No. 2 CONSTRUCTION B'n. C.E.F. 931680 TRIPLICATE

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Minnes
1a. What are your Christian names?	Chester
1b. What is your present address?	Cincinnati, Ohio
2. In what Town, Township or Parish, and in what Country were you born?	Cincinnati, Ohio, U. S. A.
3. What is the name of your next-of kin?	Mrs. Josephine Minnes
4. What is the address of your next-of-kin?	714 Armor Ave., Cincinnati, Ohio
4a. What is the relationship of your next-of-kin?	Mother
5. What is the date of your birth?	August 6th, 1892
6. What is your Trade or Calling?	Porter
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.	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.

I, Chester Minnes, 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.

Chester Minnes (Signature of Recruit)

Date January 2nd 1917 Percy C. Hemphill (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Chester Minnes, 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.

Chester Minnes (Signature of Recruit)

Date January 2nd 1917 Percy C. Hemphill (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 Windsor, Ontario this 2nd day of January 1917.

James G. Bryson (Signature of Justice)

M. F. W. 23
750M—8-16
H. Q. 1772-38-941

Description of Chester Minnes on Enlistment.

Apparent Age 24 years 4 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 6 ins.

Chest measurement.
- Girth when fully expanded 34 1/2 ins.
- Range of expansion 2 1/2 ins.

Complexion Colored

Eyes Brown

Hair Black

Religious denominations.
- Church of England
- Presbyterian
- Methodist
- Baptist ~~or Congregationalist~~ Yes
- 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).

None

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 January 2nd 1917

Place Windsor, Ontario

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.

Chester Minnes 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)

O. Comd'g No. 2 Construction Battalion, C. E. F.

Date January 2nd 1917

DESERTERS

~~DISCHARGE~~ DOCUMENTS

R. O. No.

H. O. No.

Name MILLER CHESTER

Regt. No. 931690 Rank Pte

Corps #2 Constr. Bn.

S.O.S. 19-2-17

21148

Proceedings of Court of Inquiry or on men reported Missing on Active Service 3

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

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

m7B259-3
m7H67-1

M. F. W. 62.
50m.—9-16.
H. Q. 1772—39-935.

ORIGINAL 931690

MEDICAL HISTORY SHEET

Surname Minns *Christian Name* Chester

Examined { on 2nd day of January 1917 / at Windsor, Ontario

Birthplace { City or Town / County

Apparent age 24 yrs 4 mo

Trade or occupation Porter

Height 5 feet 6 Inches

Weight lbs.

Chest measurement { Minimum 32 inches / Maximum expansion 34 1/2 inches

Physical development fit

Small-pox Marks none

Vaccination Marks { Arm Right Left / Number

When Vaccinated last

(*a*) Marks indicating congential peculiarities or previous disease

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

Both Eyes 20/20

Approved by

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.
		M.O.
		M.O.
		M.O.

Enlisted on 2nd *day of* ~~December~~ January 1917 *at* Windsor, Ontario

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	H.L. Const Battn C.E.F.	931690		2/1/17
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Windsor, Ont.	2/1/17.	on enlistment	Fit D. L. Stewart Capt.
S. H. Brickwood Major, A. M. C.		J. A. Bryan Maja Capt., A. M. C.	

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Servcie, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Munroe Christian Name Chester

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				

ORIGINAL 931690

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 #2 Construction Battalion

(2) Regimental Number 931690

(3) Full Name of Soldier Chester Minnas

(4) Place of Birth Cincinnati, Ohio

(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.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? No

If so, state name and address

(10) Is your Mother alive? Yes

If so, state name and address Mrs. Josephine Minnes

714 Armor Ave., Cincinnati, Ohio

(11) If your Mother is a widow Yes

Are you her sole support, or not? Yes

(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.

$20.00 per month

(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? Yes

If so, in what Company? Metropolitan Life Insurance Co.,

Have you made arrangements for payment of your Insurance premium Yes

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

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