

**PARTICULARS OF RECRUIT**  
**DRAFTED UNDER MILITARY SERVICE ACT, 1917**

(Class *One*)

1. Surname *McRoberts*  
 2. Christian name *David Chambers*  
 3. Present address *Chaplin, Sack*  
 4. Military Service Act letter and number *LR 265654*  
 5. Date of birth *Feb 28<sup>th</sup> 1884*  
 6. Place of birth *Glencoe, Ont.*  
(town, township or county and country)  
 7. Married, widower or single *Single*  
 8. Religion *Presbyterian*  
 9. Trade or calling *Farmer*  
 10. Name of next-of-kin *Chambers McRoberts*  
 11. Relationship of next-of-kin *Father*  
 12. Address of next-of-kin *Chaplin, Sack*  
 13. Whether at present a member of the Active Militia *No*  
 14. Particulars of previous military or naval service, if any *No*  
 15. Medical Examination under Military Service Act:—  
 (a) Place *Moos Jaw* (b) Date *Oct. 26<sup>th</sup>* (c) Category *A2*

*Exempted from military service 29/12/23-87*

**DECLARATION OF RECRUIT**

I, *David Chambers McRoberts*, do solemnly declare that the above particulars refer to me, and are true.

*D. C. McRoberts* (Signature of Recruit)

**DESCRIPTION ON CALLING UP**

Apparent age *28* yrs. mths.  
 Height *5* ft *9* ins.  
 Chest measurement } fully expanded *35* ins.  
 } range of expansion *3* ins.  
 Complexion *Med.*  
 Eyes *Grey*  
 Hair *Brown*

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

*H. J. Dinnie* O. C. *First* Depot Btln. *Sack* Regt.

Place *Regina, Sack* Date *16/1/18*

# PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

Class

1	Surname	<i>Smith</i>
2	Christian name	<i>John</i>
3	Present address	<i>123 Main St. Toronto</i>
4	Military service No. (if any) and number	<i>12345678</i>
5	Date of birth	<i>1st Jan 1890</i>
6	Place of birth	<i>London, Ontario</i>
7	Married or widow or single	<i>Single</i>
8	Religion	<i>Methodist</i>
9	Trade or calling	<i>Labourer</i>
10	Name of next of kin	<i>John Smith</i>
11	Relationship of next of kin	<i>Brother</i>
12	Address of next of kin	<i>123 Main St. Toronto</i>
13	Whether subject to military law	<i>Yes</i>
14	Particulars of previous military or naval service, if any	<i>None</i>
15	Medical examination under Military Service Act	<i>Fit</i>
16	Place of birth (if different from 6)	<i>London, Ontario</i>

## DECLARATION OF RECRUIT

I, *John Smith*, do solemnly declare that the above particulars are true and are true to the best of my knowledge and belief.

(Signature of Recruit)

## DESCRIPTION OF CALLING

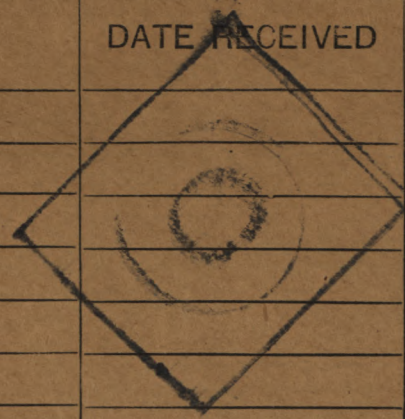
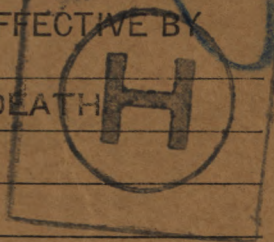

1	Apprentice	<i>None</i>
2	Hand	<i>None</i>
3	Chief	<i>None</i>
4	Supervisor	<i>None</i>
5	Manager	<i>None</i>
6	Proprietor	<i>None</i>
7	Other	<i>None</i>

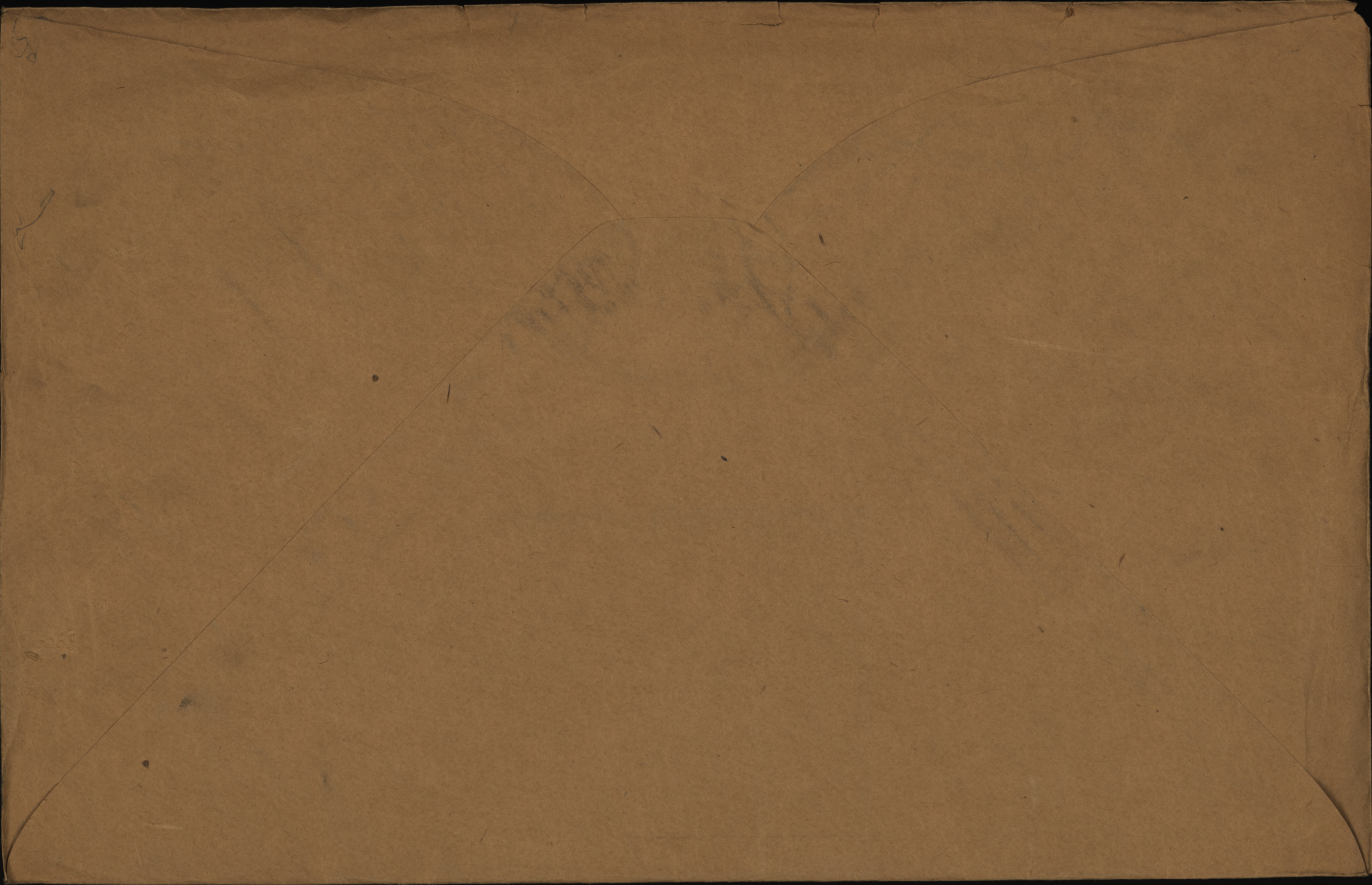
Detachment  
Regiment

REGIMENTAL DOCUMENTS

NAME McROBERTS DAVID CHAMBERS REGT. NO. 257342 UNIT \_\_\_\_\_

H. Q. FILE NO. \_\_\_\_\_

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY	
3 1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH 	
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)						Category
TRAINING HISTORY SHEET (M.F.W. 113)						
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)						
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)						
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)						
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)						DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)						Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)						<i>Exemption</i>
MEDICAL EXAMINATION (M.F.W. 129)						
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)						
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)						
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION	
LAST PAY CERTIFICATE (M.F.W. 44)						
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)				34805		
PARTICULARS OF CHARACTER (A.F.W. 3225)						
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)						
1 <i>Misc</i>						



SURNAME.

*Mc Roberts.*

12.

CARD NO.

CHRISTIAN NAMES

*David Chambers.*

FOLL.

REGL. NO.

*257342.*

RANK

*Pte.*

UNIT

*Sask Regt 1<sup>st</sup> Dps Bn.*

FORMER CORPS

*nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Mc Roberts. Chambers*

RELATIONSHIP TO SOLDIER

*Father.*

ADDRESS

*Chaplin, Sask.*

COUNTRY OF BIRTH

*Canada. Glencoe Ont.*

DATE

*Feb 28<sup>th</sup> 1884.*

PLACE OF ATTESTATION

*Regina, Sask.*

DATE

*Jan 16<sup>th</sup> 1918.*

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

# FORM OF WILL

I, David Chambers McRoberts (Name in full)

Regimental Number 257342 serving in 1st Depot Batta Sask. Regt.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

Mr. C McRoberts  
Chaplin  
Sask.

Name and Address  
of person or  
persons to whom  
it is to go.

absolutely, and my personal estate I bequeath to

Mr C. McRoberts  
Chaplin  
Sask.

Name and Address  
of person or  
persons to receive  
personal estate\*  
(See note).

## NOTE

This space for the  
appointment of  
Executor if  
necessary.

## IMPORTANT NOTE

This must be signed  
and Dated by  
THE SOLDIER  
HIMSELF.

this 16<sup>th</sup> day of January A.D. 1918

D. C. McRoberts Signature of Soldier.

\*N.B. Personal estate includes ~~pay, effects, money in bank, insurance policy, in fact~~ everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness L. Bennett

Address of Witness 1st Depot Batta Sask. Regt.

THE TWO  
WITNESSES

Occupation of Witness Soldier

MUST  
SIGN HERE

Signature of Second Witness G. Grindlay

Address of Witness 1st Depot Batta Sask. Regt.

Occupation of Witness Soldier

FORM OF WILL

STATE OF CALIFORNIA

I, \_\_\_\_\_ of the County of \_\_\_\_\_ State of California, do hereby certify that the foregoing is a true and correct copy of the original of the will of \_\_\_\_\_ deceased, as the same appears from the records of the County Clerk of said County.

Given under my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_.

\_\_\_\_\_  
County Clerk



Original not available

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.

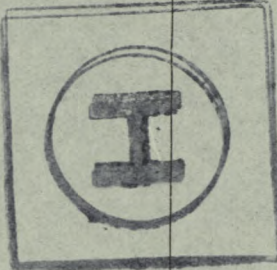
Unit, Regiment or Corps. 1st P. B. Sask. Regt.

Regimental No. 257342 Rank Pte Name Mc Roberts David Chambers  
C. E. F.

Enlisted (a) 16.1.18 Terms of Service (a) DoFW Service reckons from (a) 16.1.18

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				
21.9.18	115 R.	Sos. Granted Exemption	Regina	20.9.18	150 264
					
<p><del>closed. sent.</del></p> <p>for W/R</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, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. P.T.O.



OCT 29 1917

MILITARY SERVICE ACT, 1917.

257342

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

- 1. Surname McRoberts Christian name David Chambers
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule. GR 265654
- 3. Consecutive number on schedule of men reporting for service (if he appears on it) 24 Moose Jaw
- 4. Address (including street and number, if any) Chaplin Sask.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 26th day of Oct. 1917, by the undersigned medical board sitting at Moose Jaw.

- 5. Age as stated 28 Years 0 Months.
- 6. Apparent age 28 Years 0 Months
- 7. Height 5 Feet 9 Inches.
- 8. Weight 135 Pounds.
- 9. Chest measurement { Minimum 32 Ins. Maximum 35 Ins.
- 10. Complexion Med. { Eyes Grey Hair Brown
- 11. Physical development Good { Good Fair Poor
- 12. Smallpox marks.
- 13. Number of vaccination marks { Right arm Left arm None
- 14. When vaccinated last Never
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease
- 16. Slight defects but not sufficient to cause rejection

The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis (Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category AH R.V. 20/20 L.V. 20/20 Hearing R. Nor. L. Nor.

Signature of Man W.C. McRoberts

No. 6 Ckd. to Schedule by A. D. D. D.

W. H. H. H. Member. E. H. H. H. Member. President.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		<u>John Whyte</u> M.O.			<u>John Whyte</u> M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 16th day of Jan. 1918 at Regina

COPIES	REG'TL NUMBER	HABITS	DATE
<u>1st. Depot Batt. Sask. Regt.</u>	<u>257342</u>		<u>16/1/18</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.			
STATION	DATE	DISEASE	RESULT

N. B.—This sheet is 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.

