REGIMENTAL DOCUMENTS

NAME ALLEN DANIEL RAYMOND REGT. NO. 150765 UNIT 79th Bn. H. Q. FILE NO. 5565

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W. 2589
100M-11-19
1772-39-1377

ATTESTATION PAPER.

No. 150765

Folio.

Copy

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? .....
2. In what Town, Township or Parish, and in what Country were you born? .....
3. What is the name of your next-of-kin? .....
4. What is the address of your next-of-kin? .....
5. What is the date of your birth? .....
6. What is your Trade or Calling? .....
7. Are you married? .....
8. Are you willing to be vaccinated or re-vaccinated? .....
9. Do you now belong to the Active Militia? .....
10. Have you ever served in any Military Force? .....
    If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? .....
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? .....

Medically unfit J.A.H.

D R Allen .....(Signature of Man).

.....(Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, ..., 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.

D R Allen .....(Signature of Recruit)

Date.....191 . .....(Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, ..., 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.

D R Allen .....(Signature of Recruit)

Date.....191 . .....(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 Brandon this 6th day of August 1915.

A J Campbell .....(Signature of Justice)

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

D Cathcart Lewis .....(Approving Officer)

79th Overseas Battalion.

M. F. W. 23.
200 M.—5-15.
H. Q. 1772-39-841.

Description of ..... on Enlistment.

Apparent Age ..... years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... ft. ..... ins.

Chest measurement: Girth when fully expanded ..... ins.
Range of expansion ..... ins.

Complexion .....

Eyes .....

Hair .....

Religious denominations:
- Church of England .....
- Presbyterian .....
- Wesleyan .....
- Baptist or Congregationalist .....
- Other Protestants ..... (Denomination to be stated.)
- Roman Catholic .....
- Jewish .....

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).

Birthmark under right knee three little yellow marks scar from burn on Right knee. Small scars on right thumb.

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 1 1915 ..... J H Edmison

Place Brandon ..... 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. R. Allen ..... 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.

ORDERLY ROOM OCT 15 1915 79th OVERSEAS BATTALION

..... Lt. Col. (Signature of Officer)
O. C. 79th. Overseas Battalion.

Date ..... 191 .

MEDICAL HISTORY SHEET.

Surname Allen Christian Name Daniel R.

Examined { on 1 day of Sept 1915 / at Brandon

Birthplace { City or Town Chicago. Ill. / County U. S. A.

Apparent age 19 — 7 mos

Trade or occupation Railroader

Height 5 Feet 8 3/4 Inches.

Weight 140 Lbs.

Chest measurement { Minimum 32 inches. / Maximum expansion 35 inches.

Physical development Fair

Small-Pox Marks 0

Vaccination Marks { Arm ~~Right.~~ Left. / Number 1

When Vaccinated last 1898

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Rheumatism.

Approved by G. Jackson

Rank Capt. M.O.

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.
21/10	Good	G. Jackson M.O.
10/11	Good	G. Jackson M.O.
22/11	Good	G. Jackson M.O.

Enlisted on 6 day of August 1915 at Brandon

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment		150765		
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.

M. F. B. 313.

150M.—8-15.
H. Q. 1772-39-439.

Surname Daniel Christian Name Allan

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	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.	Signature of Medical Officer.
Brandon	1/8/15.	10	8	15	11	8	15	Brush Burn	1		F. W. Jackson
"		12	8	15	13	8	15	Cold	1		F. W. Jackson
"		14	10	15	16	10	15	Cold	2		F. W. Jackson
"		22	10	15	22	10	15	Sore Arm	1	Due to Anti Typhoid Inoculation	F. W. Jackson
"		26	10	15	30	10	15	Rheumatism	4		F. W. Jackson
		18	11	15	18	11	15	Rheumatism	1		F. W. Jackson
		19	11	15	19	11	15	"	1		F. W. Jackson
		20	11	15	20	11	15	"	1		F. W. Jackson
		21	11	15	21	11	15	"	1		F. W. Jackson
		22	11	15	22	11	15	"	1		F. W. Jackson
		23	11	15	23	11	15	"	1		F. W. Jackson
		24	11	15	26	11	15	"	2		F. W. Jackson

Original not available.

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

M. F. W. 54. (A. F. B. 105.
500M.—9-16
H. Q. 1772-39-9.0.

Casualty Form—Active Service.

Unit, Regiment or Corps 79th Battalion.

Regimental No. 150765 Rank Pte. C. E. F. Name Allen, Daniel Raymond.

Enlisted (a) 6-8-15 Terms of Service (a) D of W. Service reckons from (a) 6-8-15.

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				
17-1-16	79th Bn.	S. O. S. - Med. Unfit.	Brandon, Man.	15-1-16	Pt. II Order #13.

O. C. Sanguinetti

Dr or D. of R.

(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.

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				

No. 150765 RANK Pte. NAME Allen, Darnel. R

T. O. S. 6-8-15 UNIT 79th Battalion C. E. F.
D123 of 9-8-15

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1916			
Aug. 6	Aug 31	0.5		
Sept		"		
Oct.		"		
Nov.		"		
Dec.		"		
1916	1916			
Jan.		0.5	Discharged 15-1-16. (M.U)	D013 of 17-1-16
				UNIT SAILED APR 24 1916
			are closed by payment 0/5	

S 241 23 10 16

(At Station or Hospital where finally disposed of.)

Station and Hospital ..... Arrived from .....

Date .....

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

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

Date of final Medical Board or decision.

.....
Administrative Medical Officer.

Militia Form B. 227.
20 m-5-15.
H. G. 1772—39—117.

DETAILED MEDICAL HISTORY OF INVALID.

Station

Corps

Regimental No. Rank

Name

Disability

Date

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.

MEDICAL HISTORY OF AN INVALID.

DEPT. MILITIA & DEFENCE
OCT 23 1916
H.Q. 49 A 1773
CANADA

1.—Station. Brandon, Man.

2.—Regiment of Corps. 79 O-erSeas Battalion C.E.F.

3.—Regimental No. and Rank. 150765 Pri-ate.

4.—Name. Daniel Raymond Allen.

5.—Age last Birthday. 19

6.—Enlisted on 6 August 1915 . at Brandon, Man.

7.—Former Trade or Occupation. Railroader.

8.—General remarks on his :—

(a) Conduct. Good

(b) Habits. Good

(c) Temperance. Temperate

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

Date Dec 20th 1915.

9.—Service.	Years.	Days.
	PERIODS.	
	From	To
	Aug 6th 1915.	Dec 20th 1915

10.—Disease or Disability. Muscular Rheumatism.

11.—Date of origin, cause, present condition and whether the same is the result of service or climate. Origin 1915. Condition, practically crippled.

Present condition not the result of ser-ice or climate.

Has it been aggravated by intemperance, vice or misconduct ? No.

M. F. B. 227.
20m.—5-15.
H. Q. 1772—39—117.

3

Carded 26-10-16 MB

[OVER]

12.—In gunshot wounds, or other injuries, state how caused ; whether received in action or in Field Service, and at what place, and whether on or off duty. If not received in action, was a Court of Inquiry held ?

Not Applicable

13.—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.

Not attributed to exposure while on d duty.

14.—If aggravated, though not primarily caused by his service as a soldier, explain how it has been so aggravated.

Aggra-ated by exposure to wet and cold. Completely disabling him for the time being.

15.—Is the disability permanent ? If not, state its probable duration. To what extent will it prevent his earning a full livelihood ?

Not Permanent. Probable duration three or four months?Will not pre-ent his earning full li-elih ood.

16.—Full particulars of medical treatment of case up to date of invaliding.

Usual rheumatic treatment as far as our supplies and equipment allowed.

17.—If previously proposed for discharge on medical grounds, state the date, the disability, for which recommended for discharge, and the cause of remand of Corps.

Not previously proposed for discharge.

18—State if for discharge on account of unfitness for service.

Yes.

Lt Jackson Capt Amc
79th overseas Batt.
Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

(In which it should be stated how far the Board concurs in the above Report.)

Your board find that Pte.D.R.Allem has been subject to rheumatism and at the present time is badly crippled,and recommend that he be discharged as Medically Unfit.

Signatures :-- John L Marlowe Major-Medical President.

Station Brandon J H Edmonson Lt Amc

Date Dec 20th 1915. Jeremiah S. Clark Lieut Amc } Members.

Date Jany 5th 1916 Alt. Tanner Capt Amc
Assistant Director of Medical Services.

Approved.

Date Feb 10/16 J Wawson Major
Director of Medical Services.

[OVER]