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ORIGINAL

ATTESTATION PAPER.

No. 739199

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name? — William Doreen
2. In what Town, Township or Parish, and in what Country were you born? — Deseronto, Ont.
3. What is the name of your next-of kin? — Peter Doreen
4. What is the address of your next-of-kin? — Deseronto, Ontario.
5. What is the date of your birth? — 25th December 1893
6. What is your Trade or Calling? — Labourer
7. Are you married? — No.
8. Are you willing to be vaccinated or re-vaccinated? — Vaccinated — Yes
9. Do you now belong to the Active Militia? — No.
10. Have you ever served in any Military Force? If so, state particulars of former Service. — 4 years in 49th 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.

Wm Doreen

William Doreen (Signature of Man.)

H. E. Patterson (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Wm Doreen, 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.

William Doreen (Signature of Recruit)

Date 16th November 1915. H. E. Patterson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Wm Doreen, 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.

William Doreen (Signature of Recruit)

Date 16th November 1915. H. E. Patterson (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 St Catharines this 16th day of November 1915.

Wm H. Wylie J.P. (Signature of Justice)

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

Wm H. Wylie (Approving Officer)

CAPTAIN

M. F. W. 23.
200 M.—7-15.
H. Q. 1772-39-841.

Description of Wm Dureen on Enlistment.

Apparent Age 21 years 11 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 4 ins.

Chest measurement: Girth when fully expanded 36 ins.
Range of expansion 2 ins.

Complexion Dark

Eyes Blue

Hair Dark

Religious denominations:
- Church of England X
- Presbyterian
- ~~Wesleyan~~ Methodist
- 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).

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 Nov 16th 1915.

Place St Catherines

D A McClenahan
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.

Wm Dureen 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.

J P Cowles, Major (Signature of Officer)

for O. C. 114th O. S. Batt'n. C. E. F.
(BROCK'S CAMERON)

Date MAY 17 1916 191 .

25-9-18 Da

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

Attestation Papers.....3

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.....3

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....1

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....1

1 P-C

1 Pay Card

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

DESERTERS

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name DOREEN William ...rney

Regt, No 739199 Rank Pte.

Corps 114th Bn

S.O.S. 4-8-16. N/R 7-9-18

H.Q. 652-17-5 Vol 5

21456

Index Card.....

Casualty Card.....1

Non-Effective Card.....

Part II Order Card.....1

Change of Address Card.....1

Honour & Award Card.....

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. 739199 Rank Pte Name Doreen Wm

Corps 114th who was* Struck off Strength

On 4-8-16 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.
From 1-9-16 To			From 1-9-16 To		
Bal. Dr. from previous month			Forwd	34	10
Total payments during period from	1	50	Regimental pay 1 days at $ 1 c	1	
Assigned Pay			Field allowance 1 " $ c 10		10
Other Charges (give particulars) Awol	31	90	Other allowances		
4-8-16 - 1-9-16			Other Credits (give particulars)		
Bal. Cr. on discharge or transfer	1	80	Bal. Dr. on discharge or transfer		
TOTAL	35	20	TOTAL	35	20

The amount shewn as Balance Cr. due on discharge or transfer has † not 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 16-11-15

(2) if married and if a Separation Allowance Card has been submitted no

(3) cause of discharge and authority D O 735

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

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

Date 16-10-16

Place Camp Borden

Roseville

Paymaster.

M. F. W. 44.

200M—1-16.
H. Q. 1772-39-903.

SURNAME. Doreen

CHRISTIAN NAMES William

REGL. No. 739199 RANK Pte

UNIT 114th

FORMER CORPS 49th Regt 4 yrs.

CARD No.

FOLL.

$08 Des 4-8-16 2

65-2-17-5 vol. 5

Bn

NEXT OF KIN.

NAMES IN FULL Doreen Peter

RELATIONSHIP TO SOLDIER Father

ADDRESS Deseronto. Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Deseronto. Ont. DATE Dec 25th. 1893

PLACE OF ATTESTATION St Catharines. Ont. DATE Nov 16th 1915

L. L. 94504. M. & D. 6512. M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

MARRIED — SINGLE yes WIDOWER

TRADE OR CALLING Labourer RELIGION Not stated

DESCRIPTION.

APPARENT AGE 21 YEARS 11 MONTHS

HEIGHT 5 FEET 4 INCHES

CHEST MEASUREMENT 36 INCHES EXPANSION 2 INCHES

COMPLEXION Dark EYES Blue HAIR Dark

DISTINGUISHING MARKS Nil

MEDICAL EXAMINATION. PLACE St Catharines Ont. DATE Nov 16th 1915

Present Address Not stated

No. 739199 RANK Pte NAME Doreen. W. M.

T. O. S. UNIT 114th Battalion

Transfered from St Catherines Recruiting Depot. 9-12-15. D.O.1. 16-12-15.

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915.			
Dec 10.	Dec 31	✓		
1916 Jan	1916	✓		
Feb.		✓		
Mar.		✓		
Apr.		✓		
May.		✓		
June		✓		
July.		✓		
Aug.		✓		
Sept. 1	Sept. 1	O.S.	Illegally absent since 4/8/16	D.O. 235 of 8/9/16.

a/c carried forward O.S.

No. Rank Pte Name Doreen. W

T. O. S. Unit 49th Regt. (Hastings Rifles) 3rd Contgt.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Apr. 21.	1915 Apr. 30.	✓		
May. 1	May 11.	✓	Transfd to 39th Bn. 11/5/15	May. paylist.

No. C93 RANK Pte. NAME Doreen Wm

T. O. S. UNIT Recruiting Depot, St. Catharines (2nd Dragoons)

114th Bn

M. D. 2.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Nov 16	1915 Nov 30	✓		
Dec 1	Dec 9	✓	Transfd to 114th Bn. 9-12-15.	Dec. paylist

ORIGINAL

MEDICAL HISTORY SHEET. 739199

Surname Dureen *Christian Name* William

Examined { on 16 day of Nov. 1915 / at St. Catharines

Birthplace { City or Town Near Deseronto / County Park

Apparent age 21

Trade or occupation Labour

Height 5 Feet 4 Inches.

Weight 139 Lbs.

Chest measurement { Minimum 34 inches. / Maximum expansion 36 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right. One Left. / Number One

When Vaccinated last 4 yrs ago

(*a*) Marks indicating congenital peculiarities or previous disease None

(*b*) Slight defects but not sufficient to cause rejection None

Approved by D. A. McClenahan

Rank Capt. 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.
20/3/16	X	C.A.M. Thrush M.O.
29/3/16	X	C.A.M. Thrush M.O.
		M.O.

Enlisted on 16th *day of* November 1915 *at* St. Catharines Ont.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	114th Bn. C.E.F.	739.199.		16/11/15.
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 Queen Christian Name William

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				

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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.	739.199
Rank	Private
Name NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	William Dureen
Corps (Squadron, Battery or Company)	D. Coy 114th O.S. Bn.
Date of Discharge	4th of August 1916
Place of Discharge	Camp Borden Ont.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 21 years months. Height 5 feet 4 inches. Complexion Dark Eyes blue Hair Dark Trade Labourer Intended place of residence (To be given as fully as practicable.)	Descriptive Marks

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

Illegally Absent

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.

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.

15m.—10-15.
H. Q. 1772-39-113.

(OVER)

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) Camp Borden ..... T A MacDonald Maj

(Date) 4/8/16 ..... *Commanding* D Co

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) Signature not available ..... (*Signature of Soldier.*)

(Date) ..... (*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.....days.

11. **Confirmation of Discharge.**

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

(Place) Camp Borden

(Date) 4/8/16.

(*Signature*) J P Cowles

Major
for O. C. ... Bott'n, 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.)

Signature not available

(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.	In the case of recruits who are rejected on final approval, the discharge documents will consist of
Med. Hist. Sheet, Militia Form B. 313	*(a)* Proceedings on Discharge.
Medical Report for Invalid* " B. 227.	*(b)* Attestation.
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	*(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.