

ORIGINAL

931587

ATTESTATION PAPER.

No 931587

No. 2 CONSTRUCTION, B'n. C.E.F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Webster
- 1a. What are your Christian names?..... Jim, Robin.
- 1b. What is your present address?..... Grimsby Ont., Canada.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Trent Ont., Canada.
- 3. What is the name of your next-of kin?..... Maggie Davicle.
- 4. What is the address of your next-of-kin?..... Grimsby Ont., Canada.
- 4a. What is the relationship of your next-of-kin?..... Mother
- 5. What is the date of your birth?..... 9th June 1899
- 6. What is your Trade or Calling?..... IRL Laborer
- 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, Jim Robin Webster, 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.

James Webster (Signature of Recruit)

Date 17th Oct. 191 6 Frank Phipps (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Jim Robin Webster, 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.

James Webster (Signature of Recruit)

Date 17th Oct. 191 6 Frank Phipps (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 Hamilton Ont. this 17th day of October 191 6

Frank Phipps (Signature of Justice)  
Wentworth County



Description of Webster, Jim Robin on Enlistment.

Apparent Age 17 years 3 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. 3 1/2 ins.

Vaccines: - Nil

Chest measurement { Girth when fully expanded 32 ins.  
 Range of expansion 3 ins.

Indian Blood.

Complexion Dark

Eyes Brown

Hair Dark

Teeth ..... Require Attention

Religious denominations { Church of England.....  
 Presbyterian.....  
 Methodist.....  
 Baptist or Congregationalist Yes.....  
 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 17th Oct. 191 6

*[Signature]*

Place Hamilton Ont. Canada.

Copy -  
 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.

Jim Robin Webster 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. W. Reis Capt (Signature of Officer)

OCT 24 1916

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.....

*Misc 60 - 14*  
*Misc 346 -*  
*Misc,*

*1 Pay Card*  
M. F. W. 62.  
100m.-6-17.  
H. Q. 1772-39-635.

# DISCHARGE DOCUMENTS

R. O. No.....

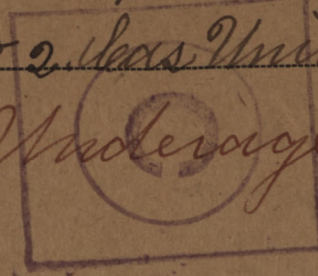
H. Q. No.....

Name *Webster James Robin*

Regt. No. *931587* Rank *Pte.*

Corps *No 2 Gas Unit form 256th Bn.*

*Underage.*



11878



*Fed*







No. 931578 RANK

Plt.

NAME

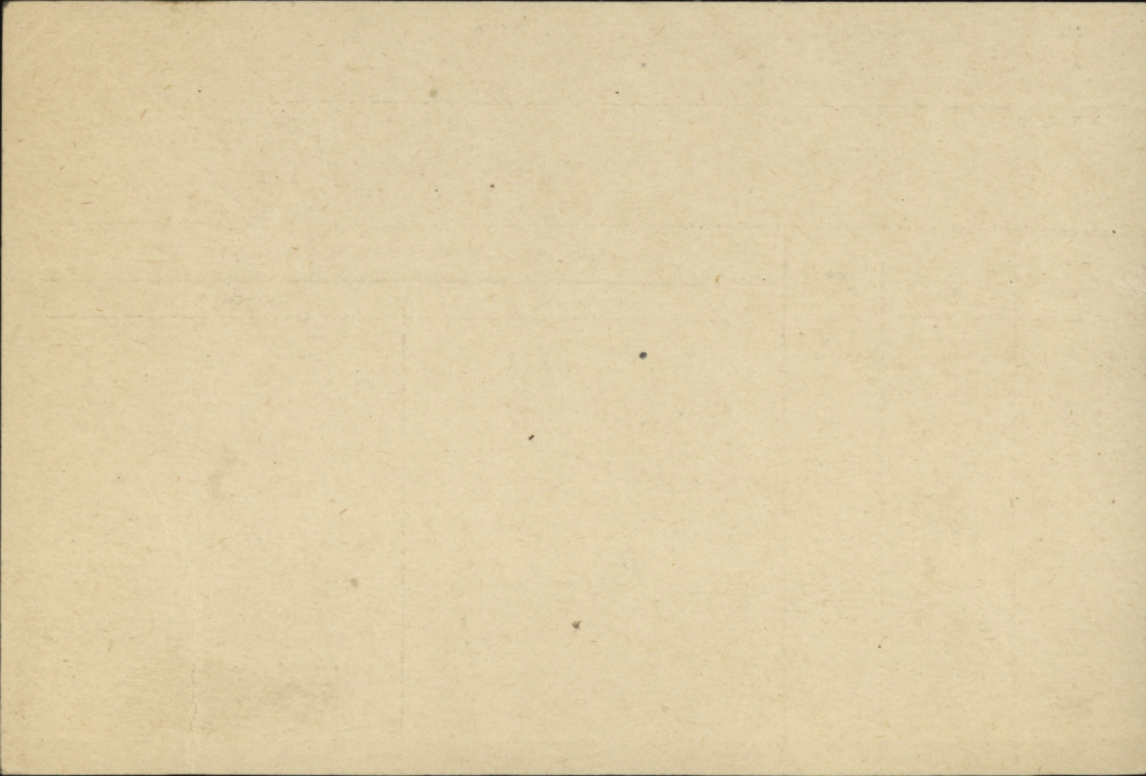
Webster J. R.

T.O.S. *Transferred from* UNIT 256 *to* Rly. Construction Bn.  
*& Comp. Co., Bn. (8078-max. paylist)*

M. D. 2

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1917 mar 6	1917 mar 31	✓		







No. 931587. RANK

Pte.

NAME

Webster. Jim Robert

T. O. S. 17-10-16

UNIT

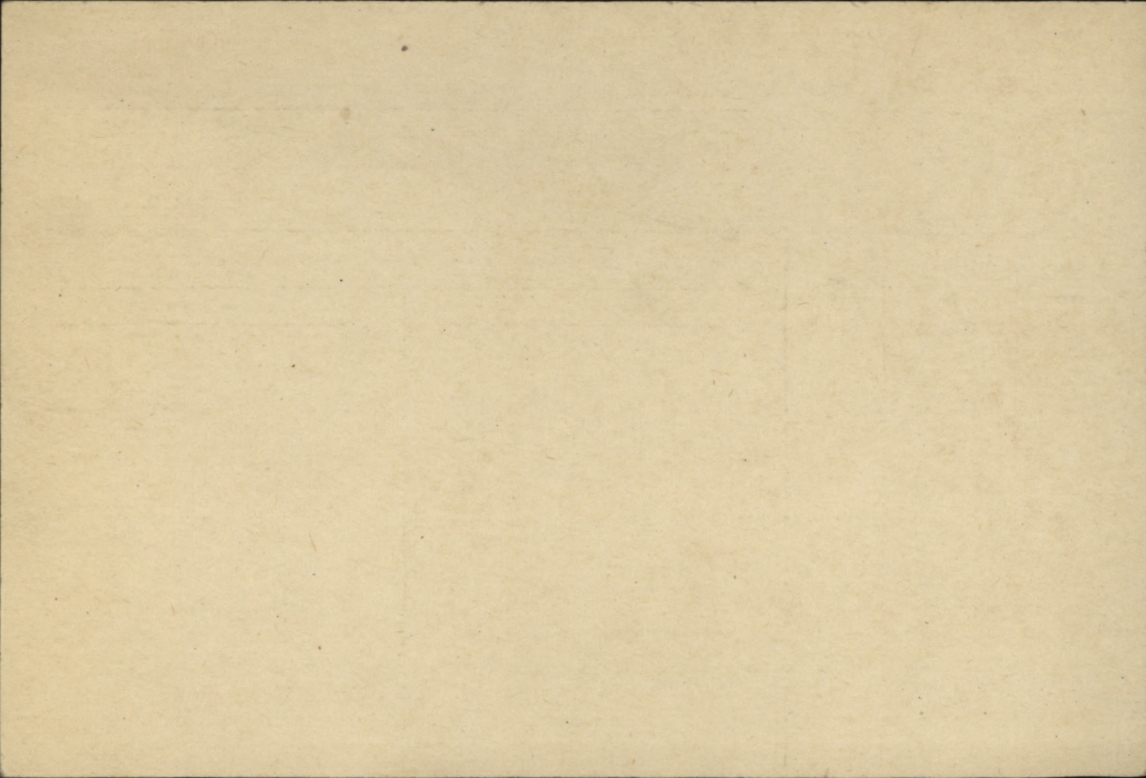
No 2. Construction Battalion

D.O. 58 23-10-16

M. D. 6

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1916 Oct. 17.	1916 Oct 31	n.		
	Nov.	✓		
	Dec.	✓		
1917 Jan	1917 Feb.	✓		
		✓		
Mar 1	Mar 5	n.	Transferred to 256th <sup>Co.</sup> 22-1-17	J. O. 55. 5-3-17







SURNAME.

*Webster,*

649. W-13924

4 CARD NO.

CHRISTIAN NAMES

*Jim Robin.*

S.O.S. Dis. 15-10-17

REGL. No.

*931587.*

RANK

*Cto.*

UNIT

*No. 2 Construction.*

*Bn.*

FORMER CORPS

*Inf.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Maricle, Mrs. Maggie*

RELATIONSHIP TO SOLDIER

*Mother*

ADDRESS

*Grimshy. Ont.*

COUNTRY OF BIRTH

*Canada. Brant. Ont.*

DATE

*June, 2<sup>nd</sup> 1897.*

PLACE OF ATTESTATION

*Hamilton, Ont.*

DATE

*Oct. 12<sup>th</sup> 1916*



MARRIED

SINGLE

*Yes*

WIDOWER

TRADE OR CALLING

*Labourer*

RELIGION

*Baptist*

DESCRIPTION.

APPARENT AGE

*17.*

YEARS

*3.*

MONTHS

HEIGHT

*5.*

FEET

*3 1/2.*

INCHES

CHEST MEASUREMENT

*32.*

INCHES

EXPANSION

*3.*

INCHES

COMPLEXION

*Dark.*

EYES

*Brown.*

HAIR

*Dark.*

DISTINGUISHING MARKS

*Nil.*

MEDICAL EXAMINATION.

PLACE

*Hamilton, Ont.*

DATE

*Oct. 17th, 1916.*

*Present Address.*

*Grimshy, Ont.*



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

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

350m.—5-16

H. Q. 1772-39-970.

# Casualty Form—Active Service.

Unit, Regiment or Corps *No 2 Consl. Batta C. E. F.*

Regimental No. *931584* Rank *Pte* Name *Jim Peter Webster*  
C. E. F.

Enlisted (a) *17-10-16* Terms of Service (a) *Duration of War. Pl. Month* Service reckons from (a) *17-10-16*

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>5-3-17</i>	<i>No 2 Con Bn</i>	<i>Trans to 256 Bn</i>	<i>Windsor n5</i>	<i>22-2-17</i>	<i>Pt 11 55.</i>
<i>29-11-22</i>	<i>256 Bn</i>	<i>Ill. Absent 22-2-17 So Sasa Deserter</i>	<i>Issued by SOFR</i>	<i>22-2-17</i>	<i>After order 21.</i>
<i>5-12-17</i>	<i>No 2 Con Unit</i>	<i>Yaken on strength</i>	<i>Yoronto</i>	<i>5-10-17</i>	<i>Pt 11 292</i>
<i>29-11-22</i>		<i>Pt 11 292 of 5-12-17 amended to read:—Yo Sasa Deserter from the 256 Bn and forfeits Pay and allowances from 22-2-17 to 5-10-17</i>	<i>Issued by SOFR</i>	<i>5-10-17</i>	<i>After order 8.</i>
<i>5-12-17</i>		<i>Disch. Underage.</i>	<i>Yoronto</i>	<i>5-10-17</i>	<i>Pt 11 order 292</i> <i>W. J. J. Scott!</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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.















7468

NO. 2  
MILITARY DISTRICT  
DEC 15 1917  
39-We-134

This space to be for numbers.

# Proceedings on Discharge.

Bob 208720

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

No. <b>931587</b>	
Rank <b>Pte.</b>	
Name <b>Webster, James.</b> <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <b>#2 Casualty Unit (256th O)S Bn, CEF</b>	
Date of Discharge <b>Oct. 5th 1917.</b>	
Place of Discharge <b>Toronto Ont.</b>	
<b>1. DESCRIPTION AT THE TIME OF DISCHARGE.</b>	
Age..... <b>16</b> .....years.....months.	Descriptive Marks  <b>N I L.</b>
Height..... <b>5</b> .....feet..... <b>6</b> .....inches.	
Complexion <b>Dark.</b>	
Eyes <b>Brown.</b>	
Hair <b>Black.</b>	
Trade <b>Laborer.</b>	
Intended place of residence } <b>c/o Canada Starch Co., Ltd, Brantford, Ont.</b> <small>(To be given as fully as practicable.)</small>	
<b>2. The above-named man is discharged in consequence of being "UNDER AGE".</b>	
<small>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.</small>	
<small>To be in the hand writing of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.</small>	<b>3. Conduct and character while in the service have been, according to the records, etc.</b>  <b>Indifferent</b> <b>W.B.</b>
	<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>
	<b>4. Special qualifications for employment in civil life. (Vide para. 332, K. R. &amp; O., Canada.)</b>  <b>Laborer.</b>

M. F. B. 218.

100m.—6-16.

H. Q. 1772-39-113

(OVER)

Disch section  
27.12.17  
R.S.



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

Nil.

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

6. Medals and Decorations.....

Nil.

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).....Toronto Ont.....

(Date).....Oct 5th 1917.....

Commanding *H. G. Beecher* for Colonel  
O. C. No. 2 Casualty Unit

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).....Toronto Ont..... *James P. Webster* ..... (Signature of Soldier.)

(Date).....Oct. 5th 1917..... *B. J. Stark* ..... (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 355 days.

11. Confirmation of Discharge.

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

(Place).....Toronto Ont.....

(Date).....Oct 5th 1917.....

(Signature) *H. G. Beecher* for Colonel  
District Casualty Officer, M. D. 2



**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.

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<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>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(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.*



PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING  
DAILY RATE OF PAY AND ALLOWANCES

M. OR S. \_\_\_\_\_ REGT. No. *931587* RANK *Pte* NAME (IN FULL) *Webster James*  
 NEXT OF KIN \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ ORIGINAL UNIT C.E.F. *No 2 Construction* IF IN P.F. WHAT UNIT? \_\_\_\_\_ (BLOCK LETTERS SURNAME FIRST)  
 ADDRESS \_\_\_\_\_ PLACE OF ATTESTATION \_\_\_\_\_ TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY \_\_\_\_\_  
 DATE OF ATTESTATION \_\_\_\_\_ TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY \_\_\_\_\_  
 IS SEPARATION ALLOWANCE PAID? \_\_\_\_\_ DATE EFFECTIVE \_\_\_\_\_ ASSIGNED PAY \$ \_\_\_\_\_ DATE EFFECTIVE \_\_\_\_\_  
 TO WHOM PAID \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ ANY CHANGE IN ASSIGNEE OR ADDRESS \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ ADDRESS *Harvingdon Hill*  
*Brantford*  
*Ont.*  
 STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE \_\_\_\_\_ EFFECTIVE \_\_\_\_\_  
 DISCHARGED \_\_\_\_\_ PLACE *Toronto* DATE *26-10-17* REASON \_\_\_\_\_ AUTHORITY *649-W 13924* IF ENTITLED TO POST DISCHARGE PAY \_\_\_\_\_

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS		
	NO. OF DAYS	RATE	AMOUNT		\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1		COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.		\$	C.
			NO.	DATE					NO.	DATE	NO.	DATE		\$	C.									
<i>30 11/27</i>			<i>25.95</i>		<i>13.00</i>		<i>38.95</i>																<i>Cash as per statement Payrol. 25.95 Clothing 13.00 \$38.95 Cheque No. 33444 of 2/12/27 HO 649-W 13924</i>	



