

ORIGINAL

931543

## ATTESTATION PAPER.

No. 931543

No. 2 CONSTRUCTION, B'n. C.E.F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? *Thompson*
- 1a. What are your Christian names? *William Martin*
- 1b. What is your present address? *Chatham Ont.*
2. In what Town, Township or Parish, and in what Country were you born? *Colchester North Essex Co Ont.*
3. What is the name of your next-of-kin? *Mrs*
4. What is the address of your next-of-kin? .....
- 4a. What is the relationship of your next-of-kin? *mother*
5. What is the date of your birth? *May 21<sup>st</sup> 1892*
6. What is your Trade or Calling? *Blacksmith*
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, ....., 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 *Sept 26* 191*6* *W M Thompson* (Signature of Recruit)  
*L B Young* (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, ....., 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 *Sept 26* 191*6* *W M Thompson* (Signature of Recruit)  
*L B Young* (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 *Chatham* this *27* day of *Sept* 191*6*  
*John W. Corne* (Signature of Justice)

*Carded*  
*9-4-17*  
*A.H.*



# Description of Thompson William Martin on Enlistment;

Apparent Age.....24.....years .....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. 8 ins.

Chest measurement { Girth when fully expanded.....35 ins.  
 Range of expansion.....4 ins.

Complexion.....Dark

Eyes.....Brown

Hair.....Black

Religious denominations. { Church of England.....  
 Presbyterian.....  
 Methodist.....Yes  
 Baptist or Congregationalist.....  
 Roman Catholic.....  
 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.....Sept 27<sup>th</sup>.....1916.

Place.....Chatham Ont

C. B. Oliver  
 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.

William Martin Thompson.....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.

C. H. Reis Capt.....(Signature of Officer)

Date.....OCT 24 1916.....1916.



## REGIMENTAL DOCUMENTS

NAME

*Thompson, William Martin*

REGT. NO.

*93/543*

UNIT

H. Q. FILE NO.

## CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

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)

LAST PAY CERTIFICATE (M.F.W. 44)

PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

DEATH

Category

DISCHARGE

Category

DESERTION

10190

H







SURNAME.

CHRISTIAN NAMES

REGL. NO.

RANK

UNIT

FORMER CORPS

CARD NO.

NEXT OF KIN.

NAMES IN FULL

RELATIONSHIP TO SOLDIER

ADDRESS

CHANGE OF ADDRESS

COUNTRY OF BIRTH

PLACE OF ATTESTATION

DATE

DATE

649-T-4082.

4

S.S. dis. 19-3-176

Br.

NEXT OF KIN.

NAMES IN FULL Thompson, Mrs.

RELATIONSHIP TO SOLDIER Mother.

ADDRESS Not stated.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Colchester Dist. DATE May 21st, 1892.

PLACE OF ATTESTATION Chatham, Ont. DATE Sept. 27th, 1916.

8940

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

*Blacksmith*

RELIGION

*Methodist*

DESCRIPTION.

APPARENT AGE

*24.*

YEARS

*Not stated*

MONTHS

HEIGHT

*5.*

FEET

*8.*

INCHES

CHEST MEASUREMENT

*35.*

INCHES

EXPANSION

*4.*

INCHES

COMPLEXION

*Dark*

EYES

*Brown*

HAIR

*Black*

DISTINGUISHING MARKS

*Not stated.*

MEDICAL EXAMINATION.

PLACE

*Chatham, Ont.*

DATE

*Sept. 27th 1916*

*Present Address.*

*Chatham, Ont.*

No. 931543. RANK Pte.

NAME Thompson William M.

T. O. S. 26-9-16

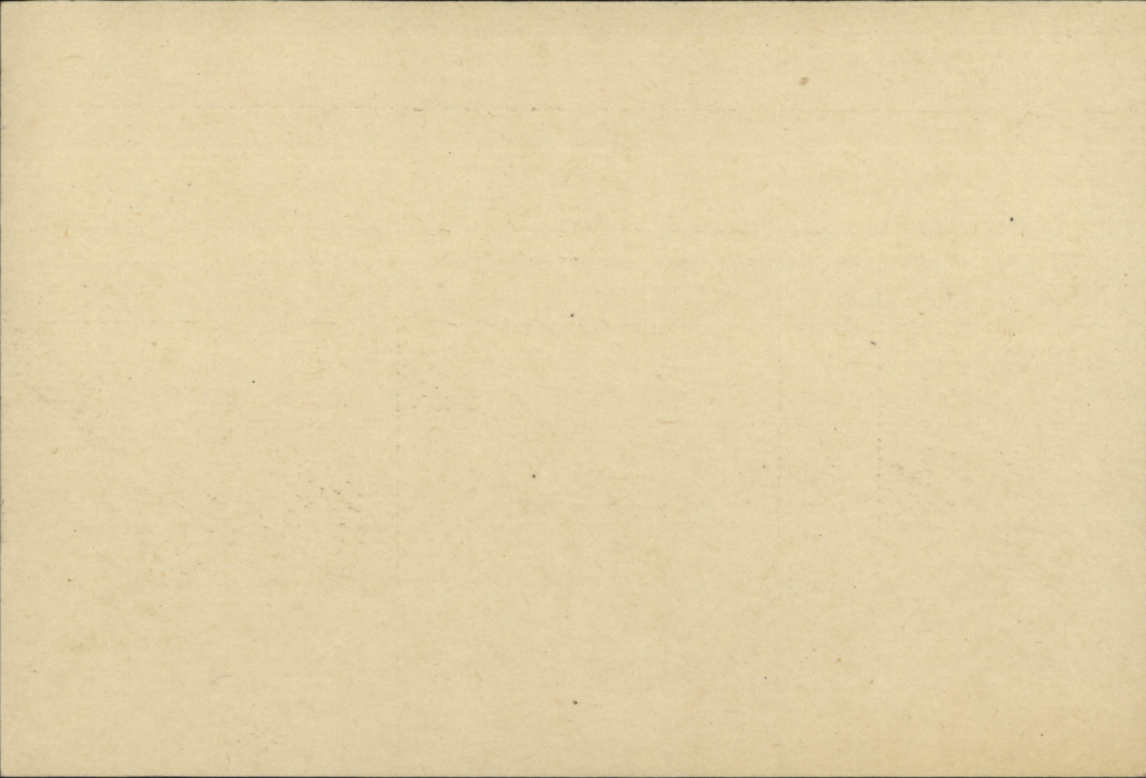
UNIT

No 2. Construction Battalion

D.O. 44. 6-10-16

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Sept 26	1916 Oct 31	m		
	Nov.	✓		
	Dec.	✓		
1917 Jan 1917		✓		
Feb. no dates		m	Transf. p. & Q. from. 23-11-16	D.O. 17. 17-1-18





MEDICAL HISTORY SHEET.

Surname *Tompson* Christian Name *Wesley Martin*

Examined { on *27* day of *Sep* 191*6* Approved by *C. B. Oliver*  
at *Chatham*

Birthplace { City or Town *Colechester N.* Rank \_\_\_\_\_ M.O.  
County *Essex Co*

Apparent age *24*

Trade or occupation *Bees Smith* M.O.

Height *5* Feet *8* Inches. M.O.

Weight *141* Lbs. M.O.

Chest measurement { Minimum *31* inches. M.O.

{ Maximum expansion *35* inches. M.O.

Physical development *Good* M.O.

Small-Pox Marks *0* M.O.

Vaccination Marks { Arm Right *0* Left *0*

{ Number *0*

When Vaccinated last *1910* M.O.

(a) Marks indicating congenital peculiarities or M.O.

previous disease *none* M.O.

(b) Slight defects but not sufficient to cause rejection

*none* M.O.

M.O.

M.O.

M.O.

M.O.

Enlisted on *27* day of *September* 191*6* at *Chatham Out.*

Corps. *#1 Cavalry* REG'TL NUMBER. *931543* HABITS. DATE. *27/9/16*

Joined on enlistment *664*

Transferred to \_\_\_\_\_

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.



Surname Thompson

Christian Name William Master

[illegible]



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

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

350m.—5-16

H. Q. 1772-39-970.

# Casualty Form—Active Service.

Unit, Regiment or Corps

*1st Const Bn C.P.H.*

Regimental No. *931-543*

Rank

*pl*

Name

*William Martin Thompson*

C. E. F.

Enlisted (a) *26-9-16*

Terms of Service (a)

*period of war*

Service reckons from (a)

*26-9-16*

Date of promotion to  
present rank

Date of appointment  
to lance rank

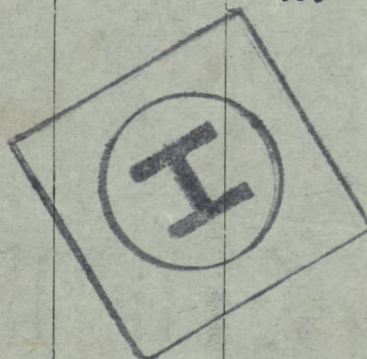
Numerical position on  
roll of N. C. Os.

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				
		<i>no 2 Con Bn So 8 on being sentenced to 2 years &amp; 6 mos. in Chatham Civil Jail for Abduction</i>	<i>Halifax</i>	<i>19.3.17</i>	<i>auth HQ 649-T-4082</i>



*checked Scott*  
*for 20/12*

(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.



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

Name	Address	City	State	Zip	Remarks
1	2	3	4	5	taken from Army Form B. 213, Army Form A. 36, or other official documents