160.TH BATT.

DUPLICATE

Card 2

ATTESTATION PAPER.

No. 651120

Folio. V

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name? ..... Hastings, Thomas Alfred
2. In what Town, Township or Parish, and in what Country were you born? ..... Tp. of Kippel Bruce Co.
3. What is the name of your next-of kin? ..... Geo. Hastings
4. What is the address of your next-of-kin? ..... Wiarton, Ontario.
5. What is the date of your birth? ..... 25th January 1897
6. What is your Trade or Calling? ..... Laborer
7. Are you married? ..... No
8. Are you willing to be vaccinated or re-vaccinated? ....or 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.

T. A. Hastings ..... (Signature of Man.)

J. E. McCracken ..... (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, T. A. Hastings, 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.

T. A. Hastings ..... (Signature of Recruit)

Date Dec. 19th 1915. M. B. Law ..... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, T. A. Hastings, 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. A. Hastings ..... (Signature of Recruit)

Date Dec. 19th 1915. M. B. Law ..... (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 Wiarton, Ont., this 19th day of December 1915.

E. J. Cameron Mayor ..... (Signature of Justice)

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

H. C. Henderson Capt. ..... (Approving Officer)

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

Description of Thomas Alfred Hastings on Enlistment.

Apparent Age 18 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 7 ins.

Chest measurement:
- Girth when fully expanded ..... 36 ins.
- Range of expansion ..... 3½ ins.

Complexion Fair

Eyes Grey

Hair aubern

Religious denominations:
- Church of England
- Presbyterian Yes
- 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 Dec. 19th 1915.

Place Wiarton, Ontario

A H Hugh
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 Alfred Hastings 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 Ward (Signature of Officer)
Lt. Col.

Date Dec 19th 1915.

REGIMENTAL DOCUMENTS

NAME Hastings Thos. A. REGT. NO. 651120 UNIT H. Q. FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)		Mr Scott	2-11-20		DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)				43871	
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
Prepared					

W. 2589
100M-11-18
1772-39-1377

Original not Available

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.

Unit, Regiment or Corps 160th Battalion

Regimental No. 651120 Rank Pte. Name Hastings, Thomas Alfred.

Enlisted (a) 19-12-15 Terms of Service (a) C. E. F. D of W. Service reckons from (a) 19-12-15

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

Extended ..... Re-engaged ..... Qualification (b) .....

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				
13-5-16	160th Bn.	Dischgd. "Med. Unfit."	Walkerton, Ont.	30-4-16	Pt. II Order # 114.

O. C. Sangmann
For D. of R.

(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.

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				

MEDICAL HISTORY OF AN INVALID.

Military District No. 1
MAY 6 1916
30 H 68
London, Ont.

1. Station. Wiarton, Ont.
2. Regiment or Corps. 160th O's B'n
3. Regimental No. and Rank. 651120 Pte.
4. Name. T. A. Hastings
5. Age last Birthday. 19
6. Enlisted on Dec. 20/15
   at Wiarton
7. Former Trade or Occupation. Laborer

8. General remarks on his :—
   (a) Conduct. Good
   (b) Habits. Good
   (c) Temperance. Good
   (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

MILITIA DEPARTMENT
CENSUS
REGISTRY
AM 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12 PM
17 1916
H.Q. 649-H-6397

Date. April 25/16

9. Service. Years. Days.

	PERIODS.	
	From.	To.
160th O8s B'n	Dec. 20/15	April 25/16

10. (a) Disease or disability. Deficient Eyesight
    (b) Date of origin. Before enlisting
    (c) Place of origin.
    (d) Cause. Injury

11. Present Condition. (Most Important). Deficient eyesight ~~R X 20 X X L X 20 X~~ ~~120 X X 200~~
(To include full description of present disabling condition or conditions.)

R 20/120 L 20/120

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

4

M. F. B. 227,
100 M—2-16.
1772-39-117.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.) None

(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? Not applicable

(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. Not applicable

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. Not more than before enlisting

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

R Powell

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.

Yes

10.

11.

12.

15.

16.

17.

19. Is he unfit for Military Service. **Yes**

20. Recommendations: **Discharge**

Signatures :—

J. F. McCracken Capt. A.M.C. President.

R. Vouttstapi A.M.C. Members.

Station. **Wiarton, Ont.**

Date. **April 25/16**

Date. 2-5-16

C. C. Bell Major
Asst. Director of Medical Services. M.D. No 1

Approved.

Date. 29/12/16

D. J. McKay Capt.
for a Director-General of Medical Services.

R. C. DEC 17 1919
a 172 17/12/16.

Militia Form B. 227.
100 m-2-16.
H. G. 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.

(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.

No. 651120. RANK Pte. NAME Hastings. Thos. A.

T. O. S. 14-12-15 (Ao2-3-1-16.) UNIT 160th Battalion.

M. D. /.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
Dec 14 1916.	Dec 31 1916.	n.		
Jan.		✓		
Feb.		✓		
Mar.		✓		
Apr.		✓		
May	May	n.	dates not stated Discharged 30/4/16	May pay but (D.O. 114) d. 1-1-16
			a/c closed by pay	