

ATTESTATION PAPER.

No. 2633870

Folio. 29

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... **MacNulty**
- 1a. What are your Christian names?..... **Thomas**
- 1b. What is your present address?..... **Ship Harbor, Halifax, Co. N.S.**
- 2. In what Town, Township or Parish, and in what Country were you born?..... **St. John, N.B.**
- 3. What is the name of your next-of kin?..... **Margaret MacNulty**
- 4. What is the address of your next-of-kin?..... **Ship Harbor, Halifax, N.S.**
- 4a. What is the relationship of your next-of-kin?..... **Wife.**
- 5. What is the date of your birth?..... **10 March 1872.**
- 6. What is your Trade or Calling?..... **Millwright**
- 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?..... **No.**
Naval on
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 } **Yes**
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. **No.**
- 14. If so, what was the nature of the disability? **Nil.**
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?..... **No.**
- 16. If so, what was the reason?..... **Nil....**

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, **Thomas MacNulty**, 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 **4 January 1918.** 191 . *Thomas MacNulty* (Signature of Recruit)
A. L. Crosby Sergt. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **Thomas MacNulty**, 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 **4 January 1918.** 191 . *Thomas MacNulty* (Signature of Recruit)
A. L. Crosby Sergt. (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 **Sussex, N.B.** this **4** day of **January 1918.** 191 .

A. J. Small *A. L. Crosby* (Signature of Justice)

Description of Thomas MacNulty on Enlistment.

Apparent Age 45 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).

Height 5 ft. 10 ins.

Eyes: R.D. 40
L.D. 40

Chest measurement { Girth when fully expanded 39 1/2 ins.
 Range of expansion 2 1/2 ins.

Hearing Normal

Complexion Fresh

Eyes Brown

Hair Black

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 he declares that he is not subject to fits of any description.

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

Date 4 January 1918. 191

Place Sussex, N.B.

J. E. Mc. 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.

Thomas MacNulty 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.

Lieut.

J. H. Curry (Signature of Officer)

O.C. No. 2 N.B. Forestry Coy., C.E.F.

Date 4 January 1918. 191

MAC ~~M~~ULTY THOMAS

2633870

FORESTRY DEPOT

32364

S.N.L.R.

FB.



CEP REGIMENTAL DOCUMENTS
WAR SERVICE RECORDS D.V.A.

1874

1874

No. 2633870 RANK

Pte.

NAME

McKully, Thos.

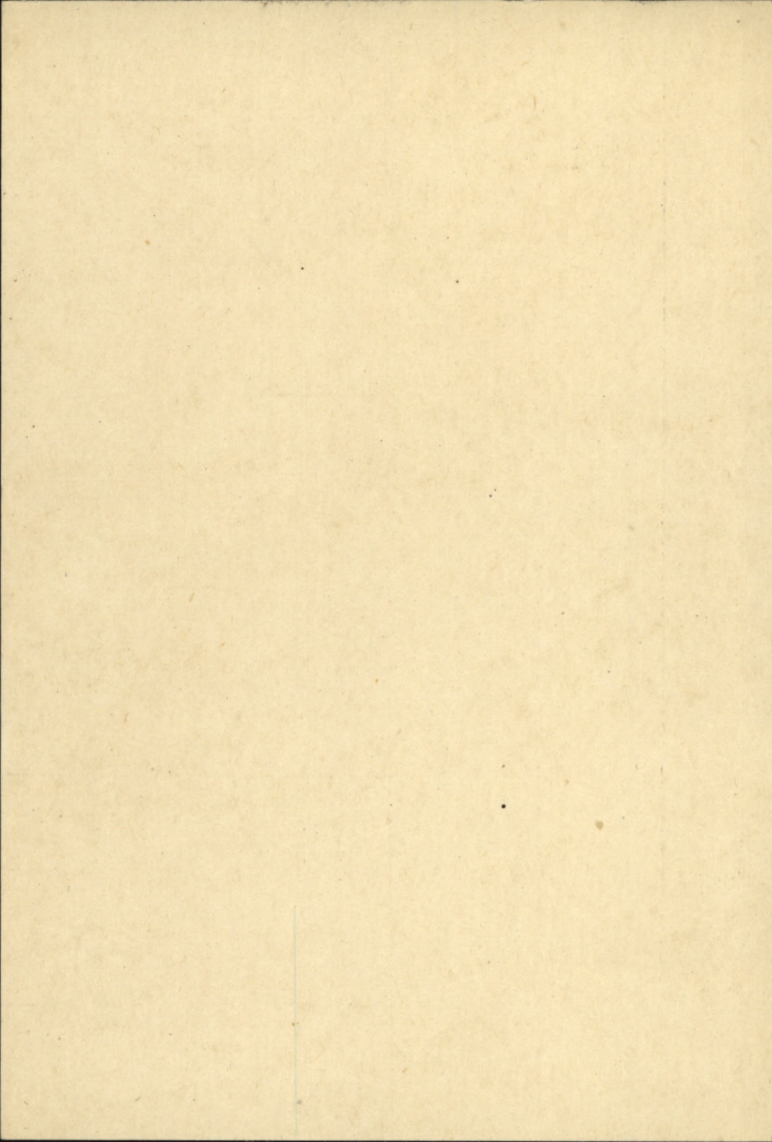
T. O. S. 29-12-17 D.O. 4 UNIT

Can. Expeditionary Force Details,
of 4-1-18 no 2 Forestry Unit.

M. D.

7

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Dec. 29	1918 Jan. 31	n		



SURNAME.

Mac. Nulty

CARD NO.

4

CHRISTIAN NAMES

Thomas

SOS 6212 11/3/18, 7 3

REGL. No.

2633870

RANK

Pte.

UNIT

Forestry Dep. (M.P.C.)

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Mac. Nulty, Mrs. Margaret

RELATIONSHIP TO SOLDIER

Wife

ADDRESS

Ship Harbour, Halifax, N.S.

COUNTRY OF BIRTH

Canada St. John, N.B.

DATE

Mar 10th 1872

PLACE OF ATTESTATION

Sussex, N.B.

DATE

Jan. 4th 1918

MARRIED

Yes

SINGLE

WIDOWER

TRADE OR CALLING

Millwright

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

45 YEARS

9 MONTHS

HEIGHT

5 FEET

10 INCHES

CHEST MEASUREMENT

39½ INCHES

EXPANSION

3½ INCHES

COMPLEXION

Fresh

EYES

Brown

HAIR

Black

DISTINGUISHING MARKS

nil.

MEDICAL EXAMINATION.

PLACE

Sussex, N. B.

DATE

Jan. 4th 1918

*Present Address - Ship Harbour,
Halifax, N. S.*

No. 2 N. B. FORESTRY COY. C. E. F.

Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 103.)

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. No. 2 N.B. Forestry Coy., C.E.F.

Regimental No. 2633870 Rank Pte. Name Thomas MacNulty

C. E. F.

Enlisted (a) 29-12-17 Terms of Service (a) War Service reckons from (a) 29-12-17.

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) Military Nil. Millweight.

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				
			<u>R. C. & F. Depot, Brockville, Ont.</u>	<u>JAN 15 1918</u>	

Transferred to

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

Casualty Form - Active Service

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				

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

1-ORIGINAL

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 2633870 Rank Private Name McNulty, T.

Corps Forestry Depot who was* Discharged

On March 11th. 1918 1918, to.....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from March 1st. 1918, to March 11th 1918, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....	10	00
Advances by Cheques } No.....			Regt'l Pay <u>11</u> days at \$ <u>1</u> c. <u>00</u>	11	00
} No.....			Field Allow. <u>11</u> days at \$ c. <u>10</u>	1	10
Assigned Pay and Sep'n Allice. No. <u>5102</u>	9	13	Separation Allowances* (Monthly) To date of discharge	9	13
Other charges			Other Allowances*		
Payment on transfer or discharge No. <u>497</u>	22	10	Other Credits*		
Balance Cr. (to be paid by the new unit).....			Bal. Dr. (to be deducted by new unit).....		
Total.....	31	23	Total.....	31	23

* Give particulars.

A monthly stoppage of \$ 15.00 (†) has Not (†) been paid on account of Assigned
 { Pay for the month of March 1918 }
 { and Sep'n Allice. for month of March 1918 } (to) Assignee Mrs. M. McNulty,
 (Address) Eastern Ship Harbour, Halifax, N.S.

(†) 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 29 - 12 - 17
- (2) if married and if a Separation Allowance Card has been submitted.....
- (3) cause of discharge Services no longer required authority 3 M.D. 44-M-662
- (4) authority for transfer

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date 11 - 3 - 18

Place Brockville, Ont.

[Signature]
Capt.
Forestry Depot. Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.
 For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.
 If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

EAST PAY CERTIFICATE

The Contingent is hereby notified that the following members have been appointed to the rank of Sergeant Major and are entitled to the corresponding pay and allowances.

1. *[Name]* (Service No. *[Number]*)
2. *[Name]* (Service No. *[Number]*)
3. *[Name]* (Service No. *[Number]*)

The above-named members are appointed to the rank of Sergeant Major with effect from the date of their appointment, and their pay and allowances shall be fixed accordingly.

This certificate is issued in accordance with the provisions of the *[Regulation]* and the *[Act]* relating to the pay and allowances of the members of the Canadian Contingent Expeditionary Force.

Witness my hand and the seal of the Department of the Army at Ottawa, this *[Date]* day of *[Month]*, 191*[Year]*.

[Signature]
Colonel *[Name]*,
Adjutant-General, Canadian Contingent Expeditionary Force.

[Signature]
Lieutenant-Colonel *[Name]*,
Adjutant-General, Canadian Contingent Expeditionary Force.

[Signature]
Major *[Name]*,
Adjutant-General, Canadian Contingent Expeditionary Force.

[Signature]
Captain *[Name]*,
Adjutant-General, Canadian Contingent Expeditionary Force.

44-M-662

MEDICAL HISTORY OF AN INVALID.

ORIGINAL

- 1. Station. *Brockville*
- 2. Regiment or Corps. *Forestry Dept.*
- 3. Regimental No. and Rank. *#2633870 Private*
- 8. General remarks on his:—
- (a) Conduct. *Good*
- (b) Habits. *Good*

- 4. Name. *McAnulty, Thomas*
- (c) Temperance. *Temperate*
- 5. Age last Birthday. *27 years*. (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)
- 6. Enlisted on *4th Dec. 1917*.
- at *Sussex N.B.*
- 7. Former Trade or Occupation. *Mill-wright.*
- Date. *25-2-18*

9. Service. *Yes* Years. *82* Days.

PERIODS.	
FROM.	TO.
<i>Dec. 4 / 17</i>	<i>Feb. 25 / 18</i>

15. Is he unfit for Military Service? *Yes*

①

- 10. (a) Disease or disability. *Overage*
- (b) Date of origin. *Not applicable*
- (c) Place of origin. *Not applicable*
- (d) Cause. *Natural*

11. Present Condition. (Most Important) *Overage*
 (To include full description of present disabling condition or conditions.)

- 12. (a) Is the disability the result of service or climate? *No*
- (b) Has it been aggravated by intemperance, vice or misconduct? *No*

ORIGINAL

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

(b) Habits
None

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

Not applicable.

(c) 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. Treatment

Not applicable

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

Not applicable

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

Not applicable

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

Not applicable

18. State if for discharge on account of unfitness for Service.

No discharge - Overage

Johnathan, Capt

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depot.

Recommendations:

Signature:

Date of final Medical Board or decision.

Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.

150 m-5-16.
H. Q. 1772-39-117.

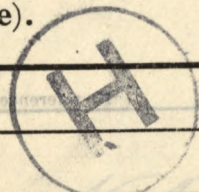
Date	Name	Disability	Regimental No.	Rank	Corps	Station	Hospital or Station transferred to for final disposal.	Date of final disposal	How finally disposed of

The original Report is invariably to accompany the discharge documents of invalids.

This space to be for numbers

Proceedings on Discharge.

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



No.	2633870
Rank	Private
Surname	MacNULTY
Christian Name	Thomas
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	FORESTRY DEPOT, C.E.F.
Date of Discharge	March 11th, 1918.
Place of Discharge	Brockville, Ont., Canada.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

	Descriptive Marks
Age.....46..... years.....0..... months.	
Height.....5..... feet.....10..... inches.	
Complexion	Fresh
Eyes	Brown
Hair	Black
Trade	Millwright
Intended place of residence	East Ship Harbor, Halifax, N.S., Canada.
(To be given as fully as practicable.)	

2. The above-named man is discharged in consequence of
 "Services no longer required, under H.Q. 16/1/25
 dated 31/10/17. (3MD 44-M-662, dated 7/3/18.)"

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.

3. Conduct and character while in the service have been, according to the records, etc.

GOOD *Grant*

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Millwright

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

N I L

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

6. Medals and Decorations.....

N I L

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)..... Brockville, Ont.

Sawhdy
Major,
Commanding FORESTRY DEPOT C.E.F.

(Date)..... MAR 11 1918

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)..... Brockville, Ont.

T. Mac Nulty
Mark
(Signature of Soldier.)

(Date)..... MAR 11 1918

G. B. Estman
(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.

T. Mac Nulty
Mark
(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years...6...days.

Total.....years...6...days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place)..... Brockville, Ont.

Sawhdy
(Signature)..... Major,

(Date)..... MAR 11 1918

O.C. FORESTRY DEPOT 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.)

List of Discharge Documents.

L I N

<p>Attestation Paper, Militia Form B. 232.</p>	<p>Reg. Conduct Sheet, Militia Form B. 203. <i>T. Mac Nulty</i></p>
<p>Proceedings on Discharge, B. 218.</p>	<p>Conduct Sheet, B. 203a. <i>F.S.O. TORDY</i></p>
<p>(a) Proceedings on Discharge. (b) Attestation. (c) Medical History Sheet (in the event of such having been prepared).</p>	<p>Copies of Convictions, by C. P. in Ms. 21. Med. Hist. Sheet, Militia Form B. 313. Medical Report for Invalid, B. 227. Statement of Man's Account on Transfer and Last Pay Certificate, D. 875. *Only if discharged "Medically unfit".</p>

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.

1.01/3/7 being 2003-2004

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.

Attestation Paper, Militia Form B. 235.

Squadron }
Battery } Conduct Sheet, " B. 263a.
Company }

Proceedings on Discharge " B. 218.

Copies of Convictions, by C. P. in MS.

Med. Hist. Sheet, Militia Form B. 313

In the case of recruits who are rejected on final approval, the discharge documents will consist of

Medical Report for Invalid* " B. 227.

(a) Proceedings on Discharge.

Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

*Only if discharged "Medically unfit."

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.

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]
(Signature of Soldier)

10. Statement of Service.

Service toward Engagement to: (the date to which the Record of Service is completed) 6 years 7 days.

Total: 6 years 7 days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) Brookville, Ont.

(Date) MAR 11 1919

[Signature]
(Signature)