

copy

ATTESTATION PAPER.

No. 198740

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?..... *Joseph Orlando*
- 1b. What is your present address?..... *Nymers*
2. In what Town, Township or Parish, and in what Country were you born?..... *Welland Ontario*
3. What is the name of your next-of-kin?..... *Alonso Sutherland*
4. What is the address of your next-of-kin?..... *Nymers Ontario*
- 4a. What is the relationship of your next-of-kin?..... *Father*
5. What is the date of your birth?..... *May 10th 1880*
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*
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. *no*
14. If so, what was the nature of the disability?..... *Medically unfit*
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?..... *no*
16. If so, what was the reason?..... *Discharge Jan 6*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Joseph Orlando 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 *Jan. 10th* 1916 *J. O. Sutherland* (Signature of Recruit)
H. J. Muland (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Joseph Orlando 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 *Jan. 10th* 1916 *J. O. Sutherland* (Signature of Recruit)
H. J. Muland (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 *Fort William* this *10th* day of *January* 1916
H. Harkness (Signature of Justice)

Description of Joseph Orlando Sutherland Enlistment.

Apparent Age 36 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. 7 1/2 ins.

Chest measurement. { Girth when fully expanded..... 36 ins.
 Range of expansion..... 3 ins.

Complexion Ruddy

Eyes Brown

Hair Dark Brown

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 January 10th 1916.

Place Fort William

R. J. Manson
 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.

Joseph Orlando 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.

C. A. Admare Major. (Signature of Officer)

Date January 12th 1916.

O.C. 94th O.S. Batt.

DISCHARGE DOCUMENTS

R. O. No. _____

H. Q. No. _____

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... *1*

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet..... *1*

Compulsory Stoppages.....

Casualty Forms..... *1*

Proceedings on discharge..... *1*

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... *2*

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... *1*

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

Name *Sutherland Joseph Orlando*

Regt. No. *198740* Rank *Private*

Corps *141st Overseas Battalion*

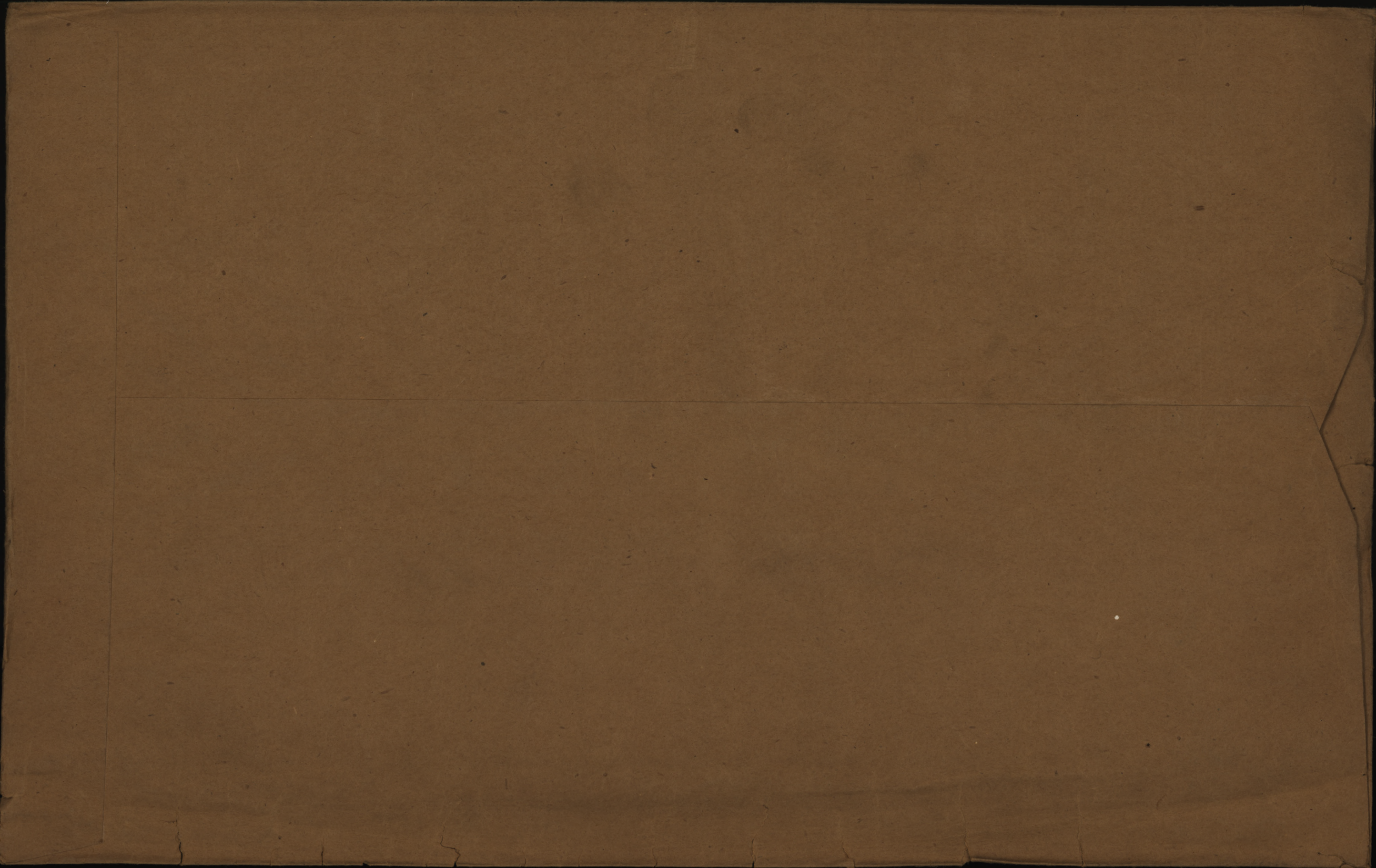
Medically Unfit.



49940



M. F. W. 672
Pay card



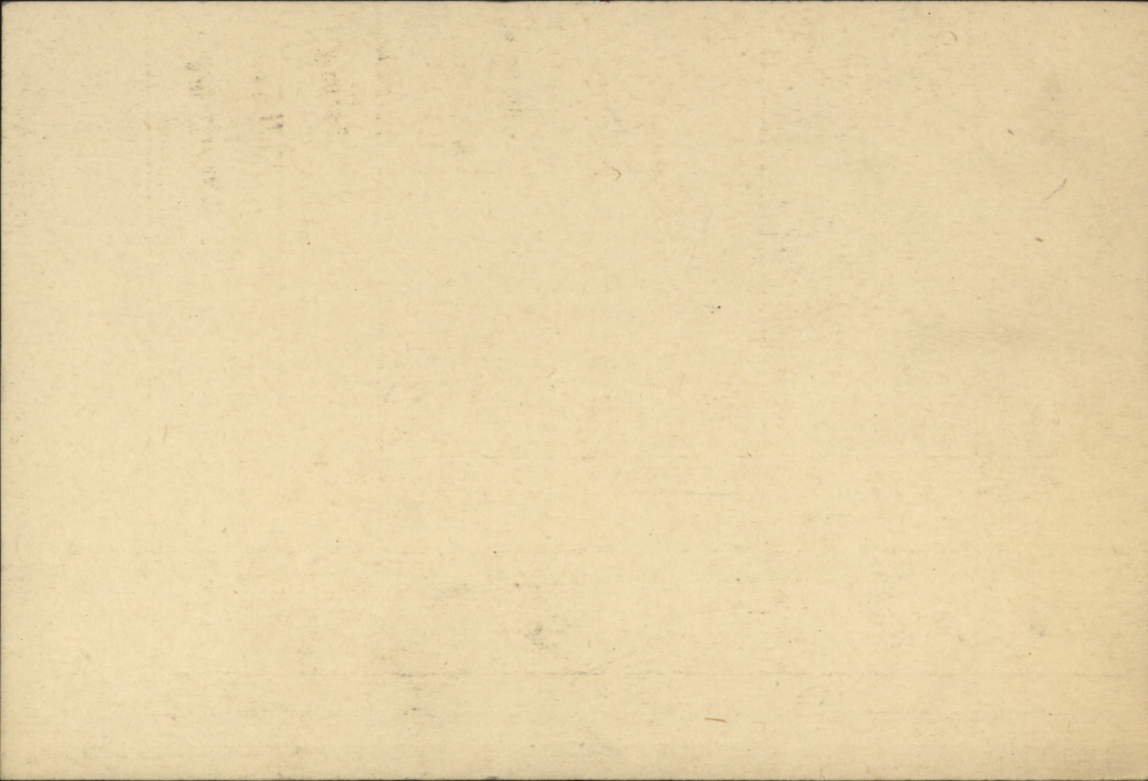
No. 198740 RANK *Pte.*
 198746 Jan. Paylist.

NAME *Sutherland J. O.*

T. O. S. 101-16 UNIT 94th Battalion C. E. F.
 (Do 54 of 13-1-16)

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Jan. 17	1916 Jan. 31	✓		
Feb.		✓		
Mar.		✓		
April		✓		
May		✓		
June no p/c		n	Forfeits 5 days pay	D.O. 169 of 29-5-16
June		n	Transf'd to 141 st Bn. 1-6-16 <i>now shown on 141st Bn. Paylist.</i>	Forfeits 2 days pay L.O. 176 of 6-6-16 B.O. 176 of 8-6-16
July		n	Forfeits 2 days pay 94 th L.P.C.	June Paylist.
Aug.		✓	May furlough 19-7-16 to 9-8-16	D.O. 175 of 20-7-16.
Sept.		✓	a.w. 2. from 9-6-16 to 29-6-16	D.O. 146 of 6-16. & D.O. 157 of 7-16.
Oct.		✓	3 days C.B.	D.O. 199 of 17-8-16.
Nov.		✓		
Dec.		✓		
1917 Jan. 1	1917 Jan. 6	✓	Discharged 6-1-17 medically unfit	D.O. 2 of 3-1-17.
			<i>1/2 c'd by payment L.</i>	



SURNAME.

Sutherland

CHRISTIAN NAMES

*Joseph Orlando**S.I.S. Dis 6-1-17. 10*

REGL. No.

198740

RANK

Pte

UNIT

*94th**Bn.*

FORMER CORPS

nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Sutherland, Alonzo

RELATIONSHIP TO SOLDIER

Father

ADDRESS

Hymers, Ont.

COUNTRY OF BIRTH

Canada, Welland, Ont. DATE

PLACE OF ATTESTATION

Fort William, Ont. DATE*Jan 10th 1916*

MARRIED

SINGLE

yes

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

This is to Certify that No. **198740** Rank **Private**
Name in Full..... **SUTHERLAND, Joseph Orlando**
Enlisted in..... **94th Battalion**
C.E.F. on the..... **10th** day
of..... **January** 19..... **16**
He served in..... **CANADA**
with the..... **94th & 141st Battalions**
and was discharged at..... **Port Arthur, Ont.**
on the..... **6th** day of..... **January** 19..... **17**
by reason of..... **MEDICALLY UNFIT**

Conduct and character were..... **Good**
Medals and Decorations, ect..... **Nil**

Description on Discharge

Age..... **36 Years**
Height..... **5'7 1/2"**
Complexion..... **Ruddy**
Eyes..... **Brown**
Hair..... **Dk. brown**
H.Q. **643-S-9790**

(Handwritten Signature)
(W. D. C. Coker), Reports,
for Adjutant-General.

Ottawa..... day of..... 19.....
30th **January** **39**

This is to certify that the name in full

of the person named above is

and was distinguished by

at the time of the

by reason of

and was distinguished by

at the time of the

by reason of

and was distinguished by

at the time of the

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at the time of the

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 4th Overseas Battalion

(2) Regimental Number 198740

(3) Full Name of Soldier Joseph Orlando Sutherland

(4) Place of Birth Stymers - Ont - Canada

(5) Are you married, or not? —

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

(b) Present Postal Address —

(7) Are you a widower? —

(8) Have you any children? —

If so, give number of boys and girls —

Also their names and ages —

—

—

—

—

(9) Is your Father alive? *Yes*

If so, state name and address *Wingo Sutherland, Hemlock Ont*

(10) Is your Mother alive? *Yes*

If so, state name and address *Margaret Howell Sutherland
Hemlock Ont*

(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.

Wm. Ruttan Major
for Officer Commanding.

Date *June 3rd 1916*

This space to be for numbers.

25-3-38

Proceedings on Discharge.

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

No.	198740
Rank	Private
Name	Joseph Orlando Sutherland
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	141 st Overseas Battalion
Date of Discharge	January 6 th 1917.
Place of Discharge	Port Arthur, Ont.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age..... 36 years..... 7 months.	Descriptive Marks
Height..... 5 feet..... 7 1/2 inches.	
Complexion Ruddy	
Eyes Brown	
Hair Dark Brown	
Trade Farmer	
Intended place of residence } (To be given as fully as practicable.)	

2. The above-named man is discharged in consequence of

Being medically unfit.
Authority C. O. 303-1822-27.12.16

N.B.—The cause 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.

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.

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:

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.

50m.—3-16.
H. Q. 1772-39-113.

(OVER)

Jan
Carded
7-4-17
A.M.

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.....

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).....

(Date)..... Commanding

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) *Fort Arthur, Ont. J. D. Sutherland* (Signature of Soldier.)

(Date) *Jan 6 1917. H. E. Rogers* (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).....

(Signature)

(Date)

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>Statement 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="padding-left: 40px;">(a) Proceedings on Discharge.</p> <p style="padding-left: 40px;">(b) Attestation.</p> <p style="padding-left: 40px;">(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.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

14. Treatment

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

Not aggravated by service

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

Permanent

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

15%

18. State if for discharge on account of unfitness for Service.

For discharge

J. H. Berhune
Capt. and M.O. 141st Batt.

Medical Officer by whom the case is brought forward.

RECEIVED
M. D. 10

1. Station
2. Regiment or Corps
3. Regimental No. and Rank
4. Name
5. Age last Birthday
6. Enlisted on

(For this purpose the Company detailer sheets will be obtained from the man's Commanding Officer.)

7. Former Trade or Occupation
8. Service

9. Present Condition (Most Important)

10. (a) Disease or disability
(b) Place of origin
(c) Cause

11. Present Condition (Most Important)

(b) Has it been aggravated by service, and to what extent?
M. P. B. 255
130 M. 4-18
1772-30-117

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. Board Concurs

11. Board Concurs

12. Board Concurs

15. Board Concurs

16. Board Concurs

17. Board Concurs

18. Is he unfit for Military Service. *Unfit*

Recommendations: *That he be discharged
Preceding enlistment
Not aggravated by service*

Signatures:—

G. M. Brown President.
Major

J. A. Crozier Major A.M.S.
J. H. Berhume
Capt. and M.O. 141st Batt

Station. *Post Arthur*
Date. *Nov. 30-1916*

Date. APPROVED

Assc. Director of Medical Services.

Approved. *G. A. Bee* Capt.
Date. *26/17*
Major, A.M.C.
A.D.M.S., M.D.No. 10
WINNIPEG, MAN.

D. G. M. Gray Capt.
Director-General of Medical Services.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. Board concurs
11. Board concurs

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

18. Is he unfit for Military Service?
 Recommendations:
 19. What is the probable duration of the disability or of the invaliding?
 20. What is the probable date of the invaliding?
 21. What is the probable date of the invaliding?

Date of final Medical Board or decision. }

Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.

150 m-5-16.
H. Q. 1772-89-117.

Date	Disability	Name	Regimental No.	Rank	Corps	Station	Hospital or Station transferred to for final disposal.	Date of final disposal	How finally disposed of

The original Report is invariably to accompany the discharge documents of invalids.