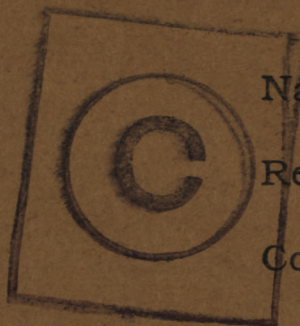
Date..... 30 May 1916

**DESERTERS  
& 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.....

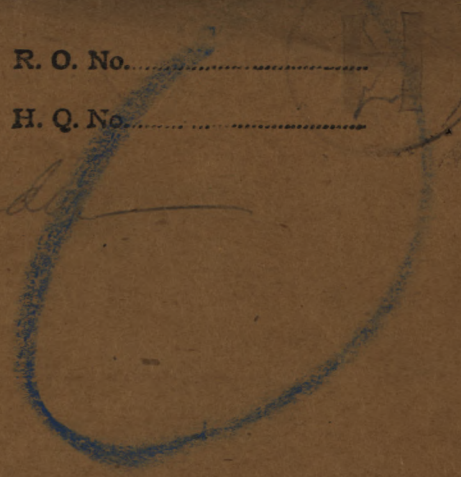


Name Sutherland David Alysand

Regt. No. 905070 Rank Pte

Corps 194th Br

S.O.S. 31-10-16. m/R. 2978.  
H.Q. 652-17-5. Vol. 5.



m.o. w. 67-29  
1 Pay call



49654



No. 905070

RANK

*Plt*

NAME

*Sutherland D.*

T. O. S. 16-5-16.

UNIT

*194th. Battalion*

~~2088~~ 16-5-16.

M. D. 13.

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916.</i>			
<i>May 16</i>	<i>May 31</i>	<i>L</i>		
<i>June</i>		<i>L</i>		
<i>July</i>		<i>L</i>		
<i>Aug.</i>		<i>L</i>		
<i>Sept.</i>		<i>L</i>		

100

100

SURNAME.

*Sutherland*

CARD NO. ✓

CHRISTIAN NAMES

*David*

FOLL.

REGL. NO.

*905070*

RANK

*Pte*

UNIT

*194<sup>th</sup>*

*Bn*

FORMER CORPS

*Nil*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Sutherland, George*

RELATIONSHIP TO SOLDIER

*Father*

ADDRESS

*1346 Victoria Ave, Edmonton,  
Alta*

COUNTRY OF BIRTH

*Canada, Spruce Grove, Alta*

DATE

*Jan. 5<sup>th</sup> 1898*

PLACE OF ATTESTATION

*Edmonton, Alta*

DATE

*May 16<sup>th</sup> 1916*

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

18

YEARS

MONTHS

HEIGHT

5

FEET

8

INCHES

CHEST MEASUREMENT

34

INCHES

EXPANSION

2

INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Black

DISTINGUISHING MARKS

Not Stated

MEDICAL EXAMINATION.

PLACE

Edmonton, Alta

DATE

May 16<sup>th</sup> 1916

Present Address,

1346 Victoria Ave., Edmonton,

Alta



## MEDICAL HISTORY SHEET.

Surname Sutherland Christian Name David

Examined { on 16 day of May 1916  
at Edmonton

Approved by W B Donald

Birthplace { City or Town Spruce Grove  
County Alberta

Rank Capt M.O.

Apparent age 18

Trade or occupation Farmer

Height 5 Feet 8 Inches

Weight 130 Lbs.

Chest measurement { Minimum 32 inches

{ Maximum expansion 2 inches

Physical development Medium

Small-Pox Marks \_\_\_\_\_

Vaccination Marks { Arm Right 2 Left  
Number Two

When Vaccinated last 1905

(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.
<u>22/5/16</u>		<u>W B Donald</u> M.O.
		M.O.
		M.O.
Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>19/5/16</u>	<u>Reaction</u>	<u>W B Donald</u> M.O. <i>Para 10.16</i>
<u>29/5/16</u>	<u>Reaction</u>	<u>W B Donald</u> M.O.
<u>June 29/16</u>	<u>Reaction</u>	<u>W B Donald</u> M.O.

Enlisted on 16 day of May 1916 at Edmonton.

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>1940 Battalion</u>			<u>May 16 - 1916</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.



"B" Coy

Desenter 31/1/16

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

- (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. 194<sup>th</sup> O'Brien B.C.F.

(2) Regimental Number 905070

(3) Full Name of Soldier David Sutherland

(4) Place of Birth Spruce Grove Alberta

(5) Are you married, or not? no

(6) If married, state, (a) Full name of your wife. ✓

(b) Present Postal Address. ✓

(7) Are you a widower? no

(8) Have you any children? no

If so, give number of boys and girls.

Also their names and ages. ✓

DUPLICATE

(9) Is your Father alive? *Yes.*

If so, state name and address *Geo. Sutherland, 1346 Victoria Ave Edmonton Alta*

(10) Is your Mother alive? *no*

If so, state name and address.....

(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.

Date *May 16<sup>th</sup> 1916*

*W.B. Craig*  
Officer Commanding.

Edmonton Alta

M. D 13

# FORM OF WILL.

I, David A Alexander Sutherland (Name in full)

Regimental Number 905070 serving in the 194<sup>th</sup>

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

Mrs. J. E. Brownlee  
Graminia  
Alta. Canada.

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

absolutely, and my personal estate I bequeath to

Mrs. J. E. Brownlee  
Graminia  
Alta. Canada.

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 14<sup>th</sup> day of August A. D. 191 6

David A Sutherland 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 905039 Wm Burdon

Address of Witness 194<sup>th</sup> Batt. C. E. F. B. Coy

Occupation of Witness Soldier

Signature of Second Witness 404446 A Mc Bay

Address of Witness 194<sup>th</sup> Batt C E F

Occupation of Witness Soldier

**THE TWO WITNESSES MUST SIGN HERE**

FORM OF WILL

I, *John A. [illegible]*, of the County of *[illegible]* State of *[illegible]*, do hereby certify that the within and before me is of my own Will

I declare all my testators and

and the names of the persons to whom it is to be

*John A. [illegible]*

and the names of the persons to whom it is to be

and the names of the persons to whom it is to be

*John A. [illegible]*

and the names of the persons to whom it is to be

*John A. [illegible]*

and the names of the persons to whom it is to be

*John A. [illegible]*

and the names of the persons to whom it is to be

*John A. [illegible]*

and the names of the persons to whom it is to be

*John A. [illegible]*

and the names of the persons to whom it is to be

*John A. [illegible]*

and the names of the persons to whom it is to be

*John A. [illegible]*

and the names of the persons to whom it is to be

*John A. [illegible]*

and the names of the persons to whom it is to be

*John A. [illegible]*

and the names of the persons to whom it is to be

*John A. [illegible]*

and the names of the persons to whom it is to be

*John A. [illegible]*

*Orig. Not available*  
Fill in only.—Unit, Number, Rank and Name.

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

500M.—9-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps. *194<sup>th</sup> Bn Battr*

Regimental No. *905070* Rank *Pte* Name *Sutherland David*

Enlisted (a) *16.5.16* Terms of Service (a) *Dofer* Service reckons from (a) *16.5.16*

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>26.10.16.</i>	<i>194<sup>th</sup> Bn</i>	<i>D.O.S. "Deserter" By a Coy I held 26. 10.16. a.w.o.k. 6.10. 16.</i>	<i>Surree Camp</i>	<i>6.10.16</i>	<i>13 MD 448-14-304</i>

*G. Stokes*  
*For. Dofer.*

(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				

(a) In the case of a man who has been discharged from the Army, this form should be filled out by the commanding officer of the unit to which he was assigned, or by the commanding officer of the unit to which he was assigned at the time of his discharge, or by the commanding officer of the unit to which he was assigned at the time of his discharge, or by the commanding officer of the unit to which he was assigned at the time of his discharge.