648288 Original

# ATTESTATION PAPER.

No. 648288

159th BATTALION

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname? Edwards
1a. What are your Christian names? Thomas
1b. What is your present address? New Liskeard Ont
2. In what Town, Township or Parish, and in what Country were you born? Bangor Me
3. What is the name of your next-of-kin? Edwards Susan
4. What is the address of your next-of-kin? New Liskeard Ont
4a. What is the relationship of your next-of-kin? Mother
5. What is the date of your birth? May 14 1895
6. What is your Trade or Calling? Lumberman
7. Are you married? Single
8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
9. Do you now belong to the Active Militia? ~~No~~ Yes
10. Have you ever served in any Military Force? If so, state particulars of former service. ~~No~~ Yes 97th Reg.
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

Sufficient Address

## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Thomas Edwards, 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.

T. Edwards (Signature of Recruit)

Date Jan 7 1916 J. H. Lawrason (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Thomas Edwards, 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.

T. Edwards (Signature of Recruit)

Date Jan 7 1916 J. H. Lawrason (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 New Liskeard this 7 day of Jan 1916

C. A. Ryan (Signature of Justice)

M. F. W. 23
200 M—9-15
H. Q. 1772-39-841

## Description of Thomas Edwards on Enlistment.

Apparent Age 20 years 4 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 9¼ ins.

Chest measurement:
- Girth when fully expanded 35½ ins.
- Range of expansion 2½ ins.

Complexion Fair

Eyes Grey

Hair Light Brown

Religious denominations:
- Church of England X
- 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.)

slightly deaf left
great toe off

## 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 declares that he is not subject to fits of any description.

I consider him* fit for the **Canadian Over-Seas Expeditionary Force.**

Date Jan 20 1916

Place New Liskeard

J S McCullough
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.

Thomas Edwards 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.

G Armstrong Lieut. Col. (Signature of Officer)
Commanding 159th Battalion, C.E.F.

Date January 21 1916.

4-11-1922

# DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.

Name EDWARDS THOMAS

Regt. No. 648288 Rank Pte

Corps 159th Bde

Medically Unfitness.

02848

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

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 1

Clothing Transfer Certificate

Inventory of Kit

Last Pay Certificate 1

Letters - X2

Furlough - 1

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

No. 648288 RANK Pte NAME Edwards, T.

T. O. S. 20-1-16.
A.O. Jan. 1916.

UNIT 159 Th. Battalion, C.E.F.

M. D. 2.

| PAID FROM | PAID TO | SIG. OR REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | |
|---|---|---|---|---|
| | | | PARTICULARS | AUTHORITY |
| 1916 | 1916. | | | |
| Jan 20 | Jan 31 | ✓ | | |
| Feb | | ✓ | | |
| Mar | | ✓ | | |
| Apr. | | ✓ | | |
| May. | | ✓ | | |
| June | | " | | |
| July | | " | | |
| Aug. 1. | Aug. 15. | " | Discharged by Med. Bd | AO 98. 17-8-16. |

UNIT SAILED
OCT 31 1916

A/c closed by payment. n.

649-E-809

CARD NO. ✓

S.O.S. Dis 15-8-16 (m u) 2 ... 1.
... 9 652-17-5 vol 5

SURNAME. Edwards.

CHRISTIAN NAMES Thomas

REGL. NO. 648288 RANK Pte.

UNIT 159th. Bn.

FORMER CORPS 97th. Regt.

NEXT OF KIN.

NAMES IN FULL Edwards, Mrs. Susan

RELATIONSHIP TO SOLDIER Mother

ADDRESS New Liskeard, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada. Bauger, Ont. DATE May 14th, 1895.

PLACE OF ATTESTATION New Liskeard, Ont. DATE Jan 21st, 1916.

L. L. 6945. M. & D. 6994. M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

L

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Lumberman. RELIGION Church of England.

DESCRIPTION.

APPARENT AGE 20 YEARS 4 MONTHS

HEIGHT 5 FEET 9½ INCHES

CHEST MEASUREMENT 35½ INCHES EXPANSION 2½ INCHES

COMPLEXION Fair EYES Grey HAIR Lt. Brown.

DISTINGUISHING MARKS Left great toe off.

MEDICAL EXAMINATION. PLACE New Liskeard, Ont. DATE Jan. 20th, 1916

Present address. - New Liskeard, Ont.

# 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. 648288 Rank Private Name Thomas Edwards

Corps 159th O S Bn who was* Discharged

On 15/8/16 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 1/8/16 To 15/8/16 | Bal. Dr. from previous month | | | | Regimental pay 15 days at $ 1 c. | 15 | |
| | Total payments during period from 1/8/16 to 15/8/16 | 24 | 50 | | Field allowance 15 " $ 10 c. | 1 | 50 |
| | Assigned Pay | | | | Other allowances lieu clothing | 8 | |
| | Other Charges (give particulars) | | | | Other Credits (give particulars) | | |
| | Bal. Cr. on discharge or transfer | | | | Bal. Dr. on discharge or transfer | | |
| | Total | 24 | 50 | | Total | 24 | 50 |

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

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

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

REMARKS:—

State (1) date of enlistment 21/1/16

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

(3) cause of discharge and authority Unfit Medical Board

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 Paylist of the unit.

Date August 31st 1916.

Place Camp Borden.

L. P. Nurse

*Paymaster*

M. F. W. 44

100 M.—11-15

H. Q. 1772-39-903

# MEDICAL HISTORY SHEET.

*Surname* Edwards *Christian Name* Thomas

Examined { on 20 day of January 1916 / at New Liskeard.

Approved by J S McCullough

Rank M.O.

Birthplace { City or Town Bangor / County Hastings

Apparent age 20 yrs 4 mos

Trade or occupation Lumberman

Height 5 Feet 9½ Inches.

Weight 125 Lbs.

Chest measurement { Minimum 33 inches. / Maximum expansion 35½ inches.

Physical development OK Good

Small-Pox Marks none

Vaccination Marks { Arm Right. Left. / Number none

When Vaccinated last never

(*a*) Marks indicating congenital peculiarities or previous disease none.

(*b*) Slight defects but not sufficient to cause rejection

somewhat deaf

left great toe off.

| 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* 20 *day of* January 1916 *at* New Liskeard

| | Corps. | Regt'l Number. | Habits. | Date. |
|---|---|---|---|---|
| Joined on enlistment | 159th BATTALION | 648288 | | |
| 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..... Christian Name.....

| 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 | | | | |

Next of Kin:-
Mrs Susan Edwards,
New Liskeard - Ont
Mother

# MEDICAL HISTORY OF AN INVALID.

DEPT MILITIA & DEFENCE
AUG 20 1916
H.Q. 649-E-809
CANADA

1.– Station. Camp Borden, Ont.

2.—Regiment of Corps. 159th Bn. C.E.F.

3.—Regimental No. and Rank. 648288 Pte.

4.—Name. Thomas Edwards

5.—Age last Birthday. 20 yrs.

6.—Enlisted on Jan. 20th 1916
at New Liskeard, Ont.

7.—Former Trade or Occupation. Lumberman

8.—General remarks on his :—

(*a*) Conduct.

(*b*) Habits.

(*c*) Temperance.

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

Date July 25th, 1916

| 9.—Service. | Years. 187 | Days. |
|---|---|---|
| | PERIODS. | |
| | From | To |
| 159th Bn. C.E.F. | Jan. 20-16 | July 25 16 |

10.—Disease or Disability. Left great toe missing

11.—Date of origin, cause, present condition and whether the same is the result of service or climate. 1914, spring. Chopped it offwith Axe. Present condition same as at enlistment

Has it been aggravated by intemperance, vice or misconduct? No.

M. F. B. 227.
20m.—10-15.
H. Q. 1772-39-117.

carded 29/8/16 L.W.

[OVER]

| | |
|---|---|
| 12.—In gunshot wounds, or other injuries, state how caused ; whether received in action or in Field Service, and at what place, and whether on or off duty. If not received in action, was a Court of Inquiry held ? | Toe cut off with axe long before enlistment |
| 13.—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 the Case |
| 14.—If aggravated, though not primarily caused by his service as a soldier, explain how it has been so aggravated. | Not aggravated by service |
| 15.—Is the disability permanent ? If not, state its probable duration. To what extent will it prevent his earning a full livelihood ? | Yes. Earning power exactly same as at time of enlistment. |
| 16.—Full particulars of medical treatment of case up to date of invaliding. | None |

17.—If previously proposed for discharge on medical grounds, state the date, the disability, for which recommended for discharge, and the cause of remand of Corps.

Not the Case

649-E-809

18—State if for discharge on account of unfitness for service.

Discharged on account of physical unfitness according to ruling of the department

R. H. Arthur
M O 15 9th Bn C.G.F.
Medical Officer by whom the case is brought forward.

## OPINION OF THE MEDICAL BOARD.

(In which it should be stated how far the Board concurs in the above Report.)

The board concurs in the above report and recommends that he be discharged as Medically Unfit.

Signatures :— [signature] Captain A.M.C. President.

[signature] Capt Captain A.M.C.

Station CAMP BORDEN

Date JUL 27 1916

[signature] Captain A.M.C. Members.

Date 14.8.16

G. S. Fowles Capt
Assistant Director of Medical Services.

Approved.

Date 26/8/16

[signature] Director of Medical Services.

[OVER]

1-133

(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.

Militia Form B. 227.

20m.—10-15.
H. Q. 1772-39-117.

**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.