

ATTESTATION PAPER.

No. 525360

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... GRANT.
- 1a. What are your Christian names?..... Earle Shaw.
- 1b. What is your present address?..... 4482 John St., Vancouver, B. C., Canada.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Hyndman, Ontario., Canada
- 3. What is the name of your next-of-kin?..... Eldor C. Grant.
- 4. What is the address of your next-of-kin?..... 4482 John St., Vancouver, B. C., Canada.
- 4a. What is the relationship of your next-of-kin?..... Father.
- 5. What is the date of your birth?..... 4th September 1896.
- 6. What is your Trade or Calling?..... Teacher.
- 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?..... *Franker* No *J.M.*
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

13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?
 14. If so, what was the nature of the disability?
 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?
 16. If so, what was the reason?

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Earle Shaw*, 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 *30 July* 1917 *Earle Shaw* (Signature of Recruit)
J. M. Green (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Earle Shaw*, 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 *30 July* 1917 *Earle Shaw* (Signature of Recruit)
J. M. Green (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 *Vancouver* this *thirtieth* day of *July* 1917.
George Waddell J. G. (Signature of Justice)

Don. left 22-2-18 S.W.

Description of GRANT, EARLE SHAW. on Enlistment.

Apparent Age.....20.....years.....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. 7 ins.

Vacc 1 left.

Chest measurement { Girth when fully expanded.....36 1/2 ins.
 Range of expansion.....3 ins.

Small scar 1" under right eye.

Complexion.....Fair.....

Eyes.....Grey.....

Hair.....Fair.....

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

R.L.
Hearing; Normal.
 VISION: Right 20/20 Left 20/20

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.....July 30th 1917.....

Place.....VANCOUVER, B. C.....

[Signature]
 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.

.....Category A 2.....

MOBILIZATION BOARD
 VANCOUVER CENTRE

[Signatures]
 President
 Member
 Member

CERTIFICATE OF OFFICER COMMANDING UNIT.

Earle Shaw Grant.....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.

[Signature] (Signature of Officer)

Date.....AUG 6 1917.....

O. C. A. M. C. Training Depot No. 11, O. E. F.

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..... 1

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 2

DISCHARGE DOCUMENTS

Name Grant, Carl Shaw

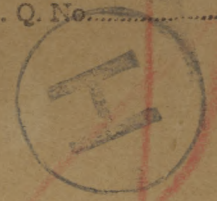
Regt. No. 525360 Rank Pte.

Corps A. M. C. T. D. # 11

To join R. F. C. Cadets

R. O. No.

H. Q. No.



22806



U.S.

A.M.C.

M. F. W. 71.—200M.—4-16.
1772—39—96L

TRAINING DEPOT No. 11, C.E.F.

NAME GRANT, Earle Shaw

REGIMENTAL NO. 525360

RANK Private

ENLISTED AT Vancouver B. C

PROMOTIONS, &c.
AND DATE

DATE July 30th 1917

IF SERVED PREVIOUSLY, STATE UNIT, &c.

NIL

MARRIED, WIDOWER, OR SINGLE

Single

NEXT OF KIN Eldon O Grant

RELATIONSHIP Father

ADDRESS OF 4482 John Street Vancouver B.C

ASSIGNMENT OF PAY \$ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

No

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

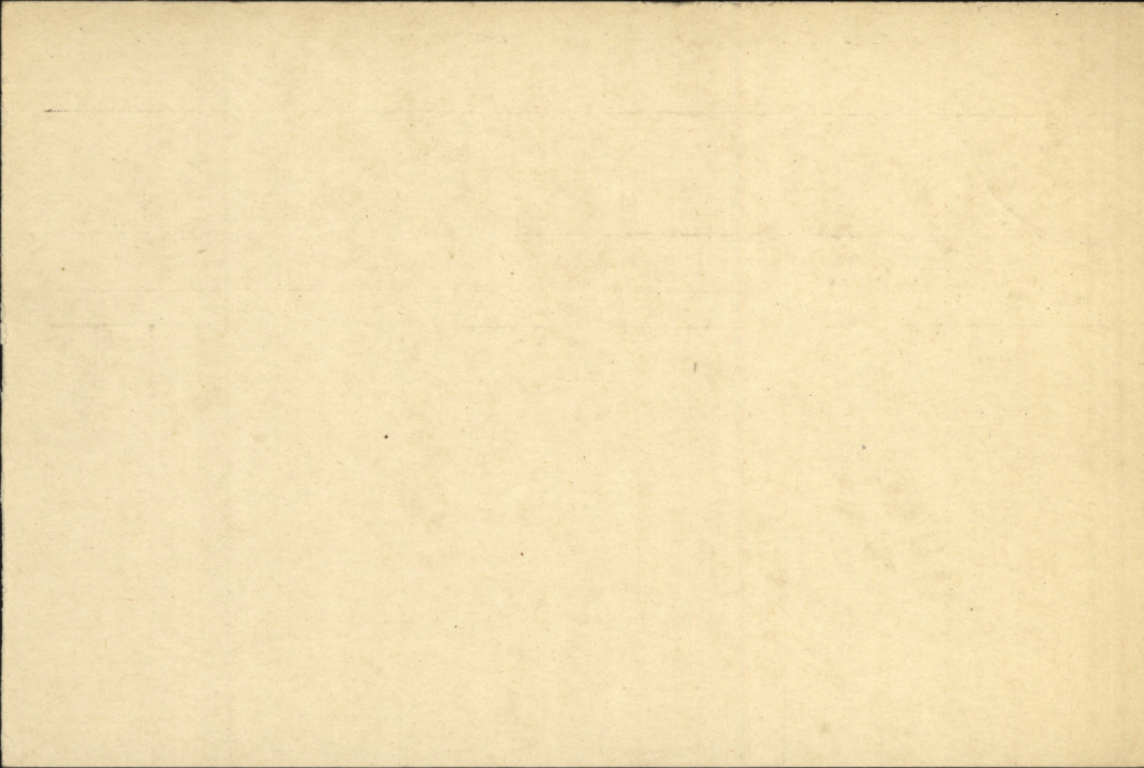
No. 525360 RANK *Plt.*

NAME *Grant, Earle Shaw*

T. O. S. *30-7-17.* UNIT *A. M. C. Training Depot # 11 C. B. F.*
(50181 of 4-8-17)

M. D. *11*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1917 July 30</i>	<i>1917 Aug 31</i>	<i>✓</i>		
	<i>Sept-</i>	<i>✓</i>		
	<i>Oct-</i>	<i>✓</i>		
	<i>Nov.</i>	<i>✓</i>		
	<i>Dec-</i>	<i>✓</i>		
<i>1918</i>	<i>1918 Jan</i>	<i>✓</i>		



SURNAME.

Grant

CARD NO.

4

CHRISTIAN NAMES

Earle Shaw

REGL. No. 525-360

RANK

Pte.

UNIT C.A.M.C. (I.L.M. 11)

FORMER CORPS

nil.

Imp.

\$08. dis. 6-2-18. II

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Grant: Elder O.

RELATIONSHIP TO SOLDIER

Father

ADDRESS

4482 John St. Vancouver, B.C.

COUNTRY OF BIRTH

Canada Hyndman, Ont.

DATE

Sept. 4th 1896

PLACE OF ATTESTATION

Vancouver, B.C.

DATE

July 30th 1914

MARRIED

SINGLE *yes*

WIDOWER

TRADE OR CALLING

Teacher

RELIGION

Methodist-

DESCRIPTION.

APPARENT AGE

20

YEARS

MONTHS

HEIGHT

5-

FEET

4

INCHES

CHEST MEASUREMENT

36 1/2

INCHES

EXPANSION

3

INCHES

COMPLEXION

Fair

EYES

Grey

HAIR

Fair

DISTINGUISHING MARKS

1 vacc. L. Small scar 1ⁱⁿ under R. eye.

MEDICAL EXAMINATIO

PLACE

Vancouver, B.C.

DATE

July 30th 1914

Present Address 4482 John St., Vancouver, B.C.

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

M. F. W. 54. (A. F. B. 103.)

350m.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

A. M. C.

Unit, Regiment or Corps. TRAINING DEPOT No. 11. C.E.F.

Regimental No. 525360 Rank Private Name GRANT Earle Shaw

C. E. F.

Enlisted (a) 30/7/1917 Terms of Service (a) C.E.F. Service reckons from (a) July 30th 1917

Date of promotion to } Date of appointment } Numerical position on }
present rank } to lance rank } roll of N. C. Os. }

Extended. Re-engaged. Qualification (b) Teacher

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				

(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.]

B173106

Original
Came

MEDICAL HISTORY SHEET

Surname Grant Christian Name Earle Shaw

Examined { on 30th day of July 1917
at VANCOUVER, B. C.

Approved by J. Buller Capt. President
MOBILIZATION BOARD
VANCOUVER CENTRE

Birthplace { City or Town Hendman
County Cent. Canada

Rank FTT
EXAMINED FOR RE-ENGAGEMENT

Apparent age 20

Trade or occupation Teacher 30/7/17 A2 M.O.

Height 5 feet 7 Inches M.O.

Weight 130 lbs. M.O.

Chest measurement { Minimum 33 1/2 inches M.O.
Maximum expansion 36 1/2 inches M.O.

Physical development Good M.O.

Small-pox Marks None M.O.

Vaccination Marks { Arm Right Left
Number 1

When Vaccinated last Childhood 18/8/17 J.R. Pollock Lieut. Camc M.O.

(a) Marks indicating congenital peculiarities or M.O.

previous disease M.O.

(b) Slight defects but not sufficient to cause rejection

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>18/8/17</u>		<u>J.R. Pollock Lieut. Camc</u> M.O.
<u>25/8/17</u>		<u>W. Soghlin Capt. Camc</u> M.O.
<u>1/9/17</u>		<u>E. H. Harrison Lieut. Camc</u> M.O.

Enlisted on 30 day of JULY 1917 at Vancouver B.C.

CORPS	REG'TL NUMBER	HABITS	DATE
<u>A.M.C.</u> TRAINING DEPOT No. 11, C.E.F.	<u>525360</u>		<u>JUL 30 1917</u>
Joined on enlistment			
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.

VISION: Right 20 Left 20
20 20 Hearing Normal

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. 525360 Rank Private Name GRANT, Earle Shaw
 Corps A.M.C. T.D. No. 11 C.E.F. who was * Discharged
 On February 6th 1918, to Join Royal Flying Corps

* Insert "discharged" or "transferred."

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

DR.			CR.		
	\$	c.		\$	c.
From Feby. 1st To Feby. 6th	Bal. Dr. from previous month			Regimental pay 6 days at \$ 1 00	6 00
	Total payments during period			Field allowance 6 " \$ 0 10	0 60
	from			Other allowances	
	Assigned Pay		From Feby. 1st To Feby. 6th	Other Credits (give particulars)	
	Other Charges (give particulars)			<u>Clothing Stoppage</u>	10 00
	Bal. Cr. on discharge or transfer	29 60		" <u>Allowance</u>	
				<u>on discharge</u>	13 00
				Bal. Dr. on discharge or transfer	
					29 60
	TOTAL	29 60		TOTAL	

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

Monthly stoppage on account of assignment of pay is Nil, 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 30/7/17

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

(3) cause of discharge and authority To join Royal Flying Corps
Authority:- D.C.O. 11M.D. 99-147 4/2/18

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 February 6th 1918

Place Willows Camp, Victoria B.C.

J. Macpherson
 Paymaster.

LAST PAY CERTIFICATE

This form is to be used for all ranks (See Appendix, Financial Instructions, Part 1, 1919)

Remuneration to be paid to the soldier, sailor, or airman, who was...

On the last day of his service, he was...

His last day of service was...

His last day of service was...

The following is a statement of the amount due to the soldier, sailor, or airman...

Amount due to the soldier, sailor, or airman		Amount due to the soldier, sailor, or airman	
Description	Amount	Description	Amount
Basic pay for last month	10 00	Unpaid pay for last month	10 00
Food allowance	2 00	Unpaid food allowance	2 00
Other allowances	1 00	Unpaid other allowances	1 00
Other credits (five pence unit)	15 00	Unpaid other credits	15 00
Gratuity	17 00	Unpaid gratuity	17 00
Balance on the date of transfer	5 00	Unpaid balance on the date of transfer	5 00
Total	50 00	Total	50 00

The amount shown above is the amount due to the soldier, sailor, or airman...

The amount shown above is the amount due to the soldier, sailor, or airman...

REMARKS:

(1) Date of discharge...

(2) Remarks...

(3) Name of the commanding officer...

(4) Name of the soldier, sailor, or airman...

(5) Name of the commanding officer...

(6) Name of the soldier, sailor, or airman...

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.	525360
Rank	Private
Name	Carl Shaw Grant
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	A.M.C. Training Depot No. 11, C.E.F.
Date of Discharge	FEB 6 1918
Place of Discharge	VICTORIA, B. C.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....	21	years.....	4	months.	
Height.....	5	feet.....	7	inches.	
Complexion	fair				
Eyes	gray				
Hair	fair				
Trade	teacher				
Intended place of residence	4442 Walden St Vancouver B.C.				
<small>(To be given as fully as practicable.)</small>					

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

for purpose of joining Royal Flying Corps Cadets

Authority D.C.O. M 811. dated 4 July 18, 99-147.

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.

3. Conduct and character while in the service have been, according to the records, etc.

Good. S.H.

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.)

School Teacher S.H.

To be in the handwriting of the Commanding Officer, who will initials make identical entries on the character certificate and initial them.

*Nov-21-18
S.H.*

5. He is in possession of the following number of G. C. Badges:

NIL

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

NIL

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) VICTORIA, B. C.

E. S. Grant

(Date) FEB 6 1918

Commanding

J. Macpherson
Major
O. G. A. M. C. Training Depot No. 11, 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) VICTORIA, B. C.

E. S. Grant

(Signature of Soldier.)

(Date) FEB 6 1918

J. Macpherson

(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.

192

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

192

11. Confirmation of Discharge.

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

(Place) VICTORIA, B. C.

(Signature)

J. Macpherson
Major

(Date) FEB 6 1918

O. G. A. M. C. Training Depot No. 11, 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.)

None.

E. S. Grant.

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.

I Certify that I have examined No. *525360*

Pte Earl Shaw Grant

and that he has no disability attributable to the service....

His physical condition at the time of his discharge was.....

Good

B. F. Hunt
Capt Comd

Medical officer.....

Place **VICTORIA. B. C.**

Date **FEB 6 1918**

2-22-30

Dr. Paul Van Winkle

Wm. Van Winkle

Wm. Van Winkle