

ORIGINAL

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115th Battalion, C. E. F.  
ATTESTATION PAPER.

742249  
No. ORIGINAL

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).



1. What is your surname? *Mc Nulty*
- 1a. What are your Christian names? *James Thomas*
- 1b. What is your present address? *217 German St. West St. John N.B.*
2. In what Town, Township or Parish, and in what Country were you born? *West St. John N.B.*
3. What is the name of your next-of-kin? *Moses Edward McNulty*
4. What is the address of your next-of-kin? *217 German St. West St. John N.B.*
- 4a. What is the relationship of your next-of-kin? *Father*
5. What is the date of your birth? *5 March 1898*
6. What is your Trade or Calling? *Steamer*
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, *James Thomas McNulty*, 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 *28th Dec* 191*5*. *Thomas James McNulty* (Signature of Recruit)  
*M. Clarkson* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *James Thomas McNulty*, 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 *28th Dec* 191*5*. *Thomas James McNulty* (Signature of Recruit)  
*M. Clarkson* (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 *City of St. John* this *28th* day of *December* 191*5*.

*A. R. Spruce* (Signature of Justice)  
*Art. 47.6.*

# Description of McHulty, James Thomas on Enlistment.

Apparent Age... 17 years... 9 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.)

Waist 33  
 Height... 5 ft. 7 3/4 ins.  
 Chest measurement: { Girth when fully expanded... 37 1/2 ins.  
 Range of expansion... 3 ins.  
 Complexion... Ruddy  
 Eyes... Hazel  
 Hair... Dark brown

none

Religious denominations { Church of England.....  
 Presbyterian.....  
 Methodist.....  
 Baptist or Congregationalist.....  
 Roman Catholic... Yes.....  
 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 declares that he is not subject to fits of any description.

I consider him\*... Fit... for the **Canadian Over-Seas Expeditionary Force.**  
 Date... December 28 1915..... Wm. Maxwell P.  
 Place... St. John's, N.B...... Capt.  
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.

James J. McHulty..... naving 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.

Wm. Maxwell P. Lt. Col. (Signature of Officer)

O. C. 115TH OVERSEAS BATTALION, C.E.F.

Date... MAR 31 1916..... 191

CS. W. F. M.  
 51-2-M. 502  
 115-2-2-11

- 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.....

*Deserters*  
**DISCHARGE DOCUMENTS**

Name *Mc Nulty James T.*  
 Regt. No. *742249* Rank *Pte.*  
 Corps *115th OS B Co*

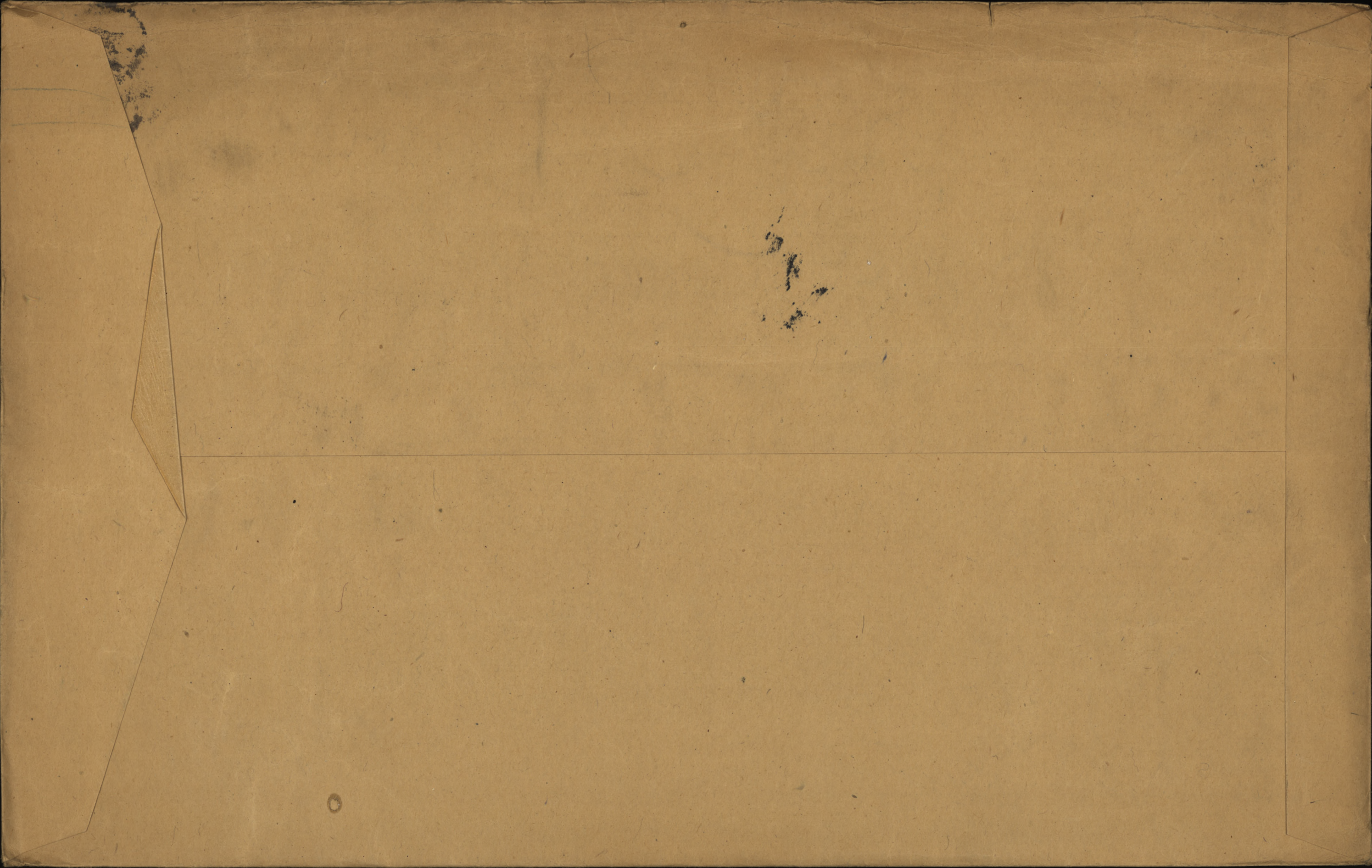
*Deserter*



R. O. No.....  
 H. Q. No.....

32627

*1 Indit Card*



No. 742249 RANK Pte.

NAME *Mc Nulty Thomas*  
*Mc Nulty James J.*  
*Alp pay list*

T. O. S. 28-12-15  
 203 of Dec. 1915

UNIT 115th Battalion C E I.

M. D. 6

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

PAID FROM	PAID TO	SIG OR REC'T
1915	1915-	
Dec 28 1916	Dec 31 1916	-
Jan.		✓
Feb.		✓
Mar.		✓
Apr.		✓
May.		✓
June.		O.S.
July 1	July 14.	✓

*Postd to b. Coy. 1-1-16*

*001 of Jan. 1916.*

**UNIT SAILED**

**JUL 23 1916**

*Dischg. in. W. 17-7-16.*

*00 178.*

*9/c closed by charges. ✓*



SURNAME.

*McNulty*

*649.M-7968*

CARD NO. *m.m*

CHRISTIAN NAMES

*James Thomas*

FOLL.

*808. Dec. 13-7-16. 5*

REGL. NO.

*742249*

RANK

*Pte*

UNIT

*115th*

*Bn.*

FORMER CORPS

*Inf.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*McNulty, Moses Edward*

RELATIONSHIP TO SOLDIER

*Father*

ADDRESS

*217 Germain St. West.  
St. John, N. B.*

COUNTRY OF BIRTH

*Canada, West St John N.B.*

DATE

*Mar. 5<sup>th</sup> 1898.*

PLACE OF ATTESTATION

*City of St. John, N. B.*

DATE

*Dec. 28<sup>th</sup> 1915*

MARRIED

SINGLE

*yes*

WIDOWER

TRADE OR CALLING

*Teamster*

RELIGION

*Roman Catholic*

DESCRIPTION.

APPARENT AGE

*17* YEARS

*.9* MONTHS

HEIGHT

*5* FEET

*7 3/4* INCHES

CHEST MEASUREMENT

*37 1/2* INCHES

EXPANSION

*3* INCHES

COMPLEXION

*Ruddy*

EYES

*Hazel*

HAIR

*Wk. Brown*

DISTINGUISHING MARKS

*Nil*

MEDICAL EXAMINATION.

PLACE

*St John. N. B.*

DATE

*Dec. 28<sup>th</sup> 1915*

*Present address: - 217 Germain St., West St John  
N. B.*



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 115th. O.S. Battalion, C.E.F.

Regimental No. 742249 Rank Private Name McNulty, James Thomas

Enlisted (a) 28.12.15 Terms of Service (a) DefW <sup>C. E. F.</sup> Service reckons from (a) 28.12.15

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) \_\_\_\_\_

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				
19.7.16	105 <sup>th</sup>	BoS. Medically Unfit	Valcartier	17.7.16	DDP# 178.
					<p><i>Went</i></p> <p><i>Capt for Def</i></p>

(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, Shoeling Smith, etc., etc., also special qualifications in technical Corps duties.



# MEDICAL HISTORY SHEET.

Surname *McKully* Christian Name *James Thomas*

Examined { on *28* day of *December* 191*5*  
 at *W. John N.B.*  
 Birthplace { City or Town *W. John N.B.*  
 County *W. John N.B.*

Approved by *Wm. Starnick P.*  
 Rank *Capt.* M.O.

Apparent age *17 years - 9 mos.*  
 Trade or occupation *Teamster*  
 Height *5* Feet *7 3/4* Inches.  
 Weight *140* Lbs.  
 Chest measurement { Minimum *34 1/2* inches.  
 Maximum expansion *37 1/2* inches.  
 Physical development *Good*  
 Small-Pox Marks *None*

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left.  
 Number *2*

Date	Result	VACCINATIONS.
		M.O.
		M.O.
		M.O.

When Vaccinated last *In infancy*  
 (a) Marks indicating congenital peculiarities or previous disease *None*

(b) Slight defects but not sufficient to cause rejection  
*Teeth, need attention*  
*Vision R=D 30 L=D 30*

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<i>23/5/16</i>		<i>Wm. Starnick P.</i> M.O.
		M.O.
		M.O.

Enlisted on *28th* day of *December* 191*5* at *St. John N.B.*

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<i>115th Bata. 1st Div.</i>	<i>742249</i>		
Transferred to.. ..				

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<i>Valcour</i>	<i>13/7/16</i>	<i>Valvular Heart Disease Rheumatism</i>	<i>Discharged unfit</i>
		<i>McArthur Capt. name for A.D.M.S.</i>	

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.

*28/1/16  
29/1/16*



D M M

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..... 115<sup>th</sup> BATTN C.E.F.

(2) Regimental Number..... 742289.

(3) Full Name of Soldier..... Thomas, James McNulty.

(4) Place of Birth..... West St John N.B.

(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? .....

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

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

Also their names and ages.....

(9) Is your Father alive? *Yes*

If so, state name and address *Mr. E. Mc Nulty, 217 German St. West St. John*

(10) Is your Mother alive? *Yes*

If so, state name and address *Mrs. E. Mc Nulty,  
217 German St. West St. John N.B.*

(11) If your Mother is a widow? *No*

Are you her sole support, or not? *No*

(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.

Date *JUL 15 1916*

*William Cunningham*  
Officer Commanding  
O. C. 115TH OVERSEAS BATTALION, C.E.F.