

ATTESTATION PAPER.

No. 19460
Folio. ✓

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... David Chas Wein
2. In what Town, Township or Parish, and in what Country were you born?..... Crediton Ontario
3. What is the name of your next-of-kin?..... Elizabeth Wein (mother)
4. What is the address of your next-of-kin?..... Crediton Ont
5. What is the date of your birth?..... July 15 1888
6. What is your Trade or Calling?..... Harness Maker
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?.. 6 Field Battery, London Ont
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

David C Wein (Signature of Man).

W. Chapman (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, David C Wein, 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.

David C Wein (Signature of Recruit)

Date Sept 23rd 1914. W. Chapman (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, David C Wein, 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.

David C Wein (Signature of Recruit)

Date Sept 23rd 1914. W. Chapman (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 Walcott this 23rd day of Sept 1914.

W. Chapman (Signature of Justice)

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

W. Chapman (Approving Officer)

9th Batt

Description of Weir David C. on Enlistment.

Apparent Age 26 years 2 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 ins.

Chest measurement { Girth when fully expanded 35 ins.
Range of expansion 1 1/2 ins.

Complexion Fair

Eyes Blue

Hair Light Brown

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

No Vacc.
Scar over left eye & over left ear

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 4th 1914

Place Valcartier

W. W. M. M. M.
Capt. A. M. M.
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.

.....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.

W. W. M. M. M. (Signature of Officer)

Date Apr 23 1914.

29-7-18 DW

2

DISCHARGE DOCUMENTS

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

S

- 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.....1
- Compulsory Stoppages.....
- Casualty Forms.....1
- 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.....2
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

Name WEIN. DAVID.....
Regt. No. 1946 D. Rank Tte....
Corps 9th Bn......

Med 23/12/18
Ad 24/10/18

Died on 12 since.

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

M

22-4-18

12450

H

483 925

h. 7 13 - 122-1

husband

R 122 - 1

Med case sheet -

M. F. W. 62.
100m. - 6-17.
H. Q. 1772-80-935.

29/12

41 15
10 15
5- 15-
2

X

649-W-280.

SURNAME.

Wein

CARD NO.

D

CHRISTIAN NAMES

David C.

FOLL.

REGL. NO.

19460

RANK

pte.

UNIT

9th.

Bn.

FORMER CORPS

C. F. a.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Wein Mrs. Elizabeth

RELATIONSHIP TO SOLDIER

Mother.

ADDRESS

Crediton, Ont.

COUNTRY OF BIRTH

Canada, Crediton Ont.

DATE

July 12th. 1888

PLACE OF ATTESTATION

Valcartier P.Q.

DATE

Sept. 23rd. 1914.

From Quebec per. S.S. Zealand 4-10-14

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

yes.
Harness maker

RELIGION

Wesleyan.

DESCRIPTION.

APPARENT AGE

26 YEARS

2 MONTHS

HEIGHT

5 FEET

3 INCHES

CHEST MEASUREMENT

35 INCHES

EXPANSION

1 $\frac{1}{2}$ INCHES

COMPLEXION

Fair

EYES

Grey

HAIR

Light Brown.

DISTINGUISHING MARKS

no scars. Scar over left eye & over left ear.

MEDICAL EXAMINATION.

PLACE

Valcartier P.Q.

DATE

Sept. 4th. 1914.

Present Address. not stated.

HAR

Wein, D.C., Pte. 19460 2nd Bn. 649-W-280

Med. & Dec. (Mother) Mrs. Elizabeth Wein,
Crediton, Ont.

P. & S. (Mother) Address as above.
(Serial no. 764087)

Mem. Crosw. " " "

Elig. for 14-15 Star. Otr. and Bn.

" " V. M.

" " B.W.M.

35686

8

Scroll Desp. DEC 30 1920 Reqn. No. 76883

Plague Desp. JUN 30 1922 Reqn. No. 841273

DEC 6 1920 2.34849 W

856

No. 19460

RANK

rle.

NAME

Wein H.

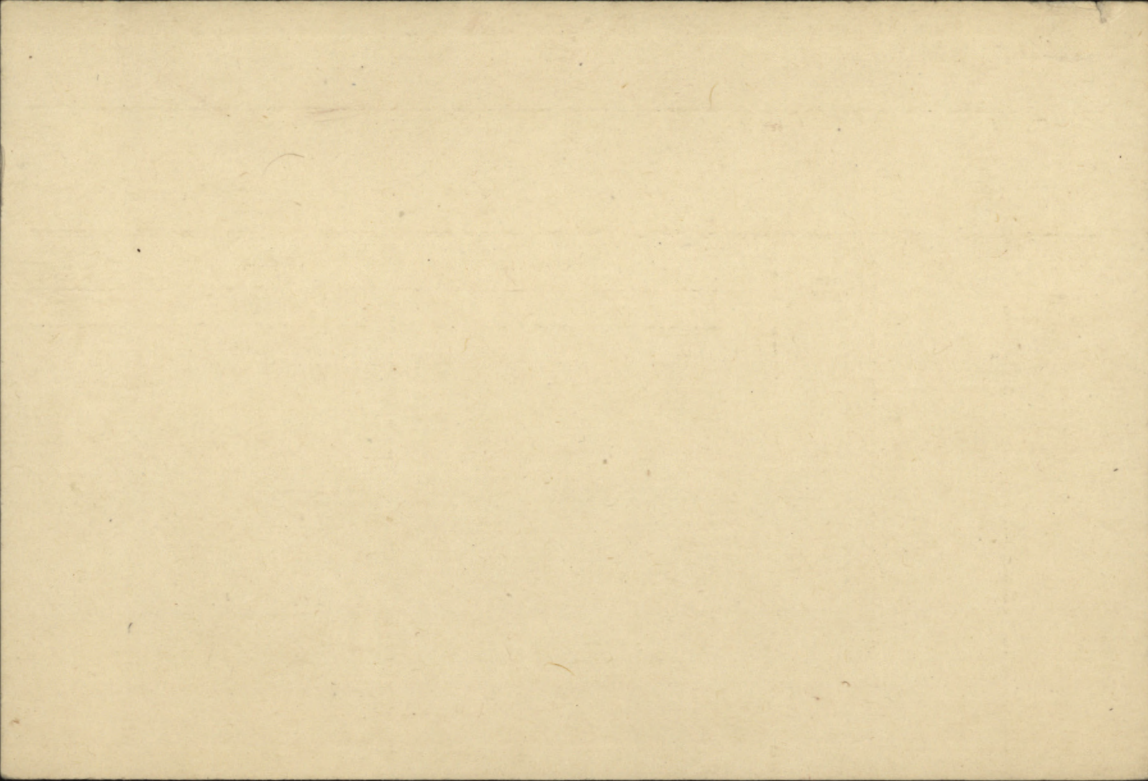
T. O. S.

UNIT

101st Regt. (Edmonton Fusiliers)
(98 Contingent)

M. D. 13

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914 Aug 25 Sept 7 " 22	1914 Aug 31 Sept 21 Oct 31	✓ L L	on 9th Bn pay list	Oct pay list.
				UNIT SAILED OCT 3 1914



ac
Number.....19460.....Rank.....Pte.....

Surname.....WEIN.....*help: FER? 61021 - Co - 1020*

Christian Names.....*David Charles*.....

Unit.....*2nd. Br. Cav. Inf.* Theatre of War.....*France*

Dates of Service.....*D*.....

Remarks.....*mother*

Latest Address.....*Mrs. Elizabeth Wein*

B.....*Crediton Ont.*

Roll No. *Page 623*

9a 28764 delm

AUG 5 1921

Name *Wein, D.B.* Rank *Pte.*

Reg. No. *19460*

Unit *2nd Bn.*

25. W. 544.

Next of Kin *Canada.*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
	<i>"Missing"</i>			<i>60</i>		
	<i>27/28/4/15</i>					
	<i>For off. purpose. pres to have Died</i>			<i>a</i>		
	<i>on or Since 22/4/15.</i>			<i>423/</i>		
	<i>HTXW</i>			<i>1078.</i>		

NAME *Wein, David Charles*

H. Q. FILE No. 649-

REG'T'L. NO. *19460*RANK AND CORPS *Plt**2nd Batt (Former 9th Batt)*

CABLE

NO.

DATE

NATURE OF CASUALTY

NO. *882**X*+FOLL.*X**C. 1113 13-5-15 Missing**Casualty Report June 6th 1916, Prev. reported missing now for**B2090C. 23-7-16 Official purposes presumed to have died
on or since Apr. 22nd - 26th 1915.*

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

60	Rep from the Base	—	Missing
A. 431	Prev. rep. missing now for official purposes presumed to have died on or since 22 nd . April. 1915.		

Surname

Christian Name or Names

Reg. No.

Wein,

D.

19460

Rank

Unit

Co.

Troop

Batty.

Pte.

9th Batt.

2 Bat.

Hospital

Date of Admission

Transferred

West Down, N. No 1 General
from Bulford

Hosp. 5-12-14

Hosp.

Hosp.

Hosp.

Diagnosis

Syphilis

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses: if more than one state present

"Missing"
now for aff. purposes pres to have
died on or since 22.4.15.

DISPOSITION

Lois to Duty.

Date

14-2-15

REMARKS

A.T.D.B. No 1944.

1

C.R.

13-5-15

60

10.8.16. A431.

A.M.D. 2 DEPT.

Beh. of D. M. G. M.

London.

R.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Casualty Form—Active Service.

Regiment or Corps

9th Battalion C.E.F.

Regimental No.

19460

Rank

Plt

Name

Wain David Chas.

Enlisted (a)

Terms of Service (a)

duration of war

Service reckons from (a)

*Aug. 1914*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>27/4/15</i>	<i>9 Rn</i>	<i>Transferred to INFANTRY BASE DEPOT</i>	<i>Edworth</i>	<i>27/4/15</i>	
<i>23/2/15</i>	<i>OC 36 BA</i>	<i>Transferred to 2nd Bn</i>	<i>France</i>	<i>22.3.15</i>	
<i>2.5.15</i>	<i>OC 2nd Bn</i>	<i>Missing Operations to 26.4.15</i>	<i>Lield</i>	<i>22-26/4/15</i>	<i>B 213</i>
<i>10.8.16</i>	<i>OC 2nd</i>	<i>Presumed to have died on or since</i>		<i>22.4.15</i>	<i>CH A 431</i>
		<i>accompanied</i>			<i>Lieut. COME</i>
					<i>for Lt. Col i/c Records.</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, Shoeing 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				
<div style="position: relative; width: 100%; height: 100%;"> <div style="position: absolute; top: 0; left: 0; bottom: 0; right: 0; border-left: 2px solid black; border-bottom: 2px solid black;"></div> </div>					

MEDICAL HISTORY SHEET.

Surname Wein

Christian Name David C

Examined { on 22 day of Sept 1914
at Valcartier

Birthplace { City or Town Crediton
County Ontario

Apparent age 26

Trade or occupation harness maker

Height 5 Feet 3 Inches

Weight 140 Lbs.

Chest measurement { Minimum 31 inches
Maximum expansion 34 inches

Physical development good

Small-Pox Marks no

Vaccination Marks { Arm Right Left ✓
Number one

When Vaccinated last Oct 7th

(a) Marks indicating congenital peculiarities or previous disease scar over left eye

(b) Slight defects but not sufficient to cause rejection none

Approved by

Rank Capt W. B. B. M.O.

Date Fit or Unfit EXAMINED FOR RE-ENGAGEMENT,

M.O.

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 12 day of Aug 1914 at Edmonton

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>101 Regt</u>			
Transferred to.. ..	<u>E. H.</u> <u>9th</u> <u>2nd</u>	<u>1946</u>	<u>Good.</u>	

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.

50M-8-14.
H. Q. 1772-39-439.

Entries in Red Ink made from
Attestation Sheets.

for D. D. M. S.

Surname.

STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
Shing Pen Tahn		5	12	14				Syphilis			
No 1 Gen Hosp		5	12	14	17	2	15	Syphilis	75	Discharged to Duty	J. A. Brown d. w. m. a. c.

Rank and Name

WEIN, David Charles.

Regimental No.

19460

Name and Address of Next-of-kin

Unit

9th. Battn.

Elizabeth Wein (Mother)

Date of enlistment

Sept 23rd. 1914.

Crediton,

Place of birth

Ontario

Ontario.

Married (Yes or No)

No

Date and place of discharge

If in Permanent Force

Reason for discharge

Character on discharge

Promotions or appointments

N/E. R.B. No.

File R.L.

Category

N E. R B No 1

Report

Date

From whom
receivedRecord of promotions, reductions,
transfers, casualties, etc., during active
service. The authority to be quoted
in each case

Place

Date

REMARKS
Taken from Official Documents

28-2-15 O.C. 9th Yarnok 2nd Pm. Base Co.

Yidworth

26-2-15 Part II - 0

22-3-15 Board. Embarked Overseas

22-3-15 G.H. Orders

28-3-15 O.C. 2nd Yaken on 2nd Pm.

Yranco

" Part II - 5

13-5-15 6 D. 60 Missing
16-5-15 2nd Pm. Reported missing and "SOS"
10-8-16 OC 2 Presumed to have diedBase 22-2-15 O.N. of P. II - 12.
Rouen 22-2-15 In or since Pm 50. 12
In the field 22-4-15 CL / 431

Rank and Name

Regimental No.

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

Date and place of discharge

Reason for discharge

Character on discharge

Place of birth

Married (Yes or No)

If in Permanent Force

Promotions or appointments

Report

Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.

Date
From whom received

Date

Place

REMARKS

Taken from Official Documents

NAME WEIN, David Charles

Regimental No.

19460. ✓

Name and address of next-of-kin

Unit

2nd 9th Battalion

Elizabeth Wein (Mother)

Date of enlistment

Sept. 23rd, 1914

Crediton, Ont.

Place of birth

Crediton, Ont.

Married (yes or no)

No

Date and place discharged

23-30/4/15 Rep. Missing

Amount of pay assigned monthly \$

Nil

Reason for discharge

22-4-15

To whom payable

Character on discharge

Off. Dead

El. a/c 431 10/8/16

Date		PAY		Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate			Amount	No.					
1914															
Sept 23	Oct 31	40	1 ⁰⁰	40 00	40	10	4 00	6 50	50 50		25 00			25 00	9 days det. at 1.00 per day
Nov 1	Nov 30	30	1 ⁰⁰	30 00	30	10	3 00	25 50	73 50		59 10		14 40	73 50	5 days det. 4 days absent without leave 509 Per Diem 100g Pay as Cook
1 Dec	31	31	1 ⁰⁰	31 00	31	10	3 10		34 10		34 10			34 10	
1 Jan	31	31	1 ⁰⁰	31 00	31	10	3 10	34 10	68 20						
Feb 1	28	28	1 ⁰⁰	28 00	28	10	2 80	68 20	99		15			15	absent w/leave 4 days
Mar 1	Mar 31	31	1 ⁰⁰	31 00	31	10	3 10	84	118 10				8 80	8 80	detention 4 days
Apr 1	Apr 30	30	-	30	30	-	3	109 30	142 30		8			8	
May 1	May 30	30	-	30	30	-	3	109 30	201 40		107 10				Transf to R.C. Dep
June 1	June 30	30	-	30	30	-	3	109 30	235 50				101 20	101 20	missing 6/12 to during operations a/c 23 to a/c 30 101 20 = 92 days o/c
July 1	July 31	31	-	31	31	-	3	109 30	235 50						Trans to Dead Hdg.
Aug 1	Aug 31	31	-	31	31	-	3	109 30	235 50						880 8 days o/c 20 Ca
Sept 1	Sept 30	30	-	30	30	-	3	109 30	235 50				128 35	128 35	100 o/c credit 24 ch 3128 35 sent to Canada for sett. 6/9/16
Oct 1	Oct 31	31	-	31	31	-	3	109 30	235 50						CHECKED BY

[illegible]