

Base

ATTESTATION PAPER.

No. 802 355

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Deleary
- 1a. What are your Christian names?..... Samuel
- 1b. What is your present address?..... Muncney. Ont
- 2. In what Town, Township or Parish, and in what Country were you born?..... Inveradee Twp.
- 3. What is the name of your next-of-kin?..... Louis D Deleary
- 4. What is the address of your next-of-kin?..... Muncney Ont
- 4a. What is the relationship of your next-of-kin?..... Father
- 5. What is the date of your birth?..... 16th July 1893
- 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?..... yes
- 10. Have you ever served in any Military Force?..... yes. 20th Regt
If so, state particulars of former Service. 5th Regt
- 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, Samuel Deleary, 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 20. 12 1915 Samuel Deleary (Signature of Recruit)
H. Woodward (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Samuel Deleary, 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 20. 12 1915 Samuel Deleary (Signature of Recruit)
H. Woodward (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 Muncney Ont this 20 day of December 1915

B. Robson (Signature of Justice)

Description of Samuel McLeary on Enlistment.

Apparent Age 23 years 0 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 36 ins.
 Range of expansion 4 ins.

Complexion Dark

Eyes Dark

Hair Dark

Religious denominations.
 Church of England.....
 Presbyterian.....
 Methodist..... X
 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 20. 12 191 5

Place Murray Ont.

O. L. Berdein
Rt Col 135 BATT
 Medical Officer.

*Insert here "fit" or "unfit."

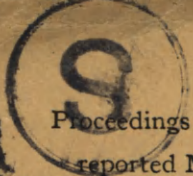
NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Samuel McLeary 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.

B. Robson (Signature of Officer)

Date 20. 12 191 5



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.....

H.P.C.

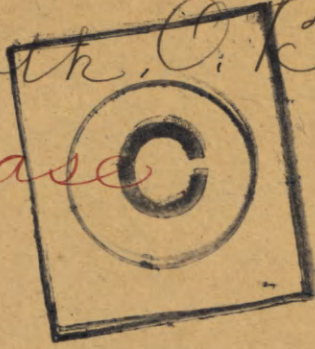
DISCHARGE DOCUMENTS

Name *Deleary Samuel*

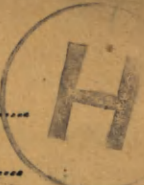
Regt. No. *802355* Rank *Pte*

Corps *Base Coy, 135th O. Bn.*

By Purchase



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



09779



MEDICAL HISTORY SHEET.

Surname Deleony Christian Name Samuel

Examined { on 20 day of Dec 1915
at Mursey
Birthplace { City or Town _____
County _____

Approved by Ch. Berman
Rank Rt Col 135 Regt

Apparent age 23 yrs
Trade or occupation Reverer
Height 5 Feet 8 Inches
Weight 156 Lbs.
Chest measurement { Minimum 32 inches.
Maximum expansion 36 inches.
Physical development _____
Small-Pox Marks _____

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left ✓
Number ✓
When Vaccinated last 1909

Date	Result	VACCINATIONS.
		M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease _____
(b) Slight defects but not sufficient to cause rejection _____

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.
		M.O.
		M.O.

Enlisted on 20 day of December 1915 at Mursey Okla.

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>135th Regt</u>	<u>802355</u>		<u>20 12 15</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.

ORIGINAL
CANADIAN CONTINGENT EXPEDITIONARY FORCE

#90
Folio April Base 2/13.

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Article 71, Financial Instructions C.E.F., 1914).

Regimental No. 802355 Rank private Name Samuel Dalseary

Corps 135th O. S. Battalion, C. E. F. who was * discharged

On April 1st 1916, to

* Insert "discharged" or "transferred."

The following is a statement of the account of the above-named to date of transfer or discharge inclusive :—

	DR.	\$	c.		CR.	\$	c.
To	Bal. Dr. from previous month.....			To	Regimental pay days at \$.....		
	Total payments during period				Field allowance " \$.....		
	from.....				Other allowances.....		
From	Assigned Pay.....				Other Credits (give particulars).....		10
	Other Charges (give particulars).....				Clothing stoppage		
	Bal. Cr. on discharge or transfer.....	10			Bal. Dr. on discharge or transfer.....		
	TOTAL.....	10			TOTAL.....		10

The amount shewn as Balance Cr. due on discharge or transfer has † been paid.

Monthly stoppage on account of assignment of pay is....., and has been charged in Pay-list for month of.....

† Insert "been" or "not been" as case may be.

REMARKS:—

State (1) date of enlistment 20-12-15

(2) if married and if a Separation Allowance Card has been submitted unmarried

(3) cause of discharge and authority Para. 322-3 K. R. & O. C. M. 1910 (Purchase)

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date no assigned pay

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date April 1, 1916

Place London, Canada

Samuel Dalseary
Paymaster, 135th O. S. Battalion, C. E. F.
Captain Paymaster.

ORIGINAL
CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

The term of the contract is hereby acknowledged to be complete and the soldier is discharged from the service of the Canadian Expeditionary Force.

Name of soldier: _____

Rank: _____

Service number: _____

Discharged on: _____

The following is a statement of the amount of the above named soldier's pay and allowances for the period from the date of his enlistment to the date of his discharge:

Particulars	Amount
Basic pay	£ _____
Gratuity pay	£ _____
Field allowance	£ _____
Other allowances	£ _____
Other Credits (give particulars)	£ _____
Less: Pay on discharge of transfer	£ _____
Total	£ _____

The above is a true and correct statement of the soldier's pay and allowances for the period from the date of his enlistment to the date of his discharge.

Monthly savings on account of assignment of pay is _____

and has been included in the above.

Amount of pay not claimed is _____

and has been included in the above.

Signature of commanding officer: _____

Signature of soldier: _____

Date: _____

Place: _____

Regiment: _____

Division: _____

Corps: _____

Force: _____

Country: _____

Signature of commanding officer: _____

Signature of soldier: _____

Date: _____

Place: _____

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 135th O.S. Battalion C.E.F.

Regimental No. 802355 Rank Private Name Samuel Deleary
C. E. F.

Enlisted (a) _____ Terms of Service (a) _____ Service reckons from (a) _____

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				
1.4.1916	Discharged by Purchase at London, Ont.				J. B. Woodward Capt. & adjt. 135 th O. Bn. C.E.F.

(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				

CARD No.

SURNAME. *Heleary.*CHRISTIAN NAMES *Samuel*REGL. NO. *802355* RANK *Pto.*UNIT *136th.*FORMER CORPS *26th. Regt.**Batt.*
1901

CHANGE OF ADDRESS

NEXT OF KIN.

NAMES IN FULL *Heleary, Louis*RELATIONSHIP TO SOLDIER *Father.*ADDRESS *Muncy, Ont.*COUNTRY OF BIRTH *Canada. Caradoc. Ont.* DATEPLACE OF ATTESTATION *Muncy, Ont.* DATE *Dec. 20th 1915*

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

No. 802355 RANK *Att.*

NAME *Deleary, Samuel,*

T. O. S. 20-12-15 UNIT 135th *Battalion. C. E. F.*
(Dec. 27. 21-12-15)

M. D. /


PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915</i>	<i>1915</i>			
<i>Dec. 20</i>	<i>Dec. 31</i>	<i>✓</i>		
<i>1916</i>	<i>1916</i>	<i>✓</i>		
<i>Jan.</i>		<i>✓</i>		
<i>Feb.</i>		<i>✓</i>		
<i>Mar.</i>		<i>O.S.</i>		
<i>Apr. no dates given</i>			<i>Discharged from 1-4-16 incla By purchase</i>	<i>D.O. 77 April paylist.</i>
			<i>apc closed by payment ✓</i>	UNIT SAILED AUG 22 1916



This space to be for numbers.

Proceedings on Discharge.

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

No. 802355	
Rank Private	
Name Samuel Deleary <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) Base Co'y 135th O.S. Battalion C.E.F.	
Date of Discharge April 1st 1916	
Place of Discharge Strathroy Ont.	
1. DESCRIPTION AT THE TIME OF DISCHARGE	
Age..... 23years..... 8months.	 <p>Descriptive Marks</p>
Height..... 5feet..... 8inches.	
Complexion Dark	
Eyes Dark	
Hair Dark	
Trade Farmer	
Intended place of residence } Muncey Ont. (To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of Para 322 -3 K.R. & O. C.M. 1910 (by Purchase)	
<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>	
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. <i>Good.</i>
	<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>
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) <i>Farmer.</i>	

M. F. B. 218.

25m.—11-15.

H. Q. 1772-39-113.

(OVER)

*carded
23-11-16
R.S.*

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).....Strathroy Ont.....

J. B. Woodward Capt. + adjt.

(Date).....April 1st 1916.....

Commanding135th Overseas Battalion

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).....Strathroy Ont *Sam Deleary*..... (Signature of Soldier.)

(Date).....April 1st 1916..... *J. B. Woodward* (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.

Sam Deleary..... (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).....Strathroy Ont.....

(Signature).....*B. Brown Lt Col*

(Date).....April 1st 1916.....

Comdg. 135th O. Bn. C. 7

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.)

NONE

X

Sam Adams

List of Discharge Documents.

One

Reg. Conduct Sheet, Militia form B. 263.

Two

Attestation Paper, Militia Form B. 235.

*Orig.
+
Trips.*

one

Squadron }
Battery } Conduct Sheet, " B. 263a.
Company }

One

Proceedings on Discharge " B. 218.

one

Casualty Form " W. 54

~~Copies of Convictions, by C. P. in MS.~~

One

Med. Hist. Sheet, Militia Form B. 313

In the case of recruits who are rejected on final approval, the discharge documents will consist of

~~Medical Report for Invalid* " B. 227.~~

(a) Proceedings on Discharge.

One

Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

~~*Only if discharged "Medically unfit."~~

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.

*\$50.00 Deposited to credit of 135th
Co. G. C. E. 7. on April 12th 1916 by
Battalion Paymaster.*