

*Duplicate*

# ATTESTATION PAPER.

No.

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name?..... *Arthur Lionel Griffin*
2. In what Town, Township or Parish, and in what Country were you born?..... *Toronto, Ont. Canada*
3. What is the name of your next-of-kin?..... *Fred. J. Griffin (father)*
4. What is the address of your next-of-kin?..... *290 Garry Street, Winnipeg, Man*
5. What is the date of your birth?..... *Oct 2, 1879*
6. What is your Trade or Calling?..... *Broker*
7. Are you married?..... *no*
8. Are you willing to be vaccinated or re-vaccinated?..... *yes and inoculated*
9. Do you now belong to the Active Militia?..... *yes*
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*

*A. Griffin* Lieutenant. C.A.S.B.  
(Signature of Man.)  
*J. G. Griffith* (Signature of Witness.)

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Arthur Lionel Griffin*, 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.

Date *Oct 7th* 1915. *A. Griffin* Lieutenant. C.A.S.B. (Signature of Recruit)  
*J. G. Griffith* (Signature of Witness)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Arthur Lionel Griffin*, 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 *Oct 7th* 1915. *A. Griffin* Lieutenant. C.A.S.B. (Signature of Recruit)  
*J. G. Griffith* (Signature of Witness)

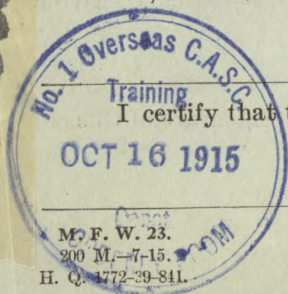
### CERTIFICATE OF MAGISTRATE.

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 *Sewell* this *8th* day of *October* 1915.

*Curry* (Signature of Justice)

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

*H. Landry* (Approving Officer)



# Description of Arthur Lionel Griffin on Enlistment.

Apparent Age 36 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. 10 ins.

Chest measurement. { Girth when fully expanded..... 38 ins.  
 { Range of expansion..... 3 1/2 ins.

Complexion ..... fair  
 Eyes ..... blue  
 Hair ..... fair

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

## 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..... Oct 17th ..... 1917.

Place..... Sewell .....

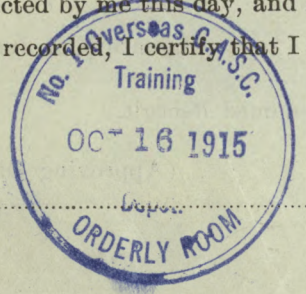
Walter Ross Captain  
 Medical Officer.

\*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.

Arthur Lionel Griffin ..... 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..... 16 ..... 1915

*Duplicate*

*X card c 8*

Unit Third Divisional Train C.A.S.C. Rank Captain Name A. L. Griffin

**OFFICERS' DECLARATION PAPER.**

**CANADIAN OVER-SEAS EXPEDITIONARY FORCE.**



QUESTIONS TO BE ANSWERED BY OFFICER.

(ANSWERS.)

1. (a) What is your Surname? Griffin
- (b) What are your Christian Names? Arthur Lionel
2. (a) Where were you born? (State place and country) Toronto, Ont. Canada.
- (b) What is your present address? 290 Garry St. Winnipeg, Man.
3. What is the date of your birth? October 2nd, 1879.
4. What is (a) the name of your next-of-kin? Fred T. Griffin
- (b) the address of your next-of-kin? 290 Garry St. Winnipeg, Man.
- (c) the relationship of your next-of-kin? Father
5. What is your profession or occupation? Broker
6. What is your religion? Church of England
7. Are you willing to be vaccinated or re-vaccinated and inoculated? yes
8. To what Unit of the Active Militia do you belong? Number 18 Company, C.A.S.C.
9. State particulars of any former Military Service. No 18 Co., C.A.S.C.  
No 1 Overseas C.A.S.C. Training Depot
10. Are you willing to serve in the  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? yes

*ALG*

*ALG*

The undersigned hereby declares that the above answers made by him to the above questions are true.

*A.L. Griffin* (Signature of Officer.)

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him\* *Fit* for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

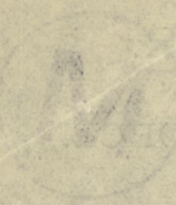
Date OCT 29 1915 1915

Place WINNIPEG, MAN.

*A. Hedberg*  
Medical Officer



*10*



OFFICERS' DECLARATION FORM  
CANADIAN OVERSEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

1. What is your name?  
 2. What is your rank?  
 3. What are your duties (in detail and subject)?  
 4. What is your present address?  
 5. What is the date of your birth?  
 6. What is the name of your next of kin?  
 7. What is the address of your next of kin?  
 8. What is the relationship of your next of kin?  
 9. What is your previous occupation?  
 10. What is your previous service?  
 11. Are you willing to be vaccinated or vaccinated and inoculated?  
 12. Do you have any other diseases?  
 13. Are you willing to serve in the ...

OFFICER'S DECLARATION BY SIGNATURE

I have examined the above named Officer in accordance with the regulations for Army Medical Officers.  
 I consider him fit for the CANADIAN OVERSEAS EXPEDITIONARY FORCE.



RF 20-12-15

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- 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.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

S

*Officers*  
**DISCHARGE DOCUMENTS**

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

Name *GRIFFIN ARTHUR LIONEL*  
Regt. No. \_\_\_\_\_ Rank *Lieut*  
Corps \_\_\_\_\_

*Suicide 23-3-16*  
*Ref. Nom. Roll "O" 454*

28516



*Inquisition card*  
*om 1*  
*21-1-21*  
*ac*  
*PC 149*  
*card*

1-4  
1-4

10

Griffin. A. L.

Hon. Capt. J<sup>2</sup> Div. Trn. C.A.S.C.

O.C. Div. Train C.A.S.C. reports:-  
"Died in Bramshott Camp".

DIED, FROM BULLET WOUND (SELF-INFLICTED)

23-3-16.

C.L. 24-3-16. 321-2.

P.

A.M.D. 2 DEPT.

Beh. of D.G.M.S. O.M.F.C. London.

Surname

Christian Name

Reg. No.

Rank

Unit

**MEDICAL BOARD** held at

Date

Serial No.

(1)

**Other Medical Boards** at

Date

Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

Disposition Recommended

(1)

(2)

(3)

(4)

(5)

**PENSIONS & CLAIMS BOARD** held at

Date.....

Disposition

Remarks



No.

RANK

*Quartermaster*

NAME

*Griffin Arthur Lionel*T. O. S. *1-10-15*

UNIT

*Can. Army Service Corps #1 Train. Depot**Do. 65 of 16-10-15*M. D. *10*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915 Oct. 1</i>	<i>1915 Oct. 31</i>	<i>✓</i>		
<i>Nov.</i>		<i>✓</i>		
<i>Dec.</i>		<i>✓</i>		

CT

MA

NAME

Griffin, Arthur Lionel

REGT'L No.

RANK AND CORPS

Hon. Capt. &amp; Paymaster Divisional Train L.A. S.C.

CABLE

NO.

DATE

NATURE OF CASUALTY

NO. 1625XX

FOLL.

M. 4599 23-3-16

Officer commanding Divisional Train, L.A. S.C. Bramshott, reports Honorary Capt. and Paymaster A.L. Griffin died March 23rd, 1916 in Bramshott camp, bullet wound self-inflicted. also M. 4625

am +  
21-1-21  
ac

Army Form B20

90 Bramshott Camp 24-3-16 Died at Bramshott Camp, England March 23rd, 1916, gunshot wound, self-inflicted.

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

321. (2)

O.C. Div. Train.  
C.A.S.C. Bramshott  
Repts.

23-3-16

Died, in Bramshott  
Camp. Bullet wd.  
Self-inflicted.

No.

RANK

*1st Lt*

NAME

*Griffin A. L.*

T. O. S. 11-1-16

*809/12-1-16*

UNIT

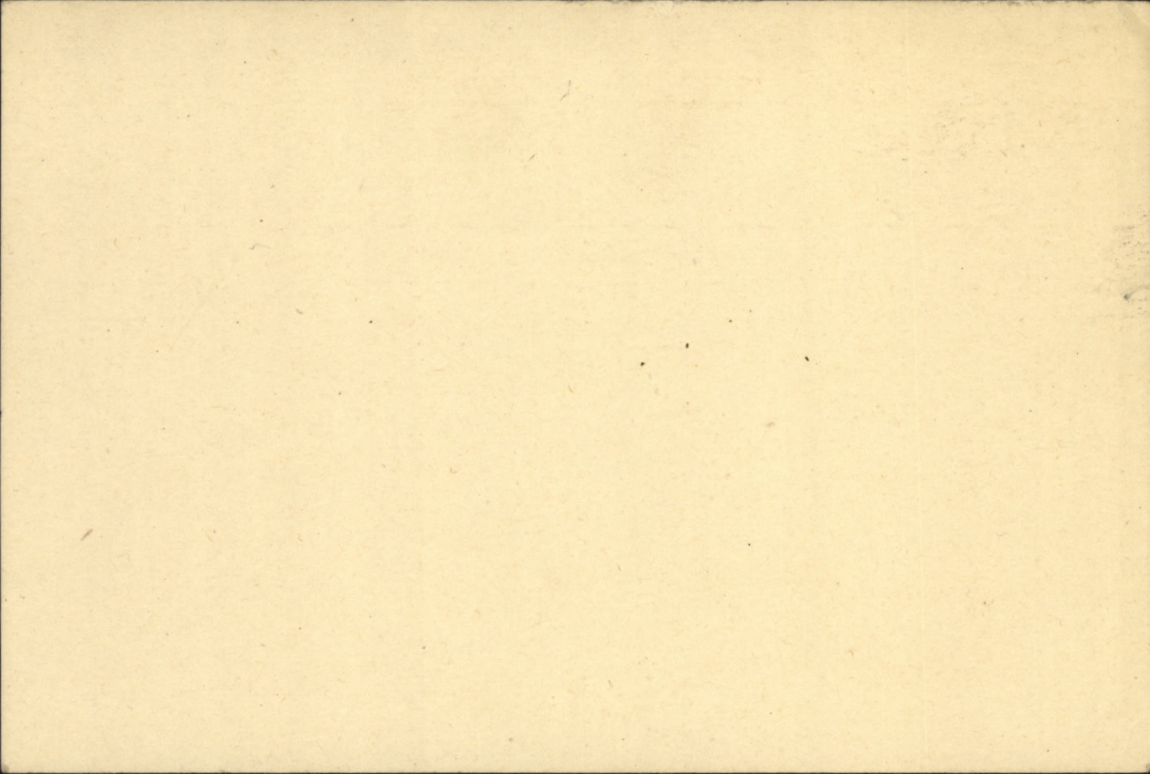
*3rd Divisional Train. C. A. S. C.*M. D. *10*PAID  
FROMPAID  
TOSIG.  
OR  
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

<i>1916</i>	<i>1916</i>	
<i>Jan 11</i>	<i>Jan 31</i>	<i>-</i>
<i>Feb</i>		<i>-</i>



Name Griffin, A.L. Rank Hon. Capt.

Reg. No.

Unit Div. Train. C.A.S.C (Bramshott)

A 7 B 104-93

Next of Kin

no a p (Canada)

2090

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1916.	23-3.O.C.Div.Train.C.A.S.C Bramshott reports <u>Died</u>		B.Wd.Self inflicted	321	M4599	





(SUICIDE) at Bramshott,

✓  
GRIFFIN,

✓ ✓  
Arthur Lionel, Lieut. C.A.S.C.

Non. Capt. + Paymaster

M

MEDALS &  
DECORATIONS

Fred'k. Thos. Griffin (Father)  
Suite "A", Lucerne Apts.,  
McMillan Ave., Winnipeg, Man.

PLAQUE &  
SCROLL

Father, as above.

MEMORIAL  
CROSS

Mrs. Edna E. Griffin (Mother)

~~Suite "A", Lucerne Apts.,  
McMillan Ave., Winnipeg, Man.~~

Dr. A.J. Kolbe  
Homewood  
Wuelph. Ont.  
(23  $\frac{1}{2}$ ).

England & Canada only.

45107

1033

~~M~~ 64344

REC-4

1921

mem. X. re desp. 23-11-21. X. 2874

M X Ret'd 3/3/21 Unclaimed.

Number..... Rank CAPT. **B**

Surname..... GRIFFIN.

Christian Name..... ARTHUR LIONEL.

Units..... Theatre of War ENGLAND.

Date of Service.....

Remarks *Wred'd thro. Griffin,*

Latest Address *Suite A, Lucerne Apts.,  
Mc Millan Ave.,*

Roll No. *A Page 3-014 Winnipeg.*

200m.-6-21... 3<sup>rd</sup>. Div. train. *Man.*

**GRATUITY (IMPERIAL)**

DESP.  
SERIAL NO. 42305  
APR 3 1925

CHRISTIAN NAME

SURNAME

REG. No.

SCHEDULE No.

LINE No.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA

IMPERIAL DEPOT No.

DATE RECEIVED FROM REG. DEPOT.

DATE FORWARDED TO OTTAWA

Rank and Name      GRIFFIN Arthur Lionel      **Captain**  
 Regimental No.      Name and Address of Next-of-Kin  
 Unit      3rd Divl Train Hd-Qrs Staff.      Fred T. Griffin (Father)  
 Date of enlistment      290 Garry Street,  
 Place of birth      Toronto Ontario. Canada.      Winnipeg, Manitoba.  
 Married (Yes or No)      Date and place of discharge  
 If in Permanent Force      Reason for discharge  
 Character on discharge

Promotions or appointments

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
		<p>O.C. 3<sup>rd</sup> Divl Train case Bramshott reports 'Died' (on Bramshott Camp 23.3.16 (Bullet wound self inflicted)</p>			<p>C L 321. (2) P<sup>r</sup> 018 Div Train Case Bramshott 23/3/16. D.O. 1118 Bram. )</p>

Card Passed to Mr. Blatch

M

Grade 'A'

22 NOV. 1918

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				



RECORDED & INDEXED  
 JUN 15 1916  
 U.S. DEPARTMENT OF THE ARMY  
 OFFICE OF THE ADJUTANT GENERAL  
 WASHINGTON, D.C.

ASSIGNED PAY.

UNIT.

RANK.

NAME OF

DATE

AUTHORITY

Beneficiary

*casb.*

*capt.*

Address

Amount. \$

Separation Allowance issued. Yes or No.....

*This Officer died March 1916, the month in which he had not been  
Died 23<sup>rd</sup> 16. See P.L. G. 9-324*

DATE

PARTICULARS

CK. NO.

CR.

DR.

AS  
PAY  
CA

*1917*

*Feb. Bce transferred to N. 6 Branch 1187*

*13525.*

*22. G & A @ Capt's Rates. 1<sup>st</sup>/<sub>16</sub> - 31<sup>st</sup>/<sub>16</sub>. Mess fr. 13<sup>th</sup>/<sub>16</sub> V. 18661.*

*135 25*

UNIT.			RANK.			NAME.		
NAME OF	DATE	AUTHORITY	DATE	AUTHORITY	DATE	AUTHORITY	DATE	AUTHORITY
<i>casb.</i>			<i>capt</i>			Name <i>Griffin</i>		
						Initials <i>AG.</i>		
						Bank		
<p>Officer died March 1916, the month in which his unit arrived from Canada &amp; he had not been taken on for pay by the Office.          Died 23<sup>rd</sup> 16. Use P.L. G. 9.32204. 9/2/17.</p>								

ARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
<i>ad to St. B Branch 1187</i>			<i>135 25</i>				<input checked="" type="checkbox"/>
<i>- 31<sup>st</sup> Mess fr. 13<sup>th</sup> V. 18661.</i>		<i>135 25</i>			<del>0</del>		



ASSIGNED PAY.

UNIT.

RANK.

NA

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Na

Address

Ini

Amount. \$

Ba

Separation Allowance issued. Yes or No.....

Ba

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED  
PAY PAID IN  
CANADA

BALANCE

SPECIAL  
To be initia

RANK.

NAME.

TE AUTHORITY

DATE

AUTHORITY

Name

Initials

Bank

CK. NO.

CR.

DR.

ASSIGNED  
PAY PAID IN  
CANADA

BALANCE

SPECIAL AUTHORITIES  
To be initialed by P.M. in every case.

INITIALS

ASSIGNED PAY.

UNIT.

RANK.

NAME OF

DATE

AUTHORITY

Beneficiary

*W.D.G. 1<sup>st</sup> Lt. B.G.D. 1012, 16<sup>th</sup> Co. 6<sup>th</sup> Inf.*

Address

*San Fran. 12<sup>th</sup> St.*

Amount. \$

Separation Allowance issued. Yes or No.....

*Died 23<sup>rd</sup> 16 G.O. 221. 21*

Date 1916	No. of Days	Regt. Rate	Amount Regimental	F. A.	Messing	Other Credits	Total	Ass. Pay	Charges
<i>Nov. 31</i>	<i>3</i>		<i>93</i>	<i>2325</i>	<i>19</i>		<i>13525</i>		
<i>16<sup>th</sup> Dec. Feb.</i>					<i>120</i>				
<i>Apr 17</i>									<i>1364</i>

Statement of  
 MAR 3 1917  
 Account rendered

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

*C.A.D.G.*

*13/16*

*B.G.D.D. 1012, 16/16  
New fr. 13/16*

*Capt.*

Name

*Griffin*

Initials

*C.A.G.*

Bank



es or No.....

*Died 23/16*

*C.R. 321. 24/16*

Entered on N.E. Card *13/16*

F. A.

Messing

Other Credits

Total

Ass. Pay

Charges

Bank

Debit Balance

Credit Balance  
Checked by .....

Initials

*2325* <sup>u</sup> *19*

*13525*

*Messing  
from 13/16*

*13525*

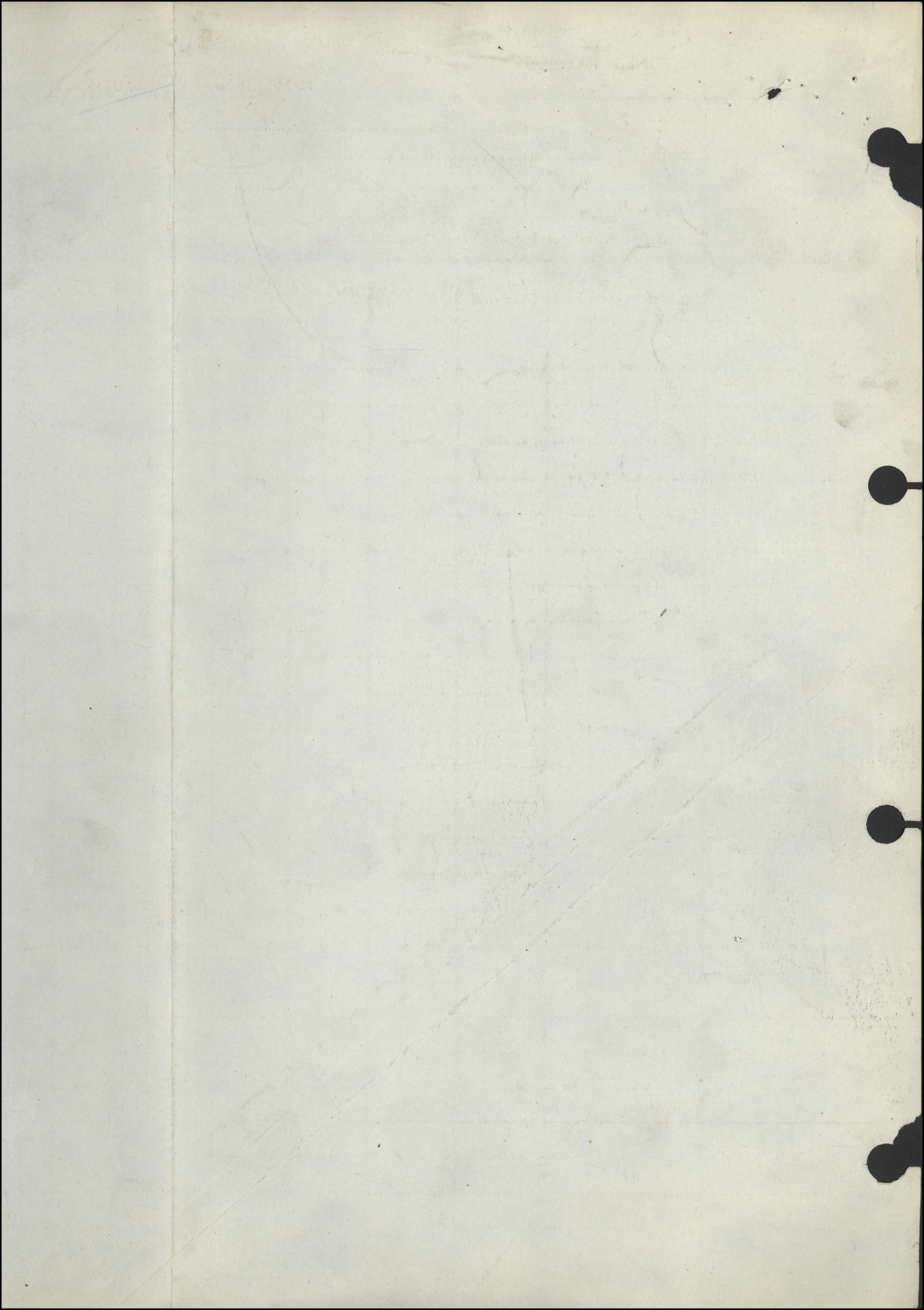
<sup>u</sup> *120*

*13645*

*13645*

*W.B. 26. (08)  
See file to bank  
for sett. 18/17*







from 3rd Divisional Train (Bramshott) Pay Lists.

14  
 O  
 23

Pay Credits	TOTAL CREDITS	Debit Balances from Previous Account	CASH PAYMENTS DURING THE MONTH				Assigned Pay	Other Charges	TOTAL DEBITS	Balance Carried Forward		Numbers of Accutance Rolls				REMARKS All casualties, promotions, etc., to be noted, Also particulars of "other credits" or "other charges."
			1	2	3	4				Credit	Debit	1	2	3	4	
c.	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.					

146 25

64

64 00

82 25 (Sgn) A. L. Griffin.

Certified True extract  
 W. MacEwan  
 for Captain  
 Officer 1/2 Audit II.





