QUADRUPLICATE

249th BATTALION C. E. F.

ATTESTATION PAPER.

No. 1069460

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Donnelly
1a. What are your Christian names? ..... Christopher
1b. What is your present address? ..... Duff Sask CBK
2. In what Town, Township or Parish, and in what Country were you born? ..... Lemburg Sask
3. What is the name of your next-of kin? ..... Margeret Donnelly
4. What is the address of your next-of-kin? ..... Lorly Sask CBK
4a. What is the relationship of your next-of-kin? ..... Mother
5. What is the date of your birth? ..... July. 1st 1887.
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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Christopher Donnelly, 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.

Christopher Donnelly (Signature of Recruit)

Date Febuary 10th 191 7. H Durhurst (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Christopher Donnelly, 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.

Christopher Donnelly (Signature of Recruit)

Date Febuary 10th 191 7. H Durhurst (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 Melville this Tenth day of Febuary 191 7.

Hugh W Lindsay (Signature of Justice)

M. F. W. 23
750M—3-16
H. Q. 1772-39-341

Description of Christopher Donnelly on Enlistment.

Apparent Age 30 years months.

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

Height 5 ft 10 ins.

Chest measurement: Girth when fully expanded 39 ins.

Range of expansion 4 ins.

Complexion Medium

Eyes Blue

Hair Brown

Religious denominations:

- Church of England Yes
- Presbyterian
- Methodist
- Baptist or Congregationalist
- Roman Catholic
- Jewish
- Other denominations (Denomination to be stated.)

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).

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 Feb. 10th 1917. D R Kempton M.D. [signature]

Place Melville, Sask. N. R. Stewart M.O. 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:—

P. C. Crosby M.D. Mobolization

D R Kempton M.D. [signature] Medical Board.

CERTIFICATE OF OFFICER COMMANDING UNIT.

Christopher Donnelly 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 B Kempton Lieutenant Colonel (Signature of Officer)
O.C. 249th O.S. BATTALION C.E.F.

Date Feb 20th 1917

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name Donnelly Christopher

Regt. No 1069460 Rank Pte

Corps 249th O/S. Battn

Medically Unfit

20662

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

Attestation Papers..... 2

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..... 2

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 3

M.F.W. 67-1

1 P.C.

M. F. W. 62.
50M.—9-16.
H. Q. 1772—39—935.

No 1069460 RANK Pte NAME Donnelly, Christopher

T.O.S. 10-2-17. (D.O. 426 of 19-2-17.) UNIT 249th Battalion.

M.D. 12.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917. Feb. 10.	1917. Feb. 28.	✓		
Mar.		✓		
Apr.		✓		
May 1	May 12	✓	Discharged to W 12.5.19	D.O. 113. 12.5.19.
			a/c closed by payment S.	

649-B-7183.

CARD NO. 4

SURNAME. Donnelly.

CHRISTIAN NAMES Christopher

REGL. No. 1069460 RANK Pte

UNIT 249th.

FORMER CORPS nil

S.O.S. Dis. 12-5-17. 12.

Reason M.U. with this Board

NEXT OF KIN.

NAMES IN FULL Donnelly, Mrs Margaret

RELATIONSHIP TO SOLDIER Mother

ADDRESS Gen. Del., Forlie, Sask.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada. Lemberg, Sask. DATE July 1st 1889

PLACE OF ATTESTATION Melville, Sask. DATE Oct. 16, 1917

L. L. 10437. M. & D. 7253.

M. F. W. 22. 100M.—11-16. H. Q. 17 2-39-339.

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Farmer RELIGION Church of England

DESCRIPTION.

APPARENT AGE 30 YEARS MONTHS

HEIGHT 5 FEET 10 INCHES

CHEST MEASUREMENT 39 INCHES EXPANSION 4 INCHES

COMPLEXION Medium EYES Blue HAIR Brown

DISTINGUISHING MARKS Not stated

MEDICAL EXAMINATION. PLACE Melville, Sask. DATE Feb. 10th 1917

Present address, Gen. Del., Duff, Sask.

To be made out in duplicate. H.Q. 54-21-23-53

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.

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(1) Name of Overseas Unit which Soldier joins 249th OVERSEAS BATTALION C. E. F.

(2) Regimental Number 1069460/

(3) Full Name of Soldier Christopher Donnelly.

(4) Place of Birt Lembers Sask.

(5) Are you married, or not? No

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

(b) Present Postal Address —

(7) Are you a widower? No

(8) Have you any children? —

If so, give number of boys and girls

Also their names and ages

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? No

If so, state name and address —

(10) Is your Mother alive? Yes Margaret Donnelly

If so, state name and address Lorlie Sask.

(11) If your Mother is a widow Yes

Are you her sole support, or not? Yes

(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.

$40.00

(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.

Yes

(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.

C. B. Kennedy
Lieutenant-Colonel
O.C. 249th O.S. Battalion
Officer Commanding.

Date April 24/17

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 1069460 Rank Private Name DONNELLY.Christopher,

Corps 249th.Overseas Battalion,C.E.F. who was * S.O.S. Medically Unfit. B.O.113

On 12-5-17 1915, 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.
	Bal. Dr. from previous month				Regimental pay 12 days at $ 1. c.	12.	
12-5-17	Total payments during period			12-5-17	Field allowance 12 " $ .10	1.	20
To	from			To	Other allowances		
	Assigned Pay				Other Credits (give particulars)		
1-5-17	Other Charges (give particulars)				Cr.from prev account	10.	
				1-5-17			
	Bal. Cr. on discharge or transfer	23.	20		Bal. Dr. on discharge or transfer		
From	Total	23.	20	From	Total	23.	20

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

Monthly stoppage on account of assignment of pay is $15.00, and has been charged in Paylist for month of April. To,- Margaret Donnelly, Lorlie,Sask.

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

REMARKS:—

State (1) date of enlistment 10-2-17.

(2) if married and if a Separation Allowance Card has been submitted Not entitled.

(3) cause of discharge and authority Medically Unfit. Auth.A.D.M.S. M.D.#12. 8.D.130.

If discharged from the Contingent, state if Stop Payment advice for ~~Assigned~~ Allotment Pay has been forwarded, and date hereof

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

Date May 12th. 1917.

Place REGINA, SASK.

Hon.Capt. & *Paymaster*

249th.Overseas Battalion,C.E.F.

M. F. W. 44
100 M.—11-15
H. Q. 1772-39-903

249th OVERSEAS BATTALION C. E. F.

MEDICAL HISTORY SHEET.

Surname Donnelly *Christian Name* Christopher

Examined { on 10th day of Feb. 1917 / at Melville. Sask

Birthplace { City or Town Lemburg / County Sask

Apparent age 30

Trade or occupation Farmer.

Height 5 Feet 10 Inches.

Weight 180 Lbs.

Chest measurement { Minimum 35 inches. / Maximum expansion 39 inches.

Physical development Good

Small-Pox Marks

Vaccination Marks { Arm Right. Left. / Number Two

When Vaccinated last in Boyhood.

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Varicocele, -Slight Degree,

a few teeth lacking.

Approved by D R Livingstone MD

Rank [signature] 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.
April 17 1/77	Succ.	[signature] M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
9 5,17		[signature] M.O.
		M.O.
		M.O.

Enlisted on 10th *day of* February 1917 *at* Melville Sask

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	249th O.S. Battn	1069460		Feb 20th 17
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.

400M.—1-16.
H. Q. 1772-39-439.

Surname Donnelly Christian Name Christopher

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital			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.
		Day	Month	Year	Day	Month	Year				

MEDICAL HISTORY OF AN INVALID.

Dist. Officer Commanding
Military District No. 12
MAY 7 1917
12 M.D. 28-D-130

1. Station. Regina Sask
2. Regiment or Corps. 249th Cs Batt^n
3. Regimental No. and Rank. Pte. # 1069460
4. Name. Donnelly. Christpher
5. Age last Birthday. 29 Years.
6. Enlisted on 23rd March 1917
   at Melville.
7. Former trade or occupation. Farmer

8. General remarks on his:—
   (a) Conduct. good
   (b) Habits. good
   (c) Temperance. good

DEPT. MILITIA & DEFENCE
MAY 15 1917
CANADA
249-D-7183

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

Date. 2nd May 1917

9. Service.

	Years.	Days.
	PERIODS	
	FROM	TO

10. (a) Disease or disability. Left hernia and Varicocele.
    (b) Date of origin. Hernia 1902. also Varicocele.
    (c) Place of origin. Sorlie Sask.
    (d) Cause. Kick from a horse.

11. Present condition. (Most Important.)
(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, *i.e.*, debility, breathlessness on exertion, necessity of treatment by rest, etc.)

Scrotum in left groin complains of pain on exertion. Veins in left scrotum enlarged, and painful.

Cons

12. (a) Is the disability the result of service or climate? No
    (b) Has it been aggravated by intemperance, vice or misconduct? No.

Noted 21-5-17 JB

M. F. B. 227.
200M. 8-16.
1772-39-117.

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

none

(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 ?

not applicable

(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.

not applicable.

14. Treatment.

none

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

no.

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

permanent without operation.

17. To what extent will it prevent his earning a full livelihood in the general labour market ? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

Nil

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

Yes

Dixie Beaver St. C. M. C.

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

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

10.

11.

12. concurs.

15.

16.

17.

18. Is he unfit for Military Service. Yes.

Recommendations: That he be Discharged.

Signatures :—

[signature] President.

[signature] Members.

Station. Regina

Date. May 2/17

Date. 9/5/17

[signature] Asst. Director of Medical Services.

Approved.

Date. 19-5-17

for [signature] Director-General of Medical Services.

Militia Form B. 227.

200m. 8-16.
H. Q. 1778-89-117.

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.

(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.

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.	1069460
Rank	Private
Name NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	Donnelly Christopher
Corps (Squadron, Battery or Company)	249th Overseas Battalion C.E.F.
Date of Discharge	12 May 1917
Place of Discharge	Regina Sask

1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive Marks
Age	30 years months.	
Height	5 feet 10 inches.	
Complexion	Medium	
Eyes	Blue	
Hair	Brown	
Trade	Farmer	
Intended place of residence (To be given as fully as practicable.)	Lorlie Sask	

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

Medically Unfit

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.

Good

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.

100m.—6-16.
H. Q. 1772-39-113

(OVER)

carded 7-7-19

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) Regina Sask

(Date) 15 May 1917

Lieutenant Colonel
Commanding O.S. BATTALION C.E.F.

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) Regina Sask L Donnelly (*Signature of Soldier.*)

(Date) 15 May 1917 J H Percy Talbot (*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.

L Donnelly (*Signature of Soldier.*)

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....92.....days.

Total.....years.....92.....days.

11. **Confirmation of Discharge.**

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

(Place) Regina Sask

(Date) 15 May 1917

(Signature) Lieutenant Colonel
O.C. 249th O.S. BATTALION C.E.F.

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.)

Nil

L Donelly

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

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

(a) Proceedings on Discharge.

(b) Attestation.

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

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.