card Emmy 12/4/16

DUPLICATE

145. BATT

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	McFaden. McFadden
1a. What are your Christian names?	Ernest.Gordon.
1b. What is your present address?	35.Bonnacord.St.Moncton N.B.
2. In what Town, Township or Parish, and in what Country were you born?	JohnstonsMills.West.Co.N.B. Canada.
3. What is the name of your next-of kin?	Bertha Mc.Faden
4. What is the address of your next-of-kin?	35 Bonnacord.St.Moncton N.B.Canada.
4a. What is the relationship of your next-of-kin?	Mother.
5. What is the date of your birth?	5th.February.1896.
6. What is your Trade or Calling?	Labourer.
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. 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, Ernest G Mc.Faden., 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.

Ernest Mc Fadden (Signature of Recruit)

Date Feb.15th. 1916. Harry K. Jack (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Ernest G. Mc.Faden., 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.

Ernest Mc Fadden (Signature of Recruit)

Date February 15th. ~~Moncton N.B.~~ 1916. Harry K Jack (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 Moncton N.B. this 15th. day of February 1916.

H. T. Wadman (Signature of Justice)

M. F. W. 23.
400M.—1 -15.
H. Q. 1772-39-841

Description of Ernest G McFaden. on Enlistment.

Apparent Age 20 years ..... 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 ..... 37 ins.

Range of expansion ..... 4 ins.

Complexion Light

Eyes Blue

Hair Brown

Religious denominations:

Church of England .....

Presbyterian .....

Methodist ..... yes

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).

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 Feb 15th 1916 ..... E O Sherwood Lodge

Place Moncton N B ..... 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.

Ernest G. McFaden. 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. E. Forbes LT. COL. (Signature of Officer)
145th. "Overseas" Batt. C. E. F.

Date February 15th. 1916

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.....

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 Pay C.

1 I. Card

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

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name Mc Fadden Ernest Gordon

Regt. No. 832343 Rank Private

Corps 145th O/S, Batt.

Discharged (Died)

13531

Box #6810

832343	MCFADDEN	Ernest Gordon
I.D. number **No. d'identification**	**Surname** **Nom de famille**	**Given names** **Prénoms**

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu 6810

«CONTENTS CONFIDENTIAL»
«CONTENU CONFIDENTIEL»

ARC-1048 (r. 87/05)

SURNAME. McFadden

CHRISTIAN NAMES Ernest Gordon

REGL. No. 832343 RANK Pte

UNIT 145th Batt

FORMER CORPS Nil

CARD NO. V

FOLL.

NEXT OF KIN.

NAMES IN FULL McFadden, Bertha

RELATIONSHIP TO SOLDIER Mother

ADDRESS 35 Bonnacord St.,
Moncton, N.B.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Johnstons Mills, N.B. DATE Feb 15th 1896

PLACE OF ATTESTATION Moncton, N.B. DATE Feb. 15, 1916

L. L. 94504. M. & D. 6512.

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING labourer RELIGION Methodist

DESCRIPTION.

APPARENT AGE 20 YEARS MONTHS

HEIGHT 5 FEET 6 INCHES

CHEST MEASUREMENT 37 INCHES EXPANSION 4 INCHES

COMPLEXION light EYES blue HAIR brown

DISTINGUISHING MARKS Nil

MEDICAL EXAMINATION. PLACE Moncton, N.B. DATE Feb. 15th, 1916

No. 832343 RANK Pte NAME McFadden Ernest G.

T. O. S. 15-2-16
DO 35/15-2-16

UNIT 145th Battalion (Moncton N.B.)

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Feb 15	Feb 29	✓		
Mar		✓		
Apr.		✓		
May 1	May 10	✓	Deceased. 10-5-16	D. O. 109 of 11-5-16
				UNIT SAILED SEP 25 1916
			a/c closed by payments.	

ACTIVE MILITIA.

CERTIFICATE OF DISCHARGE.

This Certifies that 832343 McFaden Ernest Gordon

of Moncton N.B. County of Westmorland

Province of New Brunswick Dominion of Canada, aged

20 years, served continuously in 145th Overseas

Battalion C.E.F.

of Active Militia of Canada, from the 15th day of February

1916, to the 10th day of May 1916, and is

now discharged therefrom. Death

Captain,

Dated at Moncton N.B.

the 11th day of May

1916.

Commanding

A. T. Gilley Capt. for Lieut. Colonel,

Commanding 145 O.S. Batt. C.E.F. aws.

N. B.—The second signature is only required when the Corps is in Squadron, Brigade or Battalion.

M. F. B. 350.

15m.—11-15.

H. Q. 1772-39-62.

MEDICAL HISTORY SHEET.

Surname McFaden *Christian Name* Ernest G.

Examined { on 15th day of February 1916
at Moncton

Birthplace { City or Town Johnstons Mills
County Westmorland

Apparent age 20

Trade or occupation Laborer

Height 5 Feet 6 Inches.

Weight 130 Lbs.

Chest measurement { Minimum 33 inches.
Maximum expansion 37 inches.

Physical development good

Small-Pox Marks none

Vaccination Marks { Arm Right. Left.
Number none

When Vaccinated last —

(*a*) Marks indicating congenital peculiarities or previous disease —

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

Approved by E O Stewart Major

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 ..... *day of* ..... *191* ..... *at* .....

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment				
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.

M. F. B. 313.
100M.—1-15.
H. Q. 1772-39-439.

Surname McFaden Christian Name Ernest G.

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				