Card 28.
24-6-16.

.223RD. - ATT.

DUPLICATE

ATTESTATION PAPER.

No. 294456

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Jacobs
1a. What are your Christian names? ..... Mike
1b. What is your present address? ..... Winnipegosis, Man.
2. In what Town, Township or Parish, and in what Country were you born? ..... Grodona, Russia
3. What is the name of your next-of kin? ..... Fred Record
4. What is the address of your next-of-kin? ..... Winnipegosis, Man
4a. What is the relationship of your next-of-kin? ..... Friend
5. What is the date of your birth? ..... Sept. 8th. 1890
6. What is your Trade or Calling? ..... Farmer
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? If so, state particulars of former Service. ..... ~~Yes~~ No
11. Do you understand the nature and terms of your engagement? ..... ~~No~~ 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, Mike Jacobs, 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.

mike Jacobs (Signature of Recruit)

Date May 17th. 1916 191 . Joe Benson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Mike Jacobs, 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.

mike Jacobs (Signature of Recruit)

Date May 17th. 1916 191 . Joe Benson (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 Winnipegosis this 17th. day of May 1916 191

(Signature of Justice)

M F. W. 23
750M—3-16
H Q. 1772-39-341

Description of Mike Jacobs on Enlistment.

Apparent Age 26 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 ..... 2 ins.

Complexion Dark

Eyes Gray

Hair Dark Brown

Religious denominations:
- Church of England
- Presbyterian
- Methodist
- Baptist or Congregationalist
- Roman Catholic Yes
- 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).

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 May 17th. 1916 191 .

Place Winnipeg, Man.

B. Wilson Capt. A.M.C.
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.

Mike Jacobs 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 of Officer)

Date June 1916 191 .

C.E.F. REGIMENTAL DOCUMENTS
WAR SERVICE RECORDS D.V.A.

JACOBS MIKE 294456 223 BN 01587

DEMOB.

H

Bdg
4762

294456

I.D. number
No. d'identification

JACOBS

Surname
Nom de famille

MIKE

Given names
Prénoms

NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL DES DOCUMENTS DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu

BOX 4762

"CONTENTS CONFIDENTIAL"
"CONTENU CONFIDENTIEL"

ARC – 1048 (86/06)

To be made out in duplicate. H.Q. 54-21-23-53

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 223 O.S. Battalion

(2) Regimental Number 294456

(3) Full Name of Soldier Jacobs, Mike.

(4) Place of Birth Grodona, Russia

(5) Are you married, or not? No.

(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

M. F. W. 67
20 M.—2-16
1772-39-954

(SEE OTHER SIDE.)

(9) Is your Father alive ?.....

If so, state name and address .....

(10) Is your Mother alive ?.....

If so, state name and address.....

.....

(11) If your Mother is a widow.....

Are you her sole support, or not ?.....

(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.

.....

.....

(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.

Fred Record Friend

Winnipegosis, Man.

.....

(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.

.....

(15) Are you insured ?.....

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.

[illegible]

Officer Commanding.

Date 25/11/16.

No. 294456 RANK Pte NAME Jacobs Mike

T.O.S. 17-5-16 UNIT 223rd Battalion

D.O. #83-6-6-16

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
May 17	June 30	✓		
July		✓		
Aug.		m.		
Sept.		m.		
Oct.		✓	forfeits 25 days pay for Harvest furlough.	Oct. pay list.
Nov. 1	Nov. 25	✓	Discharged 25-11-16	D.O. # 229-25-11-16.
Nov. 26	Dec. 21	✓	Discharged 21-12-16	Dec. pay list.

C/C Closed by payment.

Original not available

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 223rd Bn

Regimental No. 294456 Rank Pte Name Jacobs, Mike

Enlisted (a) 17-5-16 Terms of Service (a) C. E. F. D. of W. Service reckons from (a) 17-5-16

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: Date	Report: From whom received	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
25-11-16	223rd Bn	S.O.S. being an "alien"	Portage La Prairie	25-11-16	Pt # D O 229
21. 12. 16.	do.	Pt :: order # 229 d/25.11.16. amended to read:- S.O.S. w/E.	do	21. 12. 16.	Pt :: order # 251.

H

O. C. Sanguinetti

for D. of W.

(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				

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DIVISION Md 10

NAME OF SOLDIER Jacobs Mike

REGIMENT 223 Battalion RANK Private No. 29445-6

M.F.B. 465
100m.—1-16
1772-39-950

DATE		No.	Fillings: Amal.	Fillings: Phosp.	Fillings: G. Per.	Fillings: Cement	Extracted	Anesthetic	Treated	Crowns	Cleaned	As 2° 3	Pulp Removed	Put Pulp	Artificial Teeth	OPERATOR	REMARKS
June	19		17					17								W. H. Reid	
"	26										1					do	Case Complete

294456.

MEDICAL HISTORY SHEET.

Surname Jacobs. *Christian Name* Mike.

Examined { on 17th day of May 1916 / at Winnipeg, Man

Birthplace { City or Town Lodio / County Russia

Apparent age 26

Trade or occupation Farmer

Height 5' Feet 7 Inches.

Weight 150 Lbs.

Chest measurement { Minimum 34 inches. / Maximum expansion 36 inches.

Physical development fair

Small-Pox Marks

Vaccination Marks { Arm Right. Left. / Number

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by B Allson

Rank Capt. A.M.C. M.O.

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.
July 5	O.K.	M.O.
July 13	O.K.	M.O.
Aug 8	O.K.	M.O.

Enlisted on 17 *day of* May 1916 *at* Winnipeg, Man

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	223rd OB	294456.		
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.

400M.—1-16.
H. Q. 1772-39-439.

Surname ..... Christian Name .....

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
Cork. Le R. Hosp.		27	Oct.	16.	9.	Nov.	16	perc. headache	13		
" " "		12	Nov.	16	14.	Nov.	16	"	2		