

## ATTESTATION PAPER.

No. 2704361

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... Savoy
- 1a. What are your Christian names?..... William Joseph
- 1b. What is your present address?..... Barryville, North Co. N.B.
2. In what Town, Township or Parish, and in what Country were you born?..... Barryville, North Co. N.B.
3. What is the name of your next-of kin?..... Joseph Savoy
4. What is the address of your next-of-kin?..... Barryville North Co. N.B.
- 4a. What is the relationship of your next-of-kin?..... Father
5. What is the date of your birth?..... 15th August 1896
6. What is your Trade or Calling?..... Labourer
7. Are you married?..... Single
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
9. Do you now belong to the Active Militia?..... Yes 3rd C.G.A.
10. Have you ever served in any Military Force?..... Yes as above 5 months  
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
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, William Joseph Savoy, 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.

William Joseph Savoy (Signature of Recruit)

Date 12th October 1918 191 . J. H. Ludwig (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Joseph Savoy, 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.

William Joseph Savoy (Signature of Recruit)

Date 12th October 1918 191 . J. H. Ludwig (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 West St. John N.B. this 12th day of October 1918 191

Wm R. Scott (Signature of Justice)

**Description of William Joseph Savoy on Enlistment.**

Apparent Age 22 years 2 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. 4 ins.

Chest measurement { Girth when fully expanded 36 ins.  
 Range of expansion 2 ins.

Complexion Fair

Eyes Grey

Hair Brown

Religious denominations. { Church of England  
 Presbyterian  
 Methodist  
 Baptist or Congregationalist  
 Roman Catholic X  
 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 12th October 1918 191 .

Place West St. John N.B.

*J. R. Nelson*  
*Captain*  
 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:—

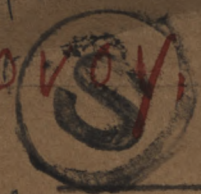
**CERTIFICATE OF OFFICER COMMANDING UNIT.**

Private William Joseph Savoy 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. Morgan Major*  
 (Signature of Officer)

Date 1918 .

270  
25/10/19



WILLIAM JOSEPH. Pte. 2704361

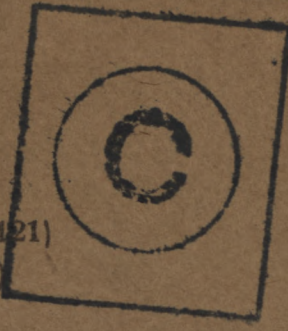
Det. "B" Coy. 7<sup>th</sup> Bn. C. G. R.

**O. H. M. S.**

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*Demob*



1 B.P.C. 167.

34441





NAME

*W. J. Savoy*  
SAVOY

W. J.

REGIMENTAL NO.

2704361

RANK

*Private*  
private

ENLISTED AT

West St John N.B.

PROMOTIONS, &c.  
AND DATE

DATE

Oct 12th 1919

IF SERVED PREVIOUSLY. STATE UNIT. &c.

MARRIED, WIDOWER, OR SINGLE

NEXT OF KIN

RELATIONSHIP

ADDRESS OF

ASSIGNMENT OF PAY \$

C.

TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

## CASUALTIES, &amp;c.

## NATURE

## PART II. D. O.

## REMARKS

E.G. ABSENCE, PROMOTION, &amp;c.

No.

DATE

IF IN HOSPITAL, NOTE NAME, &amp;c.

33 ~~33~~  
T.O.S.

167

14-10-18

S.O.S.

232

18-12-18

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

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

330m.—5-16

H. Q. 1772-39-910.

# Casualty Form—Active Service.

Unit, Regiment or Corps. 7th Battn. C.G.R. C.E.F.

Regimental No. 2704361 Rank Private Name SAVOY, William Joseph  
C. E. F.

Enlisted (a) 12.10.18 Terms of Service (a) Duration of War Service reckons from (a) 12.10.18

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				
<u>20-8-18</u>	<u>Ob. 74th Bn C.F.C.</u>	<u>S. D. S. n discharge in consequence of Redaction of military Forces in Canada</u>	<u>Newcastle NB</u>	<u>12 <sup>17</sup>/<sub>14</sub></u>	<u>With. Routine order 1378 of 18-11-16. Daily order Part 2 # 732. dated 18-12-18</u>
<u>J. B. P. + help capt + adj.</u> <u>for. Ob. 74th Bn. 1st Lt. C.E.F.</u>					

(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, Shoing Smith, etc. etc. also special qualifications in technical Corps duties. [P.T.O.]

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				



# MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 2704361 Rank Private Surname Sarsy William Joseph  
(Given name in full)

Unit or Corps B. Co. 7<sup>th</sup> Battalion C.P.R. Birthplace Barryville

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer).

**1. GENERAL DESCRIPTION:**

Physique Good Weight 146 lbs. Height 5 ft. 6 in. Colour of Eyes Blue  
 Nutrition Good  
 Pulse 72  
 Condition of arteries Good  
 Vision Rt. 20/20 Left 20/20  
 Hearing (conversational voice) Rt. 15 ft.  
 Left 15 ft.

Identification marks, scars, or deformities.  
 (Give cause and date of origin).  
Left chest - flat congenital  
Old fractured thigh (right)

Opinion as to general health and physical condition Good

**2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)**

Nervous System No Genito Urinary Sytem No Cardio-Vascular System No  
 Special Senses No Integumentary System No Respiratory System No  
 Disturbance of mentality No Muscular System No Digestive System No  
 Osseous and Joint System No Any other general condition No

**3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.**

**EXAMINATIONS.**  
**THIS SECTION FOR USE OVERSEAS—**

Examined at ..... (Overseas)

Date ..... Signed ..... M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

**THIS SECTION FOR USE IN CANADA—**

Examined at *Newcastle, N.B.* (Canada)

Date ..... *12-12-18* ..... Signed *R. Nicholson* ..... M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to, or during service.

Signature *William L. Savoy* .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE

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

regimental No. 2704361 Rank Pte Name Savoy W.J.  
 Corps 7th. Bn. C.G. Regt who was\* Discharged  
 On 12-12-18 191... to .....  
 \*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-12-18 191...  
 to 12-12-18 191..., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month		05
Advances } No. ....			Regt'l. Pay .... <u>12</u> days at \$... <u>1.00</u>	12	00
by } Cheques } No. ....			Field Allow. .... <u>12</u> days at \$..... <u>c.10</u>	1	20
Assigned Pay and Sep'n Allee. No. ....			Separation Allowances* (Monthly) .....		
Other charges <u>Canteen</u> .....	18	50	Other Allowances* .... <u>Clothing</u> .....	35	00
<u>C.D.V.</u> .....	1	75	Other Credits* .....		
Payment on transfer or discharge N <u>4841</u> .....	28	00	Bal. Dr. (to be deducted by new unit) .....		
Balance Cr. (to be paid by the new unit) .....					
<b>Total</b> .....	<b>48</b>	<b>25</b>	<b>Total</b> .....	<b>48</b>	<b>25</b>

\*Give particulars.

A monthly stoppage of \$..... (†) has..... (‡) been paid on account of Assigned  
 { Pay for the month of ..... 191... }  
 { and Sep'n Allee. for month of ..... 191... } (to) Assignee ..... nil  
 (Address) .....

(†) 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.

Out Allowance of \$..... has been paid by Paymaster, Military District No. ....

REMARKS:—

State (1) date of enlistment .... 29.4.18 .....

(2) if married and if a Separation Allowance Card has been submitted nil .....

(3) cause of discharge .... Demobilization ..... authority R.O. 1328 .....

(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 December 28th., 1918...

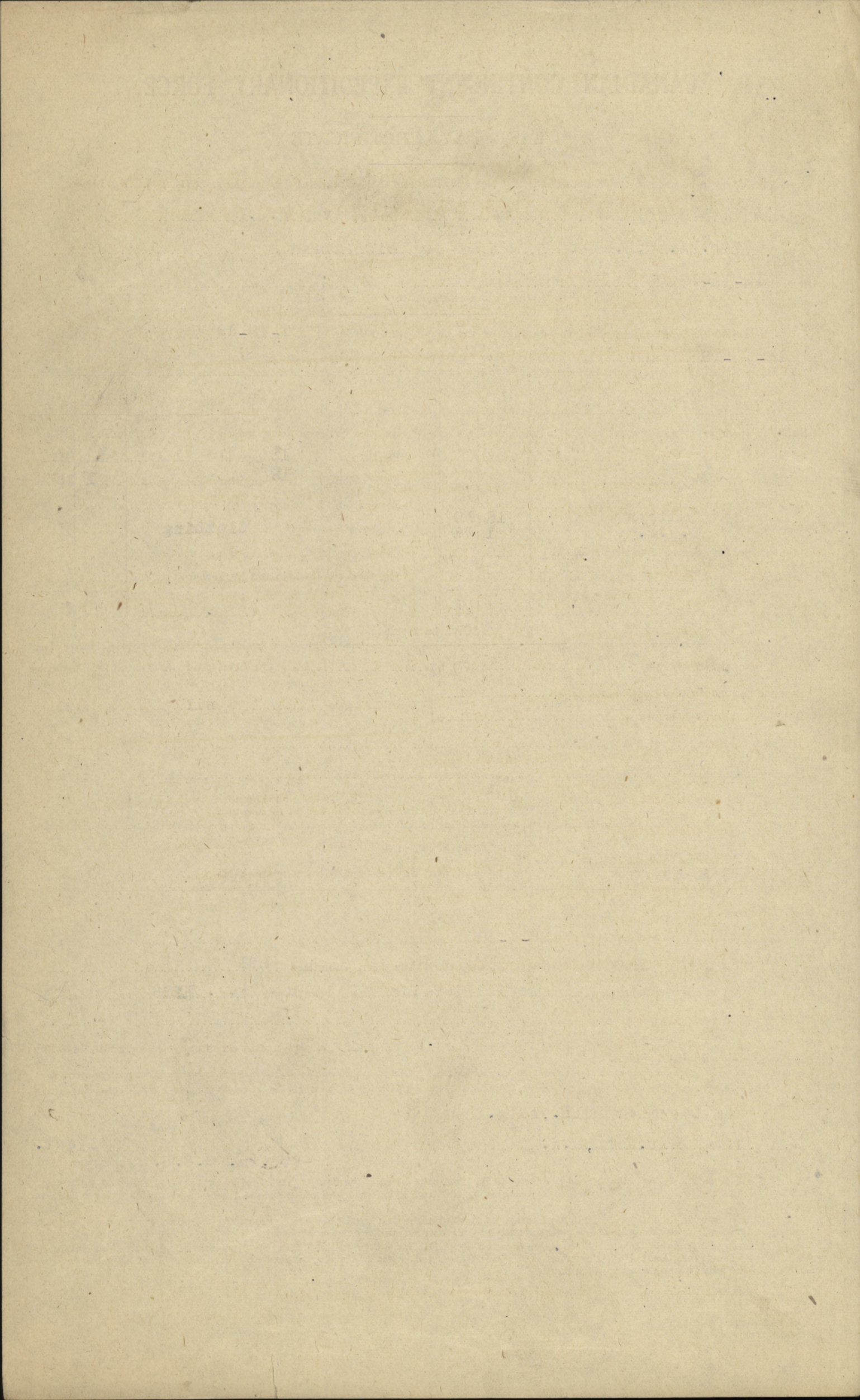
Place .... St. John, N.B. .....

*[Signature]*  
 7th. Bn. C.G.R. Paymaster. Lieut.

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 EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 2704361 (Rank) Pte

Name (in full) William Joseph Savoy enlisted in

the 3rd B.G.A. 27-4-18 Transferred to 7th Bn. C.G.A.

CANADIAN EXPEDITIONARY FORCE at Newcastle on the 6

day of November 1918

HE served in Canada

and is now discharged from the service by reason of

R. O. 1328

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age 22 yr. 4 mo.

Height 5 ft. 6 in

Complexion Light

Eyes Blue

Hair Light Brown

William Savoy  
Signature of Soldier

Marks or Scars

Left chest flat congenital  
Old fracture thigh (right)

J. E. Marshall Capt. for  
Lt. Col. F. V. Wedderburn

Issuing Officer

Captain  
O.C. 7th Bn. (C.G.A.)

Rank

Appointment

Date of Discharge Dec 12, 1918

Signed at Newcastle this Twelfth day of December 1918

in Military District No. 1

File Reference No. \_\_\_\_\_

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 2704361 (Rank) Pte Name William Joseph Savoy  
Unit 7th Bn. C.G.R.  
Address on Discharge New Jersey N.J.  
Character and Conduct Good

Former Occupation Labourer

Special Qualifications of Value in Civil Life Nil

Medals and Decorations Nil

Remarks

Signed at New Castle this Twelfth day of December 1918

W. J. Savoy  
Name of Officer

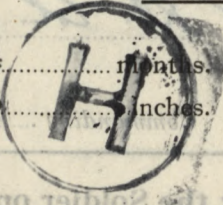
Captain  
Rank

C.C.F. V. Detachment  
Appointment

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.	2704361
Rank	Private
Surname	Savoy
Christian Name	William Joseph
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	Det "B" Coy 7th Bn.C.G.R. C.E.F.
Date of Discharge	December 12th 1918
Place of Discharge	Newcastle. N. B.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age 22 years 4 months	 <p>Descriptive Marks</p> <p>Left chest flat congenital Old fracture thigh (right)</p>
Height 5 feet 6 inches	
Complexion Light	
Eyes Blue	
Hair Light Brown	
Trade Labourer	
Intended place of residence } New Jersey. N. B. (To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of <i>Reduction of Military Forces in Canada</i> <i>huth</i> R.O.#1328 <i>d/18-11-18</i>	
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.	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc.
	Good
	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.)
	Nil

M. F. B. 218.

100M.—1-17.  
H. Q. 1772-39-113.

(OVER)

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

Nil

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

6. Medals and Decorations.....

Nil

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) Newcastle. N. B.

(Date) December 12th 1918

Commanding

*J. March Capt. J.  
Lt. Col. F.V. Wedderburn  
7th Bn. C.G. R. C.E. 7.*

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) Newcastle. N. B. *William Joseph Savoy* (Signature of Soldier.)

(Date) Dec 12th 1918 *J. March Capt.* (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.

*William Joseph Savoy* (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years 21 days.

Total.....years 21 days.

11. Confirmation of Discharge.

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

(Place) Newcastle. N. B.

(Date) Dec 12th 1918

*J. March Capt. J.  
Lt. Col. F.V. Wedderburn  
O. C. 7th Bn. Canadian Garrison Reg.*



**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.**

I have no Reservations to make

*William Joseph Savoy.*

<p>Record of Service. B. 218</p>	<p>Reg. Conduct Sheet, Militia Form B. 203 B. 203a 81-4-92 to 1901 B. 203b Company Battalion</p>
<p>Proceedings on Discharge B. 218</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. 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. 877 *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 herein.

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.

I have no Reservations to make  
*William Joseph Perry*

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
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**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

*William Joseph Perry* (Signature of Soldier)

Statement of Service.

I have served in His Majesty's Service from the date of my enlistment to (the date to which the Record of Service is complete) 1877

Total years 2 1/2

Confirmation of Discharge.

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

The Commandant, H. B. 24

*W. J. Perry*  
(Signature)