Original

No. 652200

ATTESTATION PAPER.

~~160th O. S.~~ Battalion, C. E. F. Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Kewaquam
1a. What are your Christian names? ..... Albert
1b. What is your present address? ..... Chippawa Hill Sarnia
2. In what Town, Township or Parish, and in what Country were you born? ..... Sarnia Reserve Sarnia
3. What is the name of your next-of kin? ..... Luke Kewaquam
4. What is the address of your next-of-kin? ..... Chippawa Hill Sarnia
4a. What is the relationship of your next-of-kin? ..... Father
5. What is the date of your birth? ..... 5 July 1887
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? ..... 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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Albert Kewaquam, 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 6 April 1916 Albert Kewaquam (Signature of Recruit)
D. Sheldon (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Albert Kewaquam, 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 6 April 1916. Albert Kewaquam (Signature of Recruit)
D. Sheldon (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 Southampton Ont. this 6 day of April 1916.

J. C. Sexton (Signature of Justice)

M. F. W. 23.
600M.—8-16.
H. Q. 1772-39-841.

Description of Albert Kewaquon on Enlistment.

Apparent Age 28 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 9 ins.

Chest measurement: Girth when fully expanded ..... 35 ins.
Range of expansion ..... 3 ins.

Complexion Dark

Eyes Brown

Hair Black

Religious denominations:
- Church of England .....
- Presbyterian .....
- Methodist X
- Baptist or Congregationalist .....
- Roman Catholic .....
- 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 6 April 1916.

Place Southampton, Ont.

C. J. Hairsine
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.

Albert Kewaquon 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. Weir (Signature of Officer)

Date 6th April 1916.

Lt. Col

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.....1

M. F. W. 64 — 2

Pay card

M. F. W. 62.
25m.—11-15.
H. Q. 1772—39—935.

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name Stewagum. Albert

Regt. No. 652200 Rank Pte.

Corps 160th C. S. Batt.

Med. Unfit

C7409

~~Sent to B.P.C. 9-3-15~~

R 15-6-20

SURNAME. Kewaquom

CHRISTIAN NAMES Albert

REGL. No. 652200 RANK Pte.

UNIT 160th

FORMER CORPS Nil

CARD NO.

S.O.S. Dis. 3.10.16. I

C.M.C

Bn.

NEXT OF KIN.

NAMES IN FULL Kewaquom, Luke

RELATIONSHIP TO SOLDIER Father

ADDRESS Chippawa Hill, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Saugeen Reserve, Ont. DATE July 5th 1887

PLACE OF ATTESTATION Southampton, Ont. DATE April 6th 1916

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Farmer RELIGION Methodist

DESCRIPTION.

APPARENT AGE 28 YEARS 0 MONTHS

HEIGHT 5 FEET 9 INCHES

CHEST MEASUREMENT 35 INCHES EXPANSION 3 INCHES

COMPLEXION Dark EYES Brown HAIR Black

DISTINGUISHING MARKS Nil

MEDICAL EXAMINATION. PLACE Southampton, Ont. DATE April 6th 1916

Present Address. Chippawa Hill, Ont.

No. 652200 RANK Pte. NAME Kewaquom Albert

T.O.S. 6/4/16 (D.O. 90) of 14/4/16 UNIT 160th. Battalion

M.D. 1

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Apr. 6	Apr. 30	✓		
May		✓		
June		✓		
July		N.		
Aug		✓		
Sept.		✓		
Oct. 1	Oct. 3	✓	Discharged 3/10/16	(D.O. 236)
			a/c closed by payment L.	

UNIT SAILED
OCT 17 1916

Original

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.

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(1) Name of Overseas Unit which Soldier joins 160th Bruce Battalion

(2) Regimental Number 652200

(3) Full Name of Soldier KEWAQUON, M Albert

(4) Place of Birth Saugeen Reserve, Ont.

(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? No

(8) Have you any children?

If so, give number of boys and girls

Also their names and ages

M. F. W. 67.

200M.—3-16.
I772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ? Yes

If so, state name and address Luke, Kewaquon, Saugeen Reservs, Ont.

(10) Is your Mother alive ? Yes

If so, state name and address Martha Kewaquon

Saugeen Reserve, Ont.

(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.

——

(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 ? No

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.

C. Mar Lt. Col.
Officer Commanding.

Date June 6th 1916.

160th Os. Battalion.C.E.F.

No Card 488

652200

MEDICAL HISTORY SHEET. Original

Surname Kewaquom Christian Name Albert

Examined on 6 day of April 1916 at Southampton, Ontario, Can.

Approved by [illegible] Kitch

Rank Captain M.O.

Birthplace City or Town Saugeen Reserve County Bruce, Ont.

Apparent age 28

Trade or occupation farmer

Height 5' Feet 9" Inches.

Weight 160 Lbs.

Chest measurement Minimum 32 inches. Maximum expansion 35 inches.

Physical development normal

Small-Pox Marks no

Vaccination Marks Arm Right. Left. yes Number ~~years ago~~ one

When Vaccinated last years ago

(a) Marks indicating congenital peculiarities or previous disease no

(b) Slight defects but not sufficient to cause rejection none except chest measurement.

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.
10/6/16	Pos.	[illegible] Kitch M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
22/8/16		A. Hunter M.O.
30/8/16		A. Beech M.O.
6/9/16		A. Beech M.O.

Enlisted on 6th day of April 1916 at Southampton, Ont

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	160th O.S.B.			
Transferred to	C.E.F.	652200		

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.

200M—11-15.
H. Q. 1772 39-439.

Surname Ferguson Christian Name Albert

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			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.
		Day	Month	Year	Day	Month	Year				

CANADIAN CONTINGENT EXPEDITIONARY FORCE

ORIGINAL

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F.,1916).

Regimental No. 652200 Rank Private Name Kewaquom, Albert

Corps 160th O/S. Battalion, who was* Discharged

On October 3rd 1916, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Oct. 1st 1916, to Oct. 3rd 1916, the inclusive date of transfer or discharge.

Dr.	$	c	Cr.	$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month	10	00
Advances by Cheques } No.			Regt'l Pay 3 days at $ 1 c 00	3	00
Advances by Cheques } No.			Field Allow. 3 days at $ c 10		30
Assigned Pay No.			Other Allowances*		
Other Charges*					
Payment on transfer or discharge No.	13	30	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	$13	30	Total	$13	30

*Give Particulars.

A monthly stoppage of $ Nil (†) has (‡) been paid on account of Assigned Pay for the month of 191 to (Assignee) Nil

(Address)

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Outfit Allowance of $ has been paid by Paymaster, Military District No.

REMARKS:—

State (1) date of enlistment April 6/16

(2) if married and if a Separation Allowance Card has been submitted No

(3) cause of discharge and authority Discharged by Medical Board

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 October 10th'16

Place London, Ont.

Paymaster

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.

For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

M. F. W. 44.

200M.—6-16.
H. Q. 1772-39-903

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 160th O. S. Battalion, C. E. F.

Regimental No. 652200 Rank Pte Name Kewoguon, Albert.

Enlisted (a) 6-4-16 Terms of Service (a) C. E. F. Service reckons from (a) 6-4-16

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) (Farmer)

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.

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				

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.	652200
Rank	Private
Name NOTE—The name ~~must agree strictly with that on enlistment unless~~ changed subsequently by authority.	Kewaquom, Albert
~~Corps (Squadron, Battery or~~ Company)	Base 160th O. S. Battalion, C. E. F.
Date of Discharge	October 3rd 1916.
Place of Discharge	London, Ontario.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive Marks
Age	28 years	
Height	5 feet 9 inches	
Complexion	Dark	
Eyes	Brown	
Hair	Black.	
Trade	Farmer.	
Intended place of residence (To be given as fully as practicable.)	Southampton Ontario.	

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

Medically unfit.

ID-30-K-40.

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.

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

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

Good.

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.)

M. F. B. 218.

50m.—3-16.
H. Q. 1772-39-113.

(OVER)

14

Carded E.A. 25-11-16

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

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

6. Medals and Decorations.....

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) London Ont. ..... S. Weir Lt Col

(Date) Oct 5th 1916 ..... *Commanding* 160th O. S. Battalion, 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) This man affixed stamp before signing here ..... (*Signature of Soldier.*)

(Date)..... (*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.

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

11. **Confirmation of Discharge.**

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

(Place) London. Ont.

(Date) Oct 5th 1916 ..... (*Signature*) S. Weir Lt Col

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.)

Satisfied

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	
Squadron / Battery / Company Conduct Sheet,	"	B. 263a.
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 Certificate,	"	D. 877.

*Only if discharged "Medically unfit."

Attestation Paper,	Militia Form B. 235.	
Proceedings on Discharge	"	B. 218.

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.

MEDICAL HISTORY OF AN INVALID.

649-K-2054.

1. Station. London, Ont.
2. Regiment or Corps. 160th. B'n. C.E.F.
3. Regimental No. and Rank. 652200 Pte.
4. Name. Kewaquom
5. Age last Birthday. 30
6. Enlisted on

   at
7. Former Trade or Occupation.

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.)

Date. Sept. 26th. 1916.

9. Service.	Years.	Days.	PERIODS. From.	PERIODS. To.
160th. B'n. C.E.F.				Sept. 26th. 1916.

10. (a) Disease or disability. Mentally deficient.
    (b) Date of origin. Unknown.
    (c) Place of origin. ———
    (d) Cause. ———

11. Present Condition. (Most Important)
    (To include full description of present disabling condition or conditions.)

Cannot talk distinctly or be understood by his own tribe, cannot think clearly and answers with difficulty when spoken to.

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

M. F. B. 227.

150 M—5-16.
1772-39-117.

Recorded 2a. 25-11-16

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

(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 None.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent? No.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes? Life.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. Not greater than before enlistment.

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

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.

18. Is he unfit for Military Service. Yes.

Recommendations : Discharge.

Signatures :— R. S. Smith Capt RAMC President.

F. H. Sutherland Capt A. M. C. Members.

Station. London, Ont.

Date. Sept. 26th. 1916.

Date. 28-9-16 C. B. Pell Major Asst. Director of Medical Services.

Approved.

Date. 14/12/16 D. J. McKay Capt for Director-General of Medical Services.

Leaded E.R. 25-11-16

9-76 - 9/12/16x

(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.

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.....

Date of final Medical Board or decision. } .....

Administrative Medical Officer.

Militia Form B. 227.

150 m—5-16.
H. Q. 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.