

ATTESTATION PAPER.

No. ORIGINAL Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

- 1. What is your surname? Malott
1a. What are your Christian names? Jefferson Webb
1b. What is your present address? Welland, Ont.
2. In what Town, Township or Parish, and in what Country were you born? Peel Co. Ontario.
3. What is the name of your next-of kin? Solman Malott
4. What is the address of your next-of-kin? North Buxton Ont.
4a. What is the relationship of your next-of-kin? Brother
5. What is the date of your birth? Aug 31st. 1872
6. What is your Trade or Calling? Cook; Planner
7. Are you married? Widower
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
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.

Jefferson Webb Malott, 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.

Jefferson Webb Malott (Signature of Recruit)

Date Dec. 19th 1916 (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

Jefferson Webb Malott, 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.

Jefferson Webb Malott (Signature of Recruit)

Date Dec 19th 1916 (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 Welland Ont. this 19th day of December 1916

(Signature of Justice)

Description of Malott Jefferson Webb. on Enlistment

Apparent Age.....44 years4 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. 10 ins.

Chest measurement { Girth when fully expanded..... 40 ins.
 Range of expansion..... 3 ins.

Complexion..... Brown

Eyes..... Brown

Hair..... Black

Religious denominations. { Church of England.....
 Presbyterian.....
 Methodist.....
 Baptist or Congregationalist..... Baptist.....
 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 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 19 1916

Place..... Welland

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.

.....Malott Jefferson Webb..... 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.

W. Sutherland..... L.T. COL.
 9. Comd'g No. 2 Construction Battalion, C. E. F. (Signature of Officer)

Date..... JAN 9 1917 1917 .

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.

- 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

Name Abelott, Jefferson Webb.
 Regt. No. 931697 Rank Private
 Corps # Construction Battalion. C. E. F.



Rheumatism.

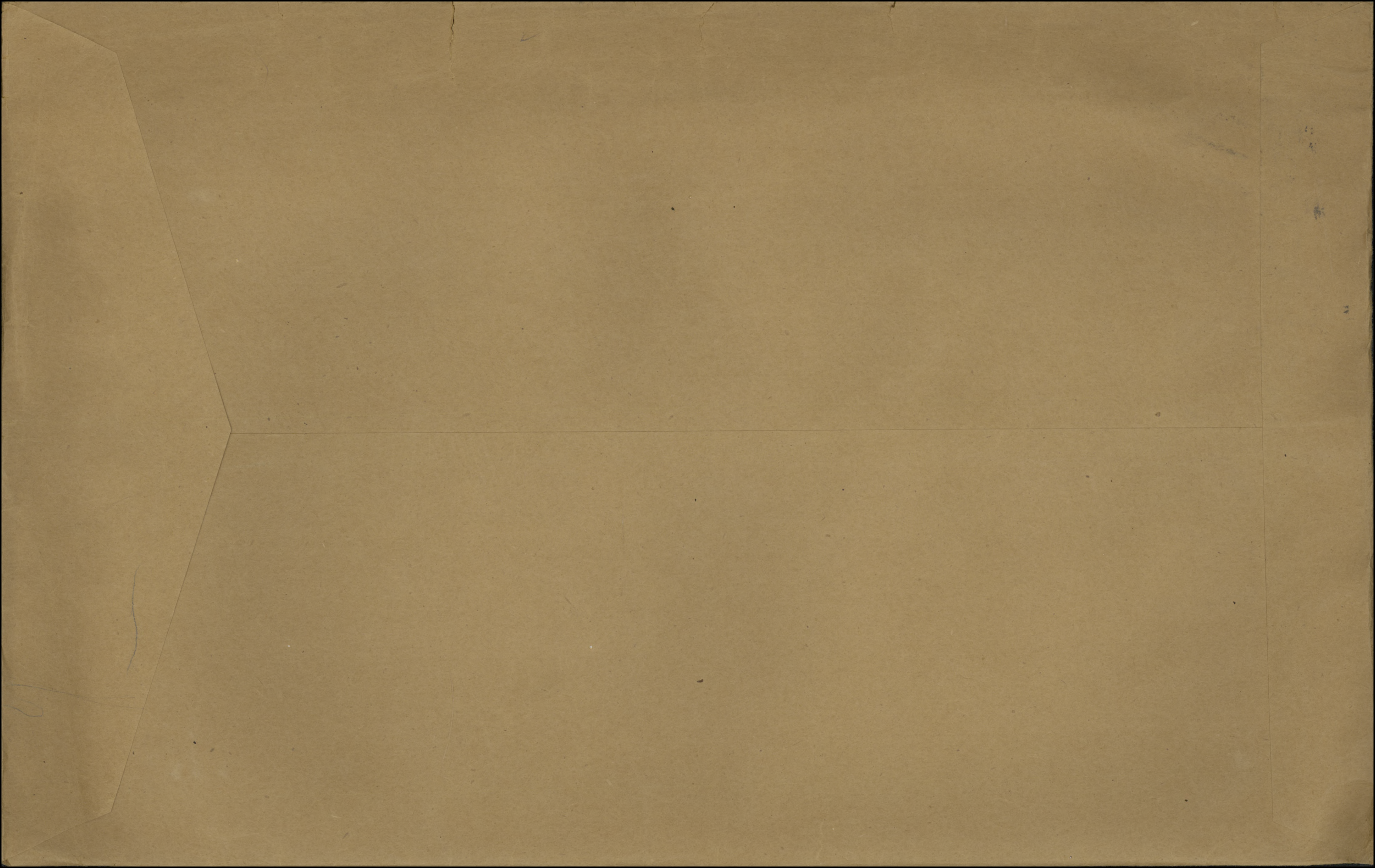


03822



M. F. W. 62

[Handwritten signatures and initials]





Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	931697	
Rank	Private	
Name	Jefferson Webb Malott	
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company)	#2 Construction Battalion, C E F	
Date of Discharge	6-3-17	
Place of Discharge	Windsor, Ont.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age.....	44.....years.....	months.
Height.....	5.....feet.....	10.....inches.
Complexion	Colored	
Eyes	Brown	
Hair	Black	
Trade	Cook	
Intended place of residence	Welland, Ontario	
<small>(To be given as fully as practicable.)</small>		
2. The above-named man is discharged in consequence of <i>59-M-960</i>		
Rheumatism		
<small>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.</small>		
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	
<small>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:</small>		
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)		
Cook		

M. F. B. 218.

100m.—6-16.
H. Q. 1772-39-113.

(OVER)

*Noted
18/4/17
BS*

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

No

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

6. Medals and Decorations **None**.....

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) Windsor Ont.....

(Date) March 6th 1917 Commanding

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) Windsor, Ont. J. G. Malart (Signature of Soldier.)

(Date) 26th February, 1917 Matthew Edwards Sg (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) Windsor Ont.....

(Date) March 6th 1917.....

Matthew Edwards LT. COL.
Commanding No. 2 Construction Battalion, C. E. F.

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.)

J H Madgett

#931697, Pte. #2 Const. Bn., CEF

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

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re of Witness.)

forward these
sign, and when

charge

esty's Service.

re of Soldier.)

...years.....days.

...years.....days.

E.F.

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="padding-left: 40px;">(a) Proceedings on Discharge.</p> <p style="padding-left: 40px;">(b) Attestation.</p> <p style="padding-left: 40px;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
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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.

SURNAME.

Malott 649-M-15625

CARD NO.

A

CHRISTIAN NAMES

Jefferson Webb.

SOS Dis 6/3/17 I

FOLL.

REGL. NO.

931697

RANK

Pte.

UNIT

No. 2 Construction Bn.

FORMER CORPS

Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Malott, Solomon

RELATIONSHIP TO SOLDIER

Brother

ADDRESS

North Buxton, Ont.

COUNTRY OF BIRTH

Canada, Piel Co., Ont.

DATE

Aug. 31st 1892.

PLACE OF ATTESTATION

Welland, Ont.

DATE

Dec. 19th 1916

MARRIED

SINGLE

WIDOWER

Yes.

TRADE OR CALLING

Cook, Planner

RELIGION

Baptist

DESCRIPTION.

APPARENT AGE

44 YEARS

4 MONTHS

HEIGHT

5 FEET

10 INCHES

CHEST MEASUREMENT

40 INCHES

EXPANSION

3 INCHES

COMPLEXION

Brown

EYES

Brown

HAIR

Black

DISTINGUISHING MARKS

Not stated.

MEDICAL EXAMINATION.

PLACE

Welland, Ont.

DATE

Dec. 19th 1916

Present address: Welland, Ont.

ORIGINAL

931697

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... #2 Construction Battalion

(2) Regimental Number ... #931697

(3) Full Name of Soldier... Jefferson Webb Malott

(4) Place of Birth... Peel County, Ontario

(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? ... Yes

(8) Have you any children? ... No

If so, give number of boys and girls

Also their names and ages

(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.

(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.

D. G. Sutherland LT. COL.
O. Comd'g No. 2 Construction Battalion, C. E. F.
Officer Commanding.

Date.....*Jan 9/1/19*.....

DUPLICATE

To be made out in duplicate.

I.O. 51-11-23-53

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.

No. 2 CONSTRUCTION, B'n. C.E.F.

(1) Name of Overseas Unit which Soldier joins.....

(2) Regimental Number..... 931697

(3) Full Name of Soldier..... Jefferson Webb Halott

(4) Place of Birth..... Peel County Ontario

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

(6) If married, state,
(a) Full name of your wife.....

(b) Present Postal Address.....

(7) Are you a widower?..... Yes

(8) Have you any children?.....

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

Also their names and ages.....

(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.

(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.

Date Jan 9/17

W. Sutherland LT. COL.
O. Comd'g No. 2 Constr Officer Commanding. F.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

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. 931697 Rank Private Name Jefferson W. Malott

Corps # 2 Construction Battn. C.E.F. who was* discharged

On March 6 1917 191... to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from March 1 1917 191... to March 6 1917 191..., the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month <u>(Clothing)</u>	<u>10</u>	<u>00</u>
Advances } No.....			Regt'l Pay <u>6</u> days at \$ <u>1</u> c <u>00</u>	<u>6</u>	<u>00</u>
by } No.....			Field Allow. <u>6</u> days at \$ c <u>10</u>		<u>60</u>
Cheques } No.....			Other Allowances*.....		
Assigned Pay No.....			Other Credits*.....		
Other Charges*.....			Bal. Dr. (to be deducted by new unit).....		
Payment on transfer or discharge No. <u>7162</u>	<u>16</u>	<u>60</u>			
Balance Cr. (to be paid by the new unit).....					
Total.....	<u>16</u>	<u>60</u>	Total.....	<u>16</u>	<u>60</u>

*Give Particulars.

A monthly stoppage of \$..... (†) has (‡) been paid on account of Assigned Pay for the month of..... 191... to (Assignee).....
(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..... December 19 1916.....

(2) if married and if a Separation Allowance Card has been submitted.....

(3) cause of discharge and authority Medically Unfit-Auth. I.D. 30-M-333, 22-2-17

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 March 7 1917

Place Truro, N.S.

Bevan
..... Captain
..... P. M. No. 2. Construction Batt'n. C. E. F.
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.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

Mr. J. Peterson W. Maloff

Private

Number 231597

Discharged

3 Construction Detachment, C.E.F.

On March 6 1917

March 1 1917

to March 6 1917

10 00	(Clothing)	10 00
6 00	Field Allowance	6 00
6 00	Other Allowance	6 00
16 60	Total	16 60

December 19 1916

March 7 1917

Toronto, Ont.

M. T. W. M.

931697

MEDICAL HISTORY SHEET.

Surname *Malott* Christian Name *Jefferson*

Examined { on *19* day of *Dec* 191*6* at *Welland*

Approved by *[Signature]*
Rank _____ M.O.

Birthplace { City or Town *W. of Welland* County *Welland Ont.*

Apparent age *44*

Trade or occupation *Cook: Plumber* M.O.

Height *5* Feet *6 1/2* Inches. M.O.

Weight *170* Lbs. M.O.

Chest measurement { Minimum *37* inches. M.O.

{ Maximum expansion *34* inches. M.O.

Physical development *Good* *37* M.O.

Small-Pox Marks *none* M.O.

Vaccination Marks { Arm Right Left. Number *X*

When Vaccinated last *1895* M.O.

(a) Marks indicating congenital peculiarities or previous disease *none* M.O.

(b) Slight defects but not sufficient to cause rejection *none* M.O.

R. Eye 20/80 L. Eye 20/200

Enlisted on *19* day of *December* 191*6* at *Welland, Ont. Can.*

	CORPS.	REG'T. NUMBER.	HABITS.	DATE.
Joined on enlistment	<i>2 Construction</i>	<i>931697</i>		<i>19/12/16</i>
Transferred to	<i>3rd Coy</i>			

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.

