C.A.M.C.
C.E.F.

Substitute for ~~Triplicate~~
Original destroyed by fire 6-12-17.

ATTESTATION PAPER.

No. 536591

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? Truswell
1a. What are your Christian names? Harry
1b. What is your present address? 63 Hawthorne Ave., St. John N.B.
2. In what Town, Township or Parish, and in what Country were you born? Belfast, Ireland
3. What is the name of your next-of kin? Henry Truswell
4. What is the address of your next-of-kin? 63 Hawthorne Ave St John N.B.
4a. What is the relationship of your next-of-kin? Father
5. What is the date of your birth? 15 June 1899
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
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? —
14. If so, what was the nature of the disability? —
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? —
16. If so, what was the reason? —

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Harry Truswell, 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.

(Sgd) Harry Truswell (Signature of Recruit)

Date 10 July 1917. (Sgd) John R. Miller (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Harry Truswell, 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.

(Sgd) Harry Truswell (Signature of Recruit)

Date 10 July 1917. (Sgd) John R. Miller (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 St. John N.B. this 10 day of July 1917.

(Sgd) John R. Miller J.P. (Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Certified True Copy.

Description of Truswell Harry on Enlistment.

Apparent Age 18 years 1 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 7 ins.

Chest measurement: Girth when fully expanded 31 ins.
Range of expansion 2 1/2 ins.

Complexion Medium

Eyes Blue

Hair Dark 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).

Eyesight
L 60 R 30
Hearing L. normal
R. Good.

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 7-7- 1917 (sgd) E. Thomas
Place St. John 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.

Harry Truswell 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.

(sgd) W. B. McVey Capt. (Signature of Officer)

Date July 11 1917 O.C. No 8 F. A. Depot C. E. F.
(sgd) W. Barnett.
Capt. O.C.

DESERTERS

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.

Name TAYLOR. HARRY

Regt. No. 536591 Rank Pte.

Corps a.m.c.

S.O.S. 28-3-18.

C

H

Proceedings of Court of Inquiry or on men reported Missing on Active Service 2

Attestation Papers 1

Declaration of change of name

Authority for special enlistments

Documents of re-enlisted men

Regimental Conduct Sheet 1

Compulsory Stoppages

Casualty Forms

Proceedings on ~~discharge~~ desertion. 2

Corps History Sheet

Date and No. of Deposit Receipt for Purchase Money and Amount

Parchment Certificate

Medical Report for Invalids

Medical History Sheet 1

Proceedings of Regt. Court Martial

Copies of Convictions by Civil Power

Company Conduct Sheet 1

Clothing Transfer Certificate

Inventory of Kit 1

Last Pay Certificate 1

M.F.B. 259 – 2
M.F.W. 71 – 1
M.F.W. 67 – 1

02922

H

M. F. W. 62.
50m.—9-16.
H. Q. 1772—39 935.

M. F. W. 71.—200M.—4-16.
1772—39—961.

NAME Truswell, Harry.

REGIMENTAL NO. 536591 RANK Pte.

ENLISTED AT 10-7-17. PROMOTIONS, &c. AND DATE

DATE St.John, N.B.

IF SERVED PREVIOUSLY, STATE UNIT, &c. Canadian Engineers 4 months. #2002333

MARRIED, WIDOWER, OR SINGLE Single.

NEXT OF KIN Henry Truswell. RELATIONSHIP Father.

ADDRESS OF 63 Hawthorne Ave.StJohn, N.B.

ASSIGNMENT OF PAY $ 20 C. TO Mrs.Elnor Truswell.

ADDRESS m 63 Hawthorne Ave. St.John, N.B.

SEPARATION ALLOWANCE, ENTITLED OR NOT No.

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II, D. O.		REMARKS IF IN HOSPITAL, NOTE NAME &c.
	No.	DATE	
Declared illegally absent by a Court of Inquiry from 27-3-18. Struck off the Strength of the Amb Training Depot, C.E.F. as a deserter 18-4-18.			
			Lt-Colonel, Amb. C.E.F. O.C. Amb Training Depot MD 6

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. 536591 Rank Private Name Harry TRUSWELL

Corps C.A.M.C., Training Depot MD 6 who was* discharged

On 18/4/18 191..., to -----

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from April 1st. 1918 191..., to April 18th. 1918., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month	18	50
Advances by Cheques No.			Regt'l Pay 18 days at $ 1 c. 00	18	00
Advances by Cheques No.			Field Allow. 18 days at $ -- c. 10	1	80
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges A.W.L. 27/3-18/4	25	30	Other Allowances*		
Payment on transfer or discharge No.			Other Credits*		
Balance Cr. (to ~~xxxxxxxxxxxxxxxxx~~)	13	00	Bal. Dr. (to be deducted by new unit)		
Total	38	30	Total	38	30

* Give particulars.

A monthly stoppage of $ 20.00 (†) has not (‡) been paid on account of Assigned Pay for the month of April 1918 and Sep'n Allce. for month of ---------- 191-- (to) Assignee Mrs. Eleanor Truswell

(Address) 63 Hawthorne Ave., St. John, N.B.

(†) 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 10-7-17

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

(3) cause of discharge S.O.S. as deserter authority Court of Enquiry

(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 April 23rd. 1918.

Place Halifax, N.S.

CAPTAIN, CAMC, TD, MD6 *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.

M. F. W. 44.

100M.—12-17.
H. Q. 1772-39-903.

Substituted: Original destroyed by fire 6-12-17.

MEDICAL HISTORY SHEET.

Surname Truswell Christian Name Harry

Examined on 7 day of July 1917 at St. John, N.B.

Approved by (Sd) E. O. Thomas

Rank Capt. M.O.

Birthplace City or Town Belfast County Ireland

Apparent age 18

Trade or occupation Labourer

Height 5 Feet 7 Inches.

Weight Lbs.

Chest measurement Minimum 29½ inches. Maximum expansion 31 inches.

Physical development Good

Small-Pox Marks Nil

Vaccination Marks Arm Right. Left. Number

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease Nil

(b) Slight defects but not sufficient to cause rejection Nil

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.
14/8/17		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
4/10/17		M.O.
17/10/17		M.O.
24/10/17		M.O.

Enlisted on 10 day of July 1917 at St. John, N.B.

	Corps.	Regt'l. Number.	Habits.	Date.
Joined on enlistment	No. 8 F. & V.	536591		10/7/17
Transferred to..	A.M.C.C.E.F.	536591		1/11/17

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.—5-15.
H. Q. 1772-39-439.

Surname Truswell Christian Name Henry

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
Halifax N.S.	1-11-17.										

Declared a deserter by a Court of Inquiry 18-4-18.

J. W. Thomson

Lt.-Colonel, C.A.M.C., C.E.F.
O.C. A.M.C. Training Depot M.D. 6.

Substituted: Original destroyed by fire 6-12-17.

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: A.M.C.C.E.F.

(2) Regimental Number: 536591

(3) Full Name of Soldier: Truswell Harry.

(4) Place of Birth: Belfast, Ireland.

(5) Are you married, or not? Single

(6) If married, state,
(a) Full name of your wife: —

(b) Present Postal Address: —

(7) Are you a widower? No.

(8) Have you any children? —

If so, give number of boys and girls: —

Also their names and ages: —

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address Harry Truswell, 63 Hawthorne Av., St. John, N. B.

(10) Is your Mother alive? Yes.

If so, state name and address Eleanor Truswell, 63 Hawthorne Ave, St. John, N. B

(11) If your Mother is a widow No.

Are you her sole support, or not? —

(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? —

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.

(Sgd) W. B. McVey, Capt. AMC
Officer Commanding.
O.C. No 8 Field Ambulance depot C.E.F.

Date 10-7-17

Orig Not Available

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

M. F. W. 54. (A. F. B. 105.
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps No. 8 Field Amb. Depot C.A.M.C.

Regimental No. 536591 Rank Pte C. E. F. Name Truswell, Harry

Enlisted (a) 10.7.17 Terms of Service (a) ..... Service reckons from (a) .....

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				
18.4.18	Camc	S.O.S. Deserter Auth 27.3.18 by C of I	Halifax	27.3.18	MxW 303

Clyde S. Scott

Jos D of R.

(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.

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				

PROCEEDINGS ON A SOLDIER BEING STRUCK OFF AS A DESERTER OR ABSENTEE.

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

No. 536591

Rank. Private

Surname Truswell

Christian Name Harry

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Compaany) A.M.C., CEF.

Date Struck Off ~~18-4-18~~ 27.3-18.

Place Struck Off Halifax, N.S.

MILITARY DISTRICT No. 6
HALIFAX, N.S.
NOV 9 1918
96-T-18
M.D. No. 6

1. DESCRIPTION AT THE TIME STRUCK OFF.
TO BE TAKEN FROM M.F.W. 23 AND M.F.B. 313.

		Descriptive Marks.
Age	18 years 9 months.	
Height	5 feet 7 inches	
Complexion	Medium	Nil.
Eyes	Blue	
Hair	Dark Brown	
Trade	Labourer	

2. The above man is struck off in consequence of being absent without leave from March 28th., 1918.

Deserter

(a) Date to be struck off 18-4-18 19

N.B.—Date soldier is to be struck off must be clearly stated by Court of Inquiry M.F.B. 303.

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

Good

M. F. B. 479.

10M.—9-17.
1772-39-1160.

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

Not Applicable

5. Medals and Decorations..... Not Applicable

6. His account is as stated on last pay certificate attached to proceeding.

(Place) Halifax, N.S.

(Date) 18-4-18

Lt-Colonel, CAMC, CEF.

Commanding AMC, Training Depot, MD6

7. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed)....years 283 days.

Total....years 283 days.

8. **Confirmation.**

The above named man is struck off as a deserter which is hereby confirmed.

(Place) Halifax, N.S.

(*Signature*).....

(Date)..... Commanding No..... Military District.

Remarks.

LIST OF DOCUMENTS REQUIRED FOR A SOLDIER WHO HAS BEEN STRUCK OFF AS A DESERTER.

(a) Proceedings Court of Inquiry.	M.F.W. 303 (two copies).
(b) Proceedings of Soldier struck off.	A.F.B. or M.F.B. 218.
(c) Attestation Paper (duplicate).	M.F.W. 23 or M.F.B. 235.
(d) Squadron, Battery or Company Conduct Sheet.	A.F.B. 121 or M.F.B. 263a.
(e) Regimental Conduct Sheet.	A.F.B. 120 or M.F.D. 263.
(f) ~~Field Conduct Sheet.~~	~~A.F.B. 122 (if Overseas casualty).~~
(g) Casualty Form.	A.F.B. 103 or M.F.W. 34.
(h) Medical History Sheet (duplicate).	A.F.B. 175 or M.F.B. 313.
(i) ~~Dental History Sheet.~~	~~M.F.W. 165.~~
(j) Transfer of Clothing Statement.	A.F.W. 3068 or M.F.C. 565.
(k) Last Pay Certificate	M.F.W. 44
(aa) Declaration of Court of Inquiry.	M.F.D. 250 (two copies)

LIST OF DOCUMENTS REQUIRED FOR A SOLDIER WHO HAS BEEN STRUCK OFF AS A DESERTER.

(a) Proceedings Court of Inquiry.	M.F.W. 303 (two copies).
(b) Proceedings of Soldier struck off.	A.F.B. or M.F.B. 218.
Casualty Card	M.F.W. 71
(c) Attestation Paper (duplicate).	M.F.W. 23 or M.F.B. 235.
(d) Squadron, Battery or Company Conduct Sheet.	A.F.B. 121 or M.F.B. 263a.
(e) Regimental Conduct Sheet.	A.F.B. 120 or M.F.D. 263.
(f) ~~Field Conduct Sheet.~~	~~A.F.B. 122 (if Overseas casualty).~~
(g) Casualty Form.	A.F.B. 103 or M.F.W. 54.
Particulars of 7 units	M.F.W 67
(h) Medical History Sheet (duplicate).	A.F.B. 178 or M.F.B. 313.
(i) ~~Dental History Sheet.~~	~~M.F.W. 465.~~
(j) Transfer of Clothing Statement.	A.F.W. 3068 or M.F.C. 565.
(k) Last Pay Certificate	M.F.W. 44.
(aa) Declaration of Court of Inquiry.	M.F.D. 259 (two copies).