94th OVERSEAS BATTALION

ATTESTATION PAPER.

No. 198252

Folio.

ORIGINAL CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname? ..... Logan
1a. What are your Christian names? ..... Ebenezer
1b. What is your present address? ..... Kenora
2. In what Town, Township or Parish, and in what Country were you born? ..... Montreal P.Q.
3. What is the name of your next-of-kin? ..... Mrs Inga Logan
4. What is the address of your next-of-kin? ..... Kenora Ont
4a. What is the relationship of your next-of-kin? ..... Wife
5. What is the date of your birth? ..... July 28th 1881
6. What is your Trade or Calling? ..... Laborer
7. Are you married? ..... yes
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? ..... Garrison Artillery Montreal and R.W.M.P.
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, Ebenezer Logan, 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.

Ebenezer Logan (Signature of Recruit)

Date Nov 22 1915 N. Openshaw (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Ebenezer Logan, 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.

Ebenezer Logan (Signature of Recruit)

Date Nov 22 1915 N. Openshaw (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 Kenora Ont this 22 day of Nov 1915.

J P Rarey (Signature of Justice)

M. F. W. 23
200 M—9-15
H. Q. 1772-39-841

Med. unfit 25-6-16. Valcartier

Corded 4-7-16 B.S.

Description of Ebenezer Logan on Enlistment.

Apparent Age 34 years 3 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 36 ins.
- Range of expansion 4 ins.

Complexion Clear

Eyes Blue

Hair Red

Religious denominations:
- Church of England
- Presbyterian Yes
- Methodist
- 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 declares that he is not subject to fits of any description.

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

Date Nov - 19 1915. W J Tunnel

Place Kenora Ont. Kenora

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.

Ebenezer Logan 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)
Lieut.-Col.
O.C. 94th Overseas Battalion

Date 29th November 1915

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers.....23.....

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.....

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.....

M.D.W. 67 - 1
1 pay card

M. F. W. 62.
25m.—12-15.
H. Q. 1772-39-935.

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name Logan, Ebenezer

Regt. No. 198252 Rank Private

Corps 94th Battalion

Med. Unfit

29971

No. 198 256 RANK Pte. NAME Logan C.
(252) Apr. Paylist

T. O. S. 22-11-15 UNIT 94th Battalion C.E.F.
(D014 of 25-11-15)

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
Nov. 22	Nov. 30	✓		
Dec.		✓		
1916	1916			
Jan.		✓		
Feb.		✓		
Mar.		✓		
April		✓	Forfeits 1 Day's pay	D.O. 122 of 1-4-16
May		✓		
June 1	June 25	✓	S.O.S until for service 25-6-16	D.O. 192 of 24-6-16

UNIT SAILED
JUN 28 1916

L. L. Job 88773—M. & D. 6195.

22-11-15

MILITIA AND DEFENCE

M. F. W. 11.
20m.—11-15.
H. Q. 1772-39-818.

313

SEPARATION ALLOWANCE

Name Mrs. Inga Logan

Address Kenora Ont.

Relation to Soldier wife, child or mother } wife

Name of Soldier Logan E.

Regtl. No. 198252

Rank Pte

Corps 94th Batt.

To what Corps belonging when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.		REMARKS
Aug.	1914				
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1915				
Feb.					
March					
Apl.					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1916	J 21992	46	46	
Feb.		L 21551	20	20	
March		M 26420	20	20	

ACCOUNT CLOSED
DATE..... PER.....

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
60m.—12-15.
1772—39—818.

Sheet No. 2.

L. L. Job 89002.—Req. 6213.

Inga Logan Wife

Name of Soldier Logan E.

198252

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916	H 2439	20	20	
May		J 6606	20	20	
June		18461	20	20	
July		B 7497	20	20	E.12888. Cancelled
Aug.		~~E12888~~	~~20~~	20	Dis 26/7/16 Ank 649-L-2336
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1917				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

ACCOUNT CLOSED

DATE..... PER W.

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.	
Aug.	1918				
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1919				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1920				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					

94th OVERSEAS BATTALION

MEDICAL HISTORY SHEET.

Surname Logan Christian Name Ebenezer 198252

Examined on 22nd day of November 1915 at Kenora

Birthplace City or Town Montreal County Quebec

Apparent age 34

Trade or occupation Laborer

Height 5 Feet 9 Inches.

Weight 145 Lbs.

Chest measurement Minimum 32 inches. Maximum expansion 3 inches.

Physical development Good

Small-Pox Marks no

Vaccination Marks Arm Right. Left. Number 2

When Vaccinated last 8 yrs ago

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection none

Approved by W. J. Gunne

Rank 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.
15/5/16	Good	H B MacEwen Capt A.M.C.
14/5/16	Good	H B MacEwen Capt A.M.C.
14/6/16	Good	H B MacEwen Capt A.M.C.

Enlisted on 22 day of Nov 1915 at Kenora

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	94th O/S	198252		22 Nov. '15
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Valcartier	23/VI/16	overriding toe	discharge as medically unfit approved [signature]

A. D. M. S. Valcartier Camp, P. Q.

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.

150M.—8-15.
H. Q. 1772-39-439.

Surname Logan Christian Name Clemenge

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				

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 94th. Battalion.

(2) Regimental Number 198252

(3) Full Name of Soldier Ebenezer Logan

(4) Place of Birth Montreal

Quebec

(5) Are you married, or not ? Yes.

(6) If married, state,

(a) Full name of your wife Mrs. Inga Logan

(b) Present Postal Address Lenora

Ontario.

(7) Are you a widower ? No

(8) Have you any children ? Four.

If so, give number of boys and girls Two girls, Two boys.

Also their names and ages Charles 11 years.

Manghild 7 years.

Gustaf 5 years.

Jessie 1 year.

M. F. W. 67.

200M.—3-16.
I772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ? No.

If so, state name and address

(10) Is your Mother alive ? No.

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.

(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.

Applied for.

(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. W. Schwarz
Officer Commanding.
Lieut. Col.
O.C. 94th Overseas Battalion

Date 15 May 1916.

MEDICAL HISTORY OF AN INVALID.

DEPT MILITIA & DEFENCE
JUL 26 1916
H.Q. 649h-2336
CANADA

1.—Station. Valcartier Camp

2.—Regiment of Corps. 94th Bat.

3.—Regimental No. and Rank. 198253 Pte

4.—Name. Logan. Ebenezer.

5.—Age last Birthday. 34.

6.—Enlisted { on Nov 17th 1915. at Kenora

7.—Former Trade or Occupation. labourer

8.—General remarks on his :—

(a) Conduct. Bad

(b) Habits. Good

(c) Temperance. Bad

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

Date Jan 23/16

9.—Service.	Years. 2	Days. 19
	PERIODS.	
	From	To
94th Bat CEF	Nov 17th/15	June 25/16

10.—Disease or Disability. Third toe of right foot riding on 2nd toe

11.—Date of origin, cause, present condition and whether the same is the result of service or climate. 4

(1) since childhood
(2) unknown
(3). Third toe on rt foot riding on 2nd toe
(4) No

Has it been aggravated by intemperance, vice or misconduct?

no.

4

M. F. B. 227.
20m.—10-15.
H. Q. 1772-39-117.

[OVER]

17.—If previously proposed for discharge on medical grounds, state the date, the disability, for which recommended for discharge, and the cause of remand of Corps.

~~unfit Medically~~
not applicable

18—State if for discharge on account of unfitness for service.

physically unfit for service

A. Delahaye Capt. Amc

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

(In which it should be stated how far the Board concurs in the above Report.)

The board concurs with the above report and recommends that he be discharged as medically unfit for service

Signatures :— J. W. Dorsey Capt President.

Station Valcartier Que. [signature] Capt

Date June 23rd /16 R. J. Rutherford Capt Amc. Members.

Date 24 6/16 [signature]

Assistant Director of Medical Services.

Approved.

Date 31 7/16 Oscar A. Cameron Capt

Director of Medical Services.

[OVER]

12.—In gunshot wounds, or other injuries, state how caused ; whether received in action or in Field Service, and at what place, and whether on or off duty. If not received in action, was a Court of Inquiry held ?

Not applicable

13.—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.—If aggravated, though not primarily caused by his service as a soldier, explain how it has been so aggravated.

Not applicable

15.—Is the disability permanent ? If not, state its probable duration. To what extent will it prevent his earning a full livelihood ?

No. ~~till operation~~.
Nil

16.—Full particulars of medical treatment of case up to date of invaliding.

Nil

(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.

Militia Form B. 227.

20m.—10-15.
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.