

141st OVERSEAS BATTALION, C. E. F.

DUPLICATE

Copy
P. & M.
6-1-16

ATTESTATION PAPER.

No. 821012

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... GAULT
- 1a. What are your Christian names?..... ROBERT
- 1b. What is your present address?..... Keewatin. Ont. Can
2. In what Town, Township or Parish, and in what Country were you born?..... Hastings. Ont. Can
3. What is the name of your next-of-kin?..... John Gault
4. What is the address of your next-of-kin?..... Keewatin Ont. Can
- 4a. What is the relationship of your next-of-kin?..... Father
5. What is the date of your birth?..... June 5th 1872
6. What is your Trade or Calling?..... Blacksmith
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, Robert Gault, 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.

Robt Gault..... (Signature of Recruit)

Date Sept 6th 1916. A. H. Sharples..... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Robert Gault, 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.

Robt Gault..... (Signature of Recruit)

Date Sept 6th 1916. A. H. Sharples..... (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 Keewatin Ont this 6th day of Sept 1916.

W. Barclay..... (Signature of Justice)

Description of Robert Gault on Enlistment.

Apparent Age 44 years 3 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. 10 ins.

Chest measurement { Girth when fully expanded 38 ins.
 Range of expansion 4 ins.

Complexion Clear

Eyes Grey

Hair Greyish

Religious denominations { Church of England yes
 Presbyterian
 Methodist
 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 Sep 6th 1916.

R. J. Gunn

Place Kenora Ont. Can.

Kenora
 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.

Robert Gault 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.

F. A. Stebbins Major
 (Signature of Officer)

Date Sep 6th 1916.

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
 Attestation Papers..... *37*
 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..... *1*
 Date and No. of Deposit Receipt for Purchase Money and Amount.....
 Parchment Certificate.....
 Medical Report for Invalids.....
 Medical History Sheet..... *2* *sent to B.P.C.*
 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 pay card

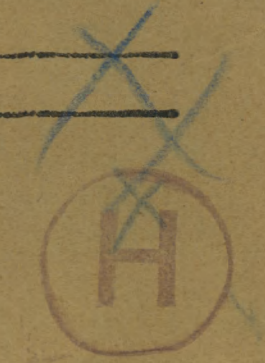
DISCHARGE DOCUMENTS

Name *Gault, Robert*
 Regt. No. *821012* Rank *Pte.*
 Corps *141st G.S. Battalion.*

Medically unfit.

06060

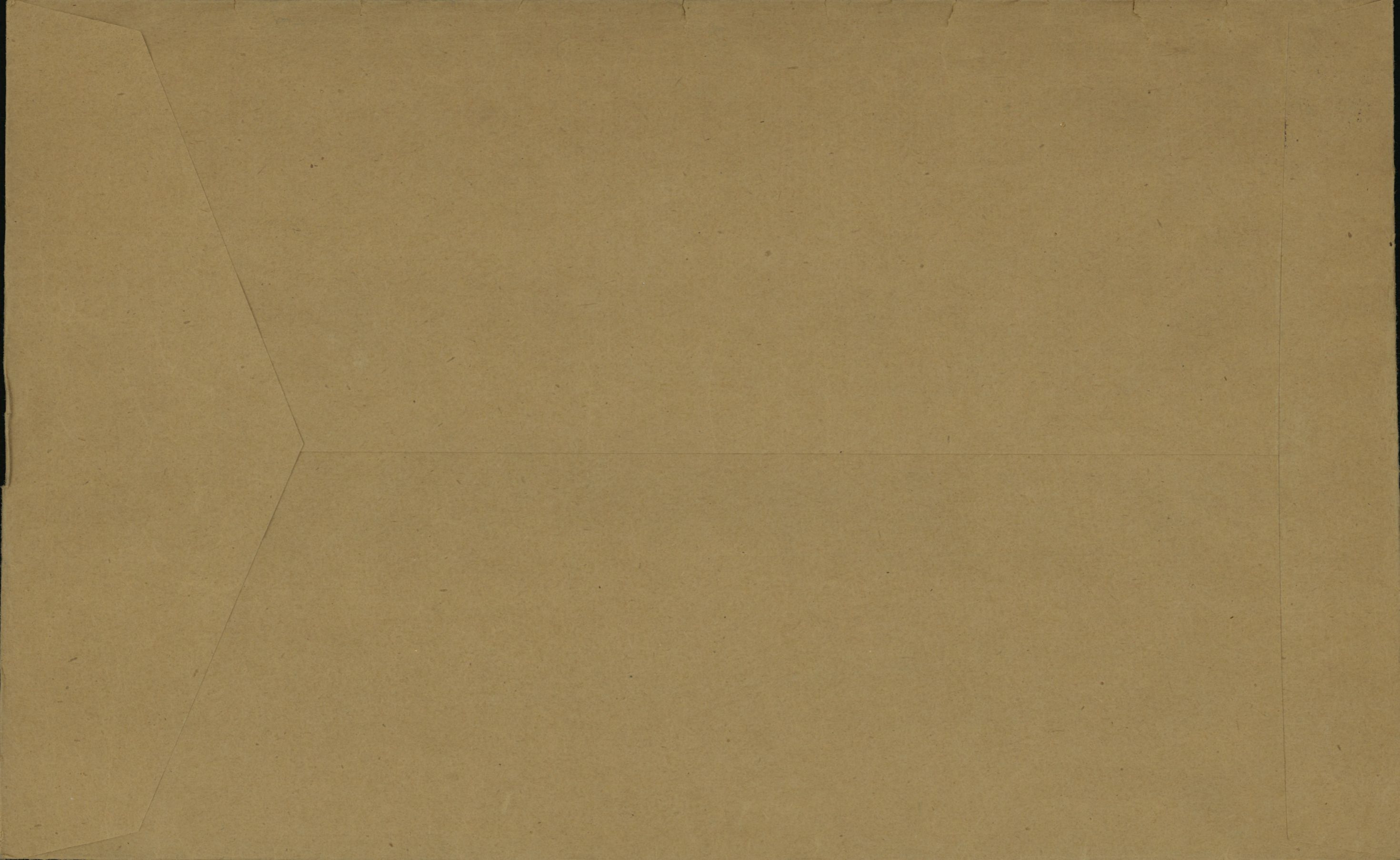
R. O. No.....
H. Q. No.....



M.F.W. 67-2

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

S.P.C.
Mrs. A. G.



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.

(1) Name of Overseas Unit which Soldier joins 141st Overseas Battalion C.E.F.

(2) Regimental Number 841012

(3) Full Name of Soldier Robert Gault
Recruiter, Ont. Canada

(4) Place of Birth Hastings, Ont. Canada

(5) Are you married, or not? Unmarried

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

(b) Present Postal Address _____

(7) Are you a widower? _____

(8) Have you any children? _____
If so, give number of boys and girls _____
Also their names and ages _____

(9) Is your Father alive? *Yes.*
If so, state name and address *John Gault - Kawatin. Ont. Can*

(10) Is your Mother alive? *Yes*
If so, state name and address *Eliza Gault
Kawatin Ont - Canada*

(11) If your Mother is a widow *Aged Parents*
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.
Forty - Dollars per Month.

(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.

G. Atkinson Major
.....
Officer Commanding.

Date *SEP 25 1916*

821012

141st OVERSEAS BATTALION C.E.F. MEDICAL HISTORY SHEET

Surname Gault Christian Name Robert

Examined on 6 day of Sept 1916 at Kenora

Approved by W. J. Gunn

Birthplace City or Town Hastings County Ont.

Rank M.O.

Apparent age 44

Trade or occupation Blacksmith

Height 5 feet 10 Inches

Weight 160 lbs.

Chest measurement Minimum 34 inches Maximum expansion 38 inches

Physical development Good

Small-pox Marks none

Vaccination Marks Arm Right Left Number 1

When Vaccinated last Childhood

(a) Marks indicating congenital peculiarities or previous disease none

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

Table with columns: Date, Fit or Unfit, EXAMINED FOR RE-ENGAGEMENT, VACCINATIONS, ANTI-TYPHOID INOCULATIONS, ETC. Includes handwritten entries for Oct/16 with '+' and 'TAB 1', 'TAB 2'.

Enlisted on 6th day of Sep 1916 at Kenora, Ontario, Can

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Includes 'Joined on enlistment' and 'Transferred to'.

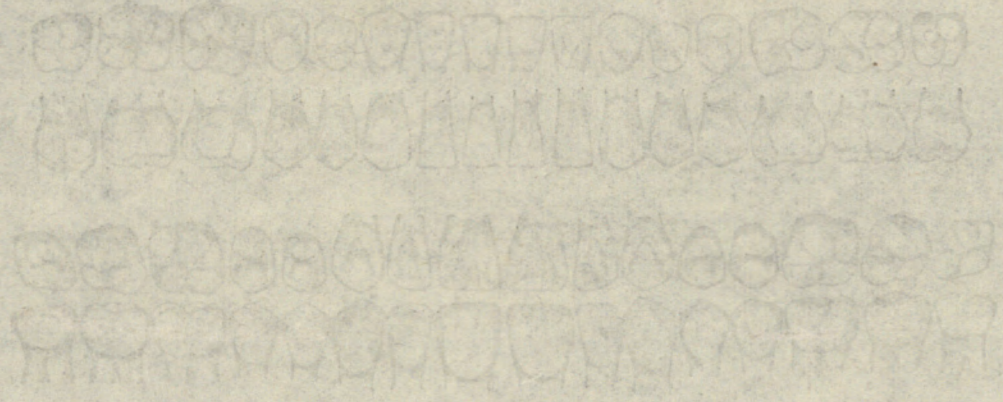
EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Table with columns: 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.

GUARDIAN VISUAL DESIGN CENTER

DESIGN HISTORY SHEET



SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

mother's
PAYMENTS.

Sheet No. 2, *Mrs John Gault*

Name of Soldier *Gault Robert*

PK 141" Bn

L. L. Job 4503.-Req. 6832.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
16 Sept.				
Oct.		<i>\$21501</i>	<i>36</i>	<i>36</i>
Nov.		<i>223347</i>	<i>20</i>	<i>20</i>
14 Dec.		<i>227352</i>	<i>20</i>	<i>20</i>
Jan.	1917	<i>Am-25732</i>	<i>4 -</i>	<i>20 mailed 14-12-16</i>
Feb.				<i>8</i>
March				<i>4 due to closure</i>
April				
May				
June				
July				
Aug.				
Sept				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

2-27352 cancelled
Dis 6/12/16 pms 6/12/16 WTD

ACCOUNT CLOSED

DATE..... PER..... *W*

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

*mlaw
a on
gov
mmp*

6-9-16

L. L. Job 4503.—M. & D. 6832.

MILITIA AND DEFENCE

M. F. W. 11.

50m.—6-16.

H. Q. 177-39-313.

229

SEPARATION ALLOWANCE

Name

Mrs John Gault

Name of Soldier

Gault Robert

Address

Kewatin. Ont

Regtl. No.

821011

Rank

Pvt

Corps

141st Bn

Relation to Soldier

Widowed

wife, child or mother

mother

To what Corps belonging

when called out

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

ACCOUNT CLOSED
DATE..... PER.....
W

111
12

111
12

No. 8 21012 RANK Pte.

NAME Gault Robert

T. O. S. 6-9-16 UNIT #4 1st. Battalion
D.O. 2240715-9-16

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Sept. 6	1916 Sept. 30	✓		
	Oct. Nov.	✓ ✓		
Dec. 1	Dec. 6	✓	Discharged 6-12-16 medically unfit	D.O. 29407 6-12-16.
			Ac closed by payment 2.	



SURNAME.

Gault 1049-G-5128

CARD NO.

✓

CHRISTIAN NAMES

Robert

S.O.S. Dis 6/12/16. 10

REGL. NO.

821012

RANK

Pte.

UNIT

141st

Bn.

FORMER CORPS

nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Gault, John

RELATIONSHIP TO SOLDIER

Father

ADDRESS

Keewatin, Ont.

COUNTRY OF BIRTH

Canada Hastings, Ont.

DATE

June 5th 1872

PLACE OF ATTESTATION

Kenosha, Ont.

DATE

Sept. 6th 1916

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Blacksmith

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

44

YEARS

3

MONTHS

HEIGHT

5

FEET

10

INCHES

CHEST MEASUREMENT

38

INCHES

EXPANSION

4

INCHES

COMPLEXION

Clear

EYES

Grey

HAIR

Greyish

DISTINGUISHING MARKS

Not stated

MEDICAL EXAMINATION.

PLACE

Kenora, Ont.

DATE

Sept. 6th 1916

Present address Keewatin, Ont.

MEDICAL HISTORY OF AN INVALID.

3995' 8. v

no 1

RECEIVED.
NOV 15 1916
A. D. M. S. M. D. -10

NOV 10 11 12 1 2
AM 1 2 3 4 5 6 7 8 9 10 11 12 PM
JAN 26 1917

1. Station. *Port Arthur* 8. General remarks on his *Temperate.*
2. Regiment or Corps. *141st Overseas Batt.* (a) Conduct. *good.*
3. Regimental No. and Rank. *821012* (b) Habits. *good*
Private.
4. Name. *Robert Gault* (c) Temperance. *Temperate.*
5. Age last Birthday. *44* (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)
6. Enlisted on *Sept. 6th 1916.*
- at *Menora*
7. Former Trade or Occupation. *Blacksmith* Date. *Nov 3rd 1916.*

9. Service.	Years.	<i>59</i>	Days.
	PERIODS.		
	FROM.	TO.	
<i>141st Battalion</i>	<i>Sept 6th 1916</i>	<i>Nov 3-1916</i>	

10. (a) Disease or disability. *Over age - over 50 years of age.*
- (b) Date of origin.
- (c) Place of origin.
- (d) Cause.

11. Present Condition. (Most Important)
(To include full description of present disabling condition or conditions.)
over 50 years of age.

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

*Robert G. G.
8-2-17*

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

—

(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?

—

(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.

—

14. Treatment

—

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

not aggravated by Service

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

Permanent

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

50%

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

for discharge

J. H. Schmitt

M.O. 141st D. I. Batt.

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. Board concurs
- 11. Board concurs
- 12. Board concurs
- 15. Board concurs
- 16. Board concurs
- 17. Board concurs

18. Is he unfit for Military Service. Unfit

Recommendations: That he be discharged

Signatures:—

Station. Port Arthur
Date. Nov. 3, 1916.

_____ Gen Brown President.
 Major 110096 "P. Heat"
 J A Crozier Major A.M.S.
 _____ J H Berhume Members.
 M.O. 141st O.S. Batt.

Date. _____ Assc. Director of Medical Services.

Approved. _____
 Date. _____
 NOV 15 1916
 W. H. Riley 7377
 Major, A.M.C.
 M. D. No. 10
 D. J. McKay Capt
 Director-General of Medical Services.

(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.

.....

.....

.....

.....

.....

.....

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.....

Date of final Medical Board or decision. } Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.
150 m-5-16.
H. Q. 1772-89-117.


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.

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.	<i>521012</i>	
Rank	<i>Private</i>	
Name	<i>Robert Gault</i>	
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company)	<i>141st Overseas Battalion</i>	
Date of Discharge	<i>December 6th 1916</i>	
Place of Discharge	<i>Fort Arthur Ont</i>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age <i>44</i> years <i>6</i> months.	Descriptive Marks 	
Height <i>5-</i> feet <i>10</i> inches.		
Complexion <i>Clear</i>		
Eyes <i>Grey</i>		
Hair <i>greyish</i>		
Trade <i>Blacksmith</i>		
Intended place of residence (To be given as fully as practicable.)		
2. The above-named man is discharged in consequence of <i>Being medically unfit and discharged by direction of the A. W. M. S. G. 12.10.16 (A.W.M.S. 5995 G. 16)</i>		
<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.	
	<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.)	

M. F. B. 218.

50m.—3-16.

H. Q. 1772-39-113.

(OVER)

10.4.17
6

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.....

Three horizontal dashed lines for listing 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).....

(Date)..... Commanding

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) Port Arthur Robt Gault (Signature of Soldier.)

(Date) Dec 6 1916 H. A. Rogers (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).....

(Signature)

(Date).....

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.)

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263. Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Attestation Paper, Militia Form B. 235. 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 Cer- tificate, " 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.