

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Original
No. 186162
Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname? ... **Jefferson** ... ~~XXXXXXXXXX~~
- 1a. What are your Christian names? ... **Francis John**
- 1b. What is your present address? ... **Gunton Man.**
2. In what Town, Township or Parish, and in what Country were you born? ... **GuntonMan.**
3. What is the name of your next-of-kin? ... **Mrs. H. Cosens**
4. What is the address of your next-of-kin? ... **GuntonMan. Canada**
- 4a. What is the relationship of your next-of-kin? ... **Sister**
5. What is the date of your birth? ... **Jan'y 27th. 1885.**
6. What is your Trade or Calling? ... **Lumberman.**
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 } **yes.**
- CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

Francis John Jefferson.

I,, 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.

..... *Francis John Jefferson* (Signature of Recruit)

Date ... ~~XXXXXXXXXX~~ **Nov. 23rd. 1915** (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **Francis John Jefferson.**

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.

..... *Francis John Jefferson* (Signature of Recruit)

Date ... **November 23rd. 1915.** (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 ~~XXXXXXXXXXXXXXX~~ **Winnipeg Man.** this **23rd,** **November 1915.** 191

..... *[Signature]* (Signature of Justice)

Description of Francis John Jefferson on Enlistment.

Apparent Age 30 years 10 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 1/2 ins.

Chest measurement { Girth when fully expanded 37 1/2 ins.
 Range of expansion 2 1/2 ins.

Complexion dark brown.

Eyes dark brown.

Hair

Religious denominations { Church of England.....
 Presbyterian X.....
 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 declares that he is not subject to fits of any description.

I consider him* fit for the **Canadian Over-Seas Expeditionary Force.**

Date Nov. 23rd, 1915. 191

Place Winnipeg, Man.

F. C. Walter Capt.
 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.

John Jefferson 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)

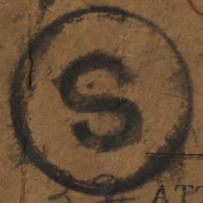
Date Dec. 1915. 191

Lt. Col. Infantry
 90th. Canadian Battalion
 Winnipeg Rifles

REGIMENTAL DOCUMENTS

NAME Jefferson Francis REG. NO. 186 162

O. H. M. S.



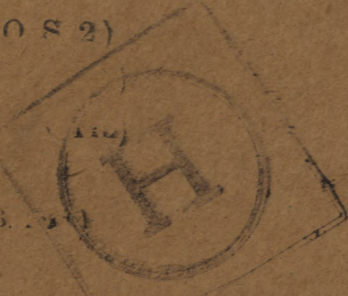
NON-EFFECTIVE BY.....CATEGORY.....

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04045



4-24
19-24
32-24

1-9149

*Cas card
R, 22-1
pay card*

M. F. B. 270.
850M-5-18
H. Q. 1772-39-67

*274
275
276*

186162
I.D. number
No. d'identification

JEFFERSON
Surname
Nom de famille

Francis John
Given names
Prénoms

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU
PERSONNEL

Location
Lieu

4804



ORIGINAL

MEDICAL HISTORY SHEET

Surname *Jefferson* Christian Name *John Francis*

Examined { on *23* day of *Nov* 191*5*
at *Winnipeg*
Birthplace { City or Town *Quinton*
County *Man*

Approved by *J. D. Maitland*
Rank *Capt* M.O.

Apparent age *30*
Trade or occupation *Lumberman*
Height *5* Feet *7 1/2* Inches
Weight *145* Lbs.
Chest measurement { Minimum *27 1/2* Inches
Maximum expansion *29 1/2* Inches
Physical development *Good*
Small-Pox Marks

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm..... Right..... Left
Number *None*

Date	Result	VACCINATIONS.
<i>Dec 15 1915</i>	<i>Pos</i>	<i>JDP</i>
		M.O.
		M.O.
		M.O.

When Vaccinated last.....
(a) Marks indicating congenital peculiarities or previous disease *None*

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<i>Dec 15 1915</i>	<i>Pos</i>	<i>JDP</i>
<i>Dec 28 1915</i>	<i>Pos</i>	<i>JDP</i>
<i>Jan 7 1916</i>	<i>Pos</i>	<i>JDP</i>
		M.O.
		M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection *None*

Enlisted on *23* day of *November* 191*5* at *Winnipeg*

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment		<i>186162</i>		
90th OVERSEAS BATTALION				
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.

Manitoba
non left

JP

DUPLICATE

ARMY FORM B. 178.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital.
Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname J E F F E R S O N Christian Name John Francis

TABLE I.—GENERAL TABLE.

Birthplace ... Parish G U N T O N County Man

Examined ... { on 23rd day of November 1915,
at Winnipeg

Declared Age ... 39 years ... days.

Trade or Occupation ... Lumberman

Height ... 5 feet 7 1/2 inches.

Weight ... 145 lbs.

Chest Measurement { Girth when fully Expanded 39 1/2 inches.
Range of Expansion 2 inches.

Physical Development ... Good

Vaccination Marks { Arm ... Right Left
Number

When Vaccinated ...

Vision ... { R.E.—V=
L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... (a)

(b) Slight defects but not sufficient to cause rejection ... (b)

Approved by (Signature) J.C.A. Walton
(Rank) Capt. Medical Officer.

Enlisted ... { at Winnipeg
on 23rd day of Nov 1915.

Joined on Enlistment	Corps.	Regtl. No.
	<u>90th O/S Bn</u>	<u>186162</u>
Transferred to		

Became non-effective by ...

This Medical History Sheet has been compared with the Corresponding Attestation Paper and entries made in red have been taken from the Attestation Paper.
(Signature) [Signature]
(Rank) [Rank] 1915

HW

me

Number *186162*

Rank *Pte*

X

Surname *JEFFERSON*

X

Christian Name *Francis John*

Units *8th Bn Army* Theatre of War *France*

Date of Service *17-7-16*

Remarks

Latest Address *L. W. Jefferson Esq. (Bro.)*
Ganton,

Roll No. *B Page 16458*

man

DEPT. OF AGRICULTURE
REG. NO. 20 1922

[Handwritten signature]

SURNAME.

Con Jefferson,

CHRISTIAN NAMES

Francis John

REGL. NO.

186162

RANK

Pte.

UNIT

90th

FORMER CORPS

Nil

CARD NO.

6499.2118

FOLL.

D

Bn.

NEXT OF KIN.

NAMES IN FULL

Bosens, Mrs. H.

RELATIONSHIP TO SOLDIER

(sister)

ADDRESS

Gunton, Manitoba.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada. Gunton

DATE


PLACE OF ATTESTATION

Winnipeg

DATE

Nov. 23rd 1915.

10. 4th 2
O/S. 31-5-16.

Mailed from Halifax 31-5-16  *see S S Olympic*^v

MARRIED

SINGLE

WIDOWER

yes.

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

DATE

649-J-2119.

186162 Pte. Francis John Jefferson.
8th. Bn.,

Not elig. for 4-15 Star

Medals & Dec.

(Brother)

T.W. Jefferson, Esq.
Guntton, Man.

Plaque & Scroll. (Brother) Same as above.

Serial No. 794578

Memorial Cross----- Nil.

57

29200

13

Scroll Desp.

MAR 2 4 1922

Reqn. No 2.31314.

Plaque Des.

MAY 2 1922

Reqn. No P3675'9

NAME

RANK AND CORPS

CABLE

No.

DATE

NATURE OF CASUALTY

REGT'L No

H. Q. FILE No. 649-

FOLLOWS

No.

FOLLOWS

02606 11-10-16

Cas Report 20-4-17

A.P.B. 20900c. 29⁷/₁₇

rec'd 19-9-17

Missing Sept 26th 1916.
 Prev. rept. missing now
 for official purposes
 presumed to have died
 on or since 26th Sept 1916

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A481	No 10 Can. Fld Amb.	14-9-16	Diarrhoea
A482	Ref from Base	26-9-16	Missing
A702	Prev. rept. Missing		now for official purposes presumed to have died at or since 26-9-16

Name **JEFFERSON** **Francis John.** Rank **Pte.** Reg. No. **186162.**
 Unit **8th. Battalion.** V R.L. **25-J-553.**
 Next of Kin **Canada**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
26-9-16.	Rep. fr. Base	MISSING		A482		02606
Apr 20	Xtract from Oktada a	Car. Pres X				
	Presumed to have <u>DIED</u>		A702 - 577/17			

No. 186 762 RANK

Pte

NAME

Jefferson Francis

T. O. S. 23-11-15-

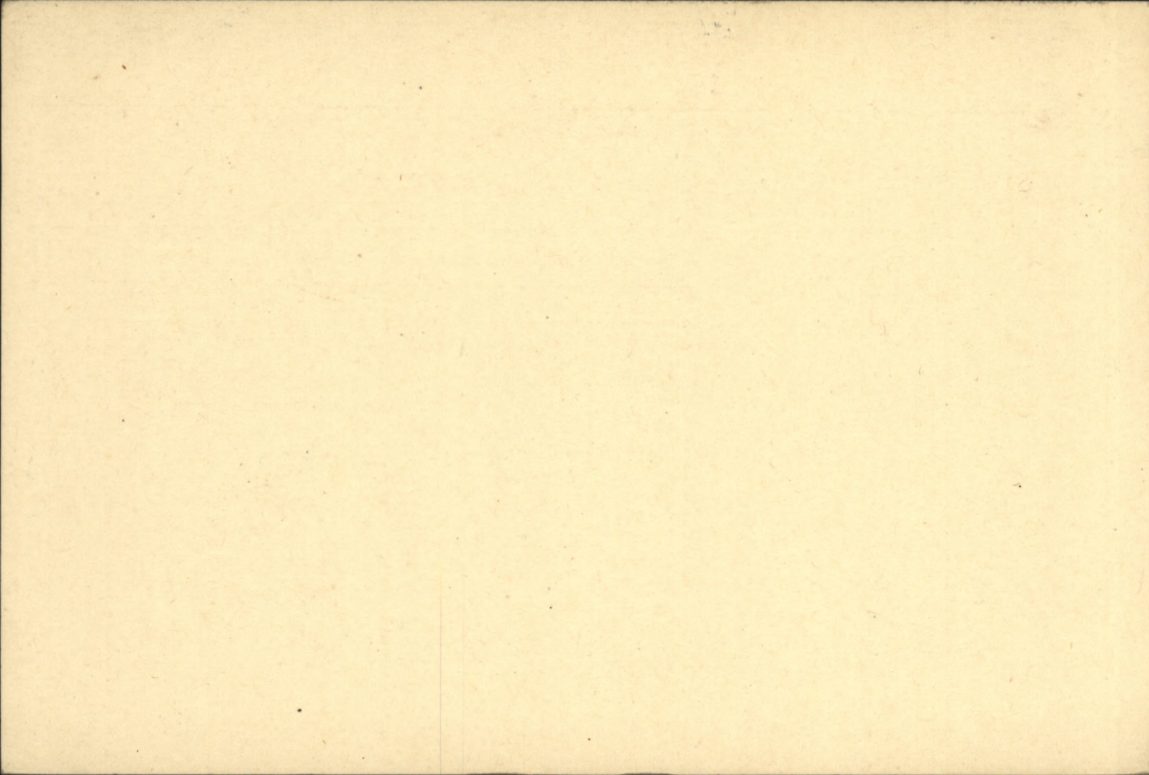
UNIT 90th Battalion

D.O.B. - 24-11-15-

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915-	1913-			
Nov. 23	Nov. 30	✓		
	Dec.	✓		
1916	1916			
Jan.		✓		
Feb.		✓		
Mar.		✓		
Apr.		✓		
May		✓		
June		✓		

UNIT SAILED
MAY 31 1916



Name **Francis John**
JEFFERSON Rank **Pte**

Reg. No. **186162**

Unit **8th Battalion**

Next of Kin **Canada**

25-J-553

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
14-9-16.	No. 10. Can. Field Amn	Diarrhoea		A481		
26-9-16	Rep. fr. Base	Missing		A482	02606	
<i>26-9-16.</i>	<i>Now for official purposes presumed to have</i>			<i>Died. A. 702.</i>		

Surname
Jefferson

Christian Name or Names
F.J.

Reg. No.
186162

Rank

Unit

Co.

Troop

Batty.

Pte. 8th Bn.
Hospital

Date of Admission

IO C.F.Amb.
Transferred

14.9.16

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis Diarrhoea.

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

*know. for. Off. purposes pres to have died
Bn or. since. 26.9.16. R*

DISPOSITION

Date

C.L.IO.IO.16 A481
*Ch 11.10.16 A482 (3)
" 5.4.17 0402*

REMARKS

*Reptd from Base
Missing 26.9.16*

A.M.D. 2 DEPT.
Dep. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Rank _____ Name **JEFFERSON. Francis John.** ✓ Reg'l No. **186162** ✓
 Unit **90TH BN** If in perm. Corps, }
 What Unit? } Married or Single *Single*
 Place and Date of Enlistment *Kingsey 23 Nov - 1915* Place of Birth *Guntson Mass*
 Name and Address, Next-of-Kin *Mrs J C Cross*
Guntson Mass Relationship *Sister*

M.V.

23-10-20
22

Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____

Separation Allowance \$ _____ Payable to _____ Relationship _____

Discharge, Date and Place _____ Reason _____ Character _____

N/E/R/B *4*
 File R.L. *25-553*
 Category *Dr. M*

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.				
		<i>Arrived in England.</i>	<i>S.S. Olympic</i>		
10.7.16	90 B'n	Tf'd to 11th B'n Selfe	8-7 16	P 2 O 187	
<i>10-7-16</i>	<i>O.C.H.</i>	<i>Taken on strength.</i>	<i>Selfe</i>	<i>8-7-16</i>	<i>PT T.O. 163.</i>
<i>18-7-16</i>	<i>"</i>	<i>S.O.S. to 8th B'n of seas</i>	<i>"</i>	<i>17-7-16</i>	<i>" 170</i>
31.7.16	8th Bt	Taken on Strength	In the Field	18-7-16	Pt. 2, O. No. 30
<i>10-10-16</i>	<i>---</i>	<i>Adv. No. 10. Canadian Field Ambulance.</i>	<i>14-9-16.</i>	<i>C/L.A. 481.</i>	<i>Diarrhoea</i>
11.10.16	8th. Bn	Missing	Field.	26.9.16	O/L, a482
<i>5-7-17</i>	<i>"</i>	<i>Previously reported missing believed killed now not official file poses presumed to have DIED in France</i>	<i>"</i>	<i>26.9.16</i>	<i>C.L.A. 402</i>



JUN 1916

F. 559.
MARRIED OR SINGLE

Single

PLACE OF BIRTH

Gunton, N.W.

NAME AND ADDRESS OF NEXT OF KIN

Ellen L. Coseno.

Gunton, N.W., Canada.

RELATIONSHIP OF NEXT OF KIN

Sister.

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHOR
<i>Missing</i>	<i>26-9-16</i>	<i>62 A</i>
<i>O.P. D.</i>		<i>11/10/16</i>
<i>R. W. G.</i>	" "	<i>62 A</i>

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS					
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1		2		3	
			\$	C.			\$	C.			\$	C.				NO.	DATE	NO.	DATE	NO.	DATE
<i>1916</i>																					
<i>Jan 1-30</i>	<i>30</i>	<i>1⁰⁰</i>	<i>30</i>	<i>00</i>	<i>30</i>	<i>10</i>	<i>3</i>	<i>00</i>													
<i>July 1-10</i>	<i>10</i>	<i>1⁰⁰</i>	<i>10</i>	<i>.</i>	<i>10</i>	<i>40</i>	<i>1</i>	<i>.</i>													
<i>11-31</i>	<i>21</i>	<i>1</i>	<i>21</i>	<i>.</i>	<i>21</i>	<i>10</i>	<i>2</i>	<i>10</i>													
<i>Aug. 1-31</i>	<i>31</i>	<i>1</i>	<i>31</i>	<i>.</i>	<i>31</i>	<i>10</i>	<i>3</i>	<i>10</i>													
<i>Sep 30</i>	<i>1</i>	<i>30</i>	<i>.</i>	<i>30</i>	<i>10</i>	<i>3</i>	<i>.</i>														
<i>Oct</i>																					
<i>1917</i>																					
<i>Sept</i>																					

Checked *C. D. Stewart*

Checked *W. H. Ross*

Checked *J. H. Rogers*

Statement of
JUL 10 1917
App. int. read. red.

PROMOTIONS, &c.	
EFFECTIVE DATE	AUTHORITY
26-9-16	62A 482
"	11/10/16
"	62A 402
"	5/27/17

REG'L. No. *186162* RANK *Private* NAME *Jefferson, Francis John.* *Missing*

IF IN PERMT. CORPS } UNIT *90th BATTALION* TRANSFERRED TO *11th Res. Batta* DATE *8/7/16* AUTHORITY *D.O. 187*

PERMANENT FORCE ALLOWANCES TRANSFERRED TO *8th Batt* DATE *1.9.16* AUTHORITY *P.O. 30. 86.*

PLACE OF ATTESTATION *WINNIPEG, MAN.* TRANSFERRED TO *Non Eff* DATE *27.9.16* AUTHORITY *62A 482*

DATE OF ATTESTATION *23/11/15* TRANSFERRED TO _____ DATE _____ AUTHORITY *11/10/16*

ASSIGNED PAY MONTHLY \$ _____ DATE EFFECTIVE _____

PAYABLE TO _____ RELATIONSHIP _____

ASSIGNED PAY MONTHLY \$ _____ DATE EFFECTIVE _____

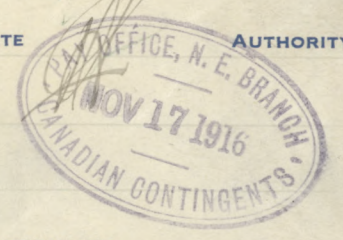
PAYABLE TO _____ RELATIONSHIP _____

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) _____ EFFECTIVE _____ REASON _____

DISCHARGE DATE AND PLACE _____ REASON AND AUTHORITY _____

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *27.9.16*

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) _____



ACQUITTANCE ROLLS					
2		3		4	
No.	DATE	No.	DATE	No.	DATE
55	29/16				
1924	13/9/16				
24	27/8	62A B.			
4804	27/7	OSB			
1461	9/8	"			

CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1	2	3	4				CREDIT	DEBIT			
						<i>Balance from Canada</i>	<i>18 60</i>				
	<i>14 60</i>	<i>9 74</i>				<i>24 34</i>	<i>27 26</i>				
							<i>38 26</i>				
		<i>4 86</i>			<i>10</i>	<i>4 96</i>	<i>56 40</i>				<i>Form Quos No. 67 13/7/16</i>
							<i>90 50</i>				
							<i>12 21</i>	<i>111 29</i>			
						<i>4 40</i>	<i>4 40</i>	<i>106 89</i>			<i>4.40 Overpd in Sept. 1916</i>
								<i>106 89</i>			<i>Missing 26/7/16 3 C.A. 482</i>
											<i>Trans to N.C. Pt 3 11-10-16</i>
											<i>Spd to Dead.</i>
											<i>To Ottawa for settlement</i>
											<i>10/8/17 Vol 180</i>

RB. no

